

What are psychosocial treatments?

Psychosocial treatments—including certain forms of psychotherapy (often called “talk-therapy”) and social and vocational training—are helpful in providing support, education, and guidance to people with mental illnesses and their families. Studies tell us that psychosocial treatments for mental illnesses can help individuals decrease the negative effects of their illnesses and increase their functioning (leading to fewer hospitalizations and less difficulties at home, at school, and at work).

Individual psychotherapy involves regularly scheduled sessions between the patient and a mental health professional. The goal of this treatment is to help individuals understand why they are acting and thinking in ways that are troubling or dangerous to themselves (or others). This allows a person to have more control over their behaviors and to change these behaviors when possible. Talk-therapy sessions may focus on a person's current or past problems, experiences, thoughts, feelings or relationships.

Psychoeducation involves teaching people about their illnesses and how they are treated. This allows people and their families to recognize signs of relapse in order to get necessary treatment before mental illness worsens or occurs again. Family psychoeducation includes teaching coping strategies and problem-solving skills to families (and friends) of people with mental illnesses to help them deal more effectively with their friends and relatives.

Self-help and support groups for people and families dealing with mental illnesses are becoming increasingly common. Although not led by a professional therapist, these groups may be therapeutic because members give each other ongoing support. These groups also are comforting because ill people learn that others have problems similar to theirs: they are not alone in this world with their mental illness.

What are examples of specific psychotherapies?

Therapists offer many different types of psychotherapy. In general no one type of therapy is necessarily “better” than another type, although certain mental illnesses have been shown to respond better to specific psychotherapies. When deciding which therapy, or therapies, will likely be the most successful treatment option for an individual, a psychotherapist considers the nature of the problem to be treated and the individual's personality, cultural and family background, and personal experiences.

Interpersonal therapy focuses on the relationships a person has with others. The goal of interpersonal therapy is, of course, to improve interpersonal skills. The therapist actively teaches individuals to evaluate their interactions with others and to become aware of self-isolation and difficulties getting along with, relating to, or understanding others. He or she

also offers advice and helps individuals make decisions about the best way to deal with other people.

Interpersonal therapy is a psychosocial treatment used most frequently to help people with bipolar disorder, ADHD, depression, eating disorders and generalized anxiety disorder. It is often expected to last for approximately 3-4 months and to target specific symptoms over this time period.

Cognitive behavioral therapy (CBT) is a treatment that focuses on the relationship between an individual's thoughts, feelings, and behaviors. A CBT therapist will try to explore the links between the thoughts and emotions that occur prior to disruptive behaviors in people with mental illness. By establishing these connections, individuals learn to identify and change inappropriate or negative thought patterns and as a consequence, can address the behaviors associated with their illness. CBT is often thought of as a "first-line treatment" in many anxiety disorders (including OCD, Panic Disorder, and PTSD).

A type of behavioral therapy known as **exposure therapy** (or exposure and response prevention) is specifically useful for treating obsessive-compulsive disorder (OCD) and posttraumatic stress disorder (PTSD). During exposure therapy, an individual is deliberately exposed to whatever triggers the obsessive thoughts or reaction to a previous traumatic experience under controlled conditions. The individual is then taught techniques to avoid performing the compulsive rituals or to work through the trauma.

Dialectical behavior therapy (DBT) was initially developed to treat chronically suicidal individuals with Borderline Personality Disorder (BPD). Over time, DBT has evolved into a treatment for individuals with multiple different disorders, although many people who are treated with DBT have borderline personality disorder (BPD) as a primary diagnosis. DBT combines the basic strategies of behavior therapy with a philosophy that focuses on the idea that 'opposites may really not be opposite when looked at differently.'

Psychodynamic Psychotherapy has its fundamental roots in the teachings of Sigmund Freud, Carl Jung, and other psychiatrists who practiced in the early twentieth century. Yet most therapists who offer this treatment are no longer driven by the rigid rules of traditional "psychoanalysis." Psychodynamic psychotherapy is practiced differently by different therapists and will likely vary depending on the needs of their client. There is not as much scientific data supporting the effectiveness of psychodynamic psychotherapy in some illnesses (such as schizophrenia) as opposed to other treatments (including CBT).

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