



BHARATHIDASAN UNIVERSITY

Tiruchirappalli – 620024

Tamil Nadu, India

Programme : Master of Social Work. (MSW)

Course Title : Psychiatric Social Work

Course Code : CC-15b

Unit – IV

Scope of Psychiatric Social Work practice

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Unit 4: Therapeutic Interventions

Syllabus

- Psycho-social assessment, Psycho-social diagnosis, and Psycho-social treatment: Psycho-Education, Cognitive Therapy, Group Therapy, Psychotherapy, Psychoanalytic Therapy, Client-centered Psycho Therapy, Counselling services, Tele Counselling, Family Therapy, Marital Therapy, ECT, Chemotherapy Psychosurgery, Megavitamin Therapy; Transactional Analysis, Cognitive Behavior Therapy, Rational Emotive Therapy, REBT, Reality Therapy, Existential Therapy, Logotherapy, Gestalt Therapy, Interpersonal Psychotherapy, Art Therapy, Dance Therapy, Drama Therapy, Music Therapy, Bibliotherapy, Reel Therapy, Video Therapy/Virtual therapy, Laughter Therapy, Play Therapy, Couples Therapy, Chess therapy, Compassion focused therapy, relapse prevention therapy occupational therapy. Therapies for getting mental peace—bio feedback, metaphors, Massage Therapy. Application of therapies to various psychiatric problems.

Psycho-Social Assessment in Psychiatric Social Work

Definition

A psycho-social assessment is a comprehensive evaluation of an individual's mental, emotional, social, and environmental functioning. It aims to understand the interaction between the individual's psychological state and their social environment.

Purpose

- ❖ Identify the individual's strengths, weaknesses, and needs.
- ❖ Understand the root causes of psychological distress.
- ❖ Develop an effective intervention plan.
- ❖ Monitor progress and adapt treatment as needed.

Components of Psycho-Social Assessment

Demographic Information

- ❖ Name, age, gender, marital status, education, occupation, and socioeconomic status.

Presenting Problem

- ❖ Description of the issues or challenges that brought the individual to seek help.
- ❖ Duration, intensity, and frequency of the problem.

Mental Health History

- ❖ Past psychiatric diagnoses and treatments.
- ❖ Hospitalizations or therapy sessions.
- ❖ Medication history and compliance

Medical History

- ❖ Physical health conditions and treatments.
- ❖ Impact of medical issues on mental health.

Social and Environmental Factors

- ❖ Relationships with peers, family, and community.
- ❖ Social support systems and resources.
- ❖ Living conditions, financial stability, and employment status.

Cultural and Spiritual Factors

- ❖ Cultural beliefs and practices influencing mental health.
- ❖ Role of spirituality or religion in coping.

Education and Work

- ❖ Educational background and achievements.
- ❖ Work history, job satisfaction, and challenges.

Strengths and Resources

- ❖ Skills, coping mechanisms, and personal attributes.
- ❖ Availability of external support, like friends, family, or community resources.

Behavioral Observations

- ❖ Non-verbal cues such as body language, mood, and affect.
- ❖ Interaction patterns during the assessment.

Steps in Conducting a Psycho-Social Assessment

Building
Rapport

Gathering Data

Analyzing
Information

Formulating
Goals

Documentation

Psycho-Social Diagnosis in Psychiatric Social Work

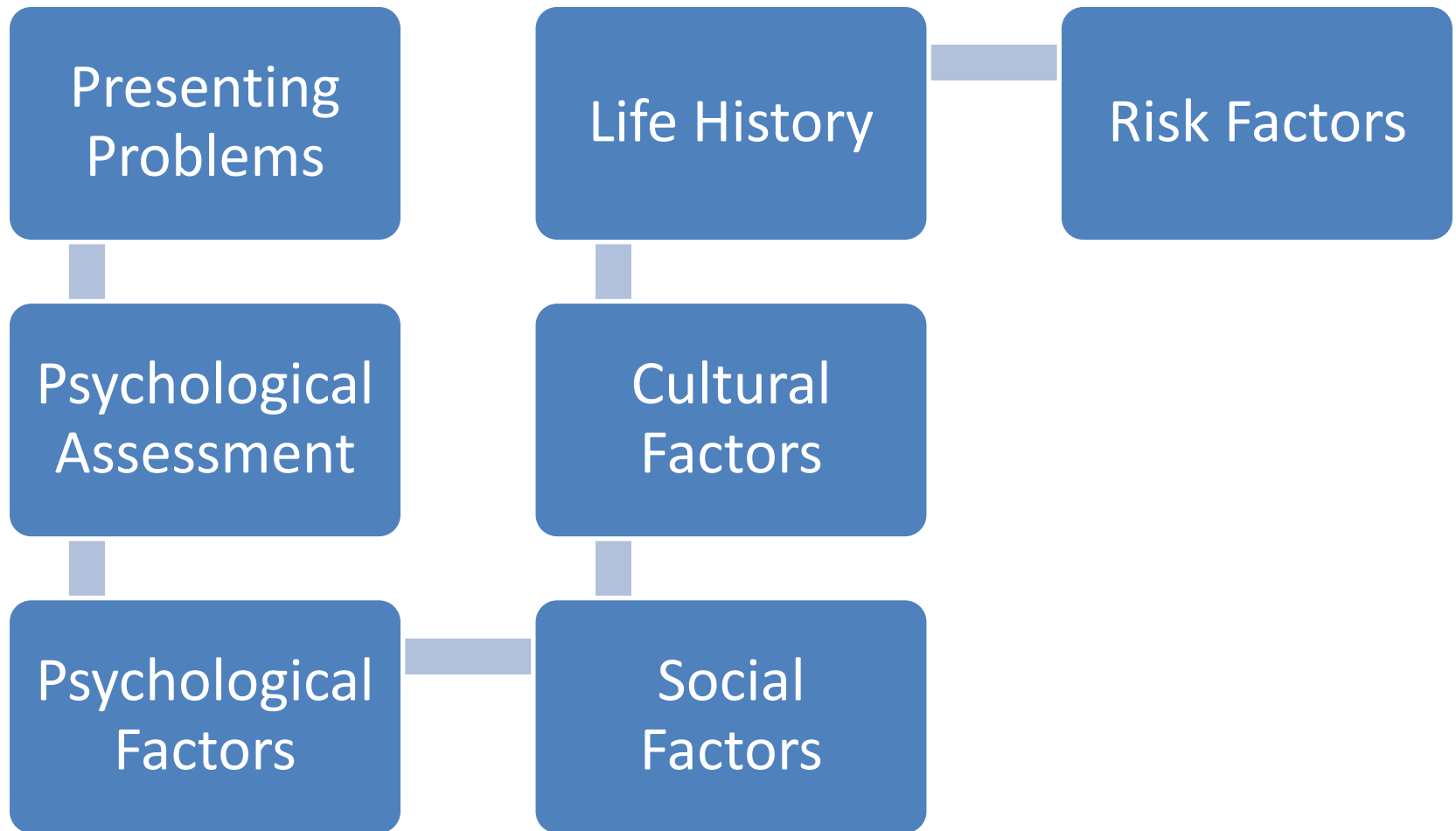
Definition

Psycho-social diagnosis is the process of identifying and understanding a client's psychological and social challenges within the context of their environment. It is a systematic analysis that informs the intervention planning in psychiatric social work.

• Purpose

- ❖ To identify the root causes of mental health and social problems.
- ❖ To provide a holistic understanding of the client's challenges.
- ❖ To guide targeted, effective interventions.
- ❖ To collaborate with interdisciplinary teams for comprehensive care.

Components of Psycho-Social Diagnosis



Steps in Psycho-Social Diagnosis

Data
Collection

Analysis

Classification

Formulation

Collaboration

Psycho-Social Treatment in Psychiatric Social Work

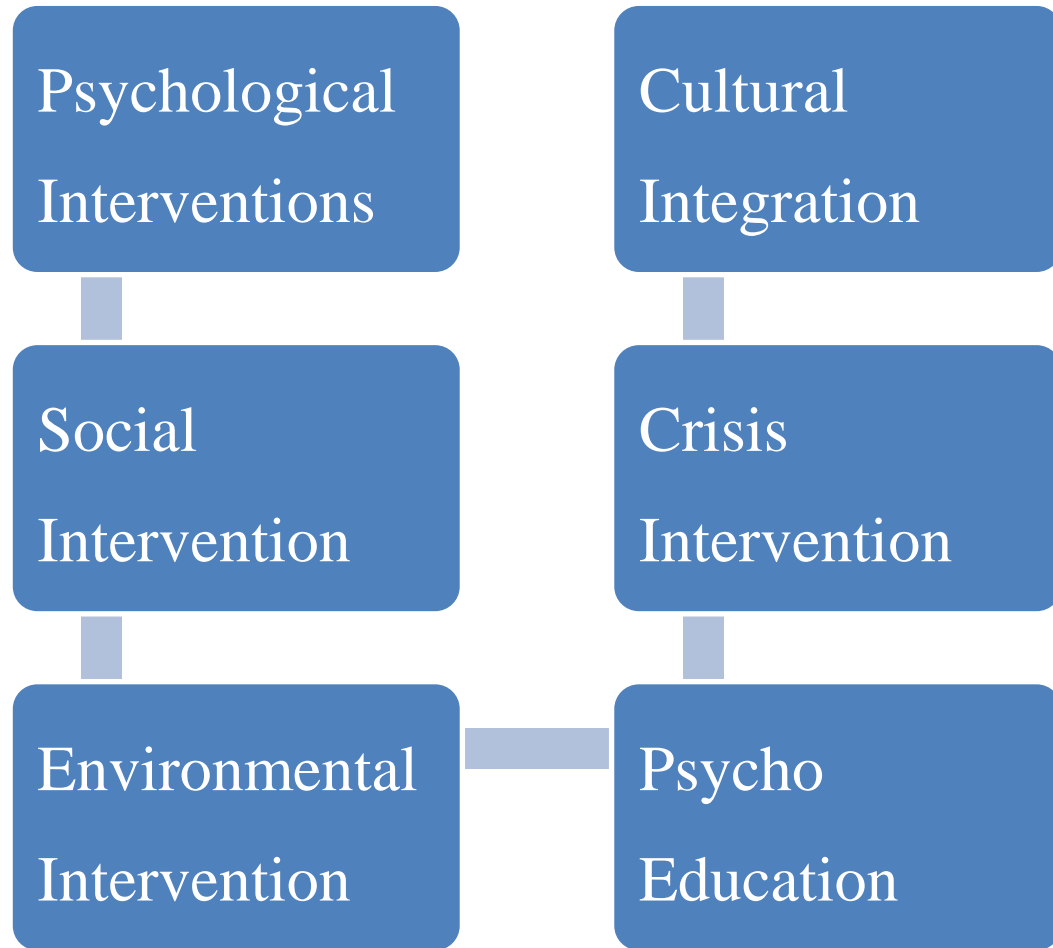
- **Definition**

Psycho-social treatment refers to a range of therapeutic interventions aimed at addressing the psychological and social factors influencing an individual's mental health and overall well-being. It integrates clinical approaches with social work practices to promote recovery, adaptation, and empowerment.

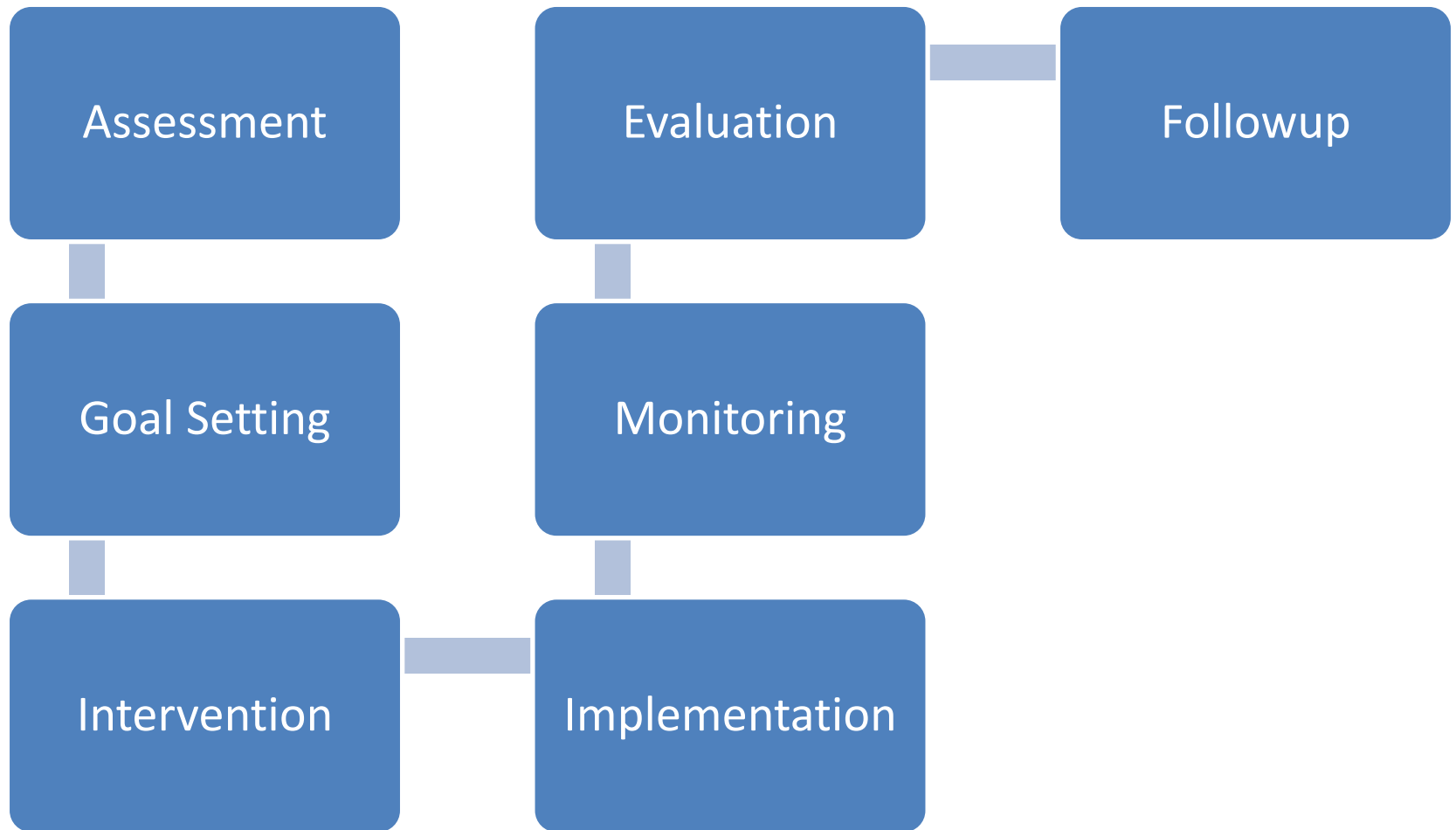
Objectives of Psycho-Social Treatment

- ❖ Improve mental health and emotional stability.
- ❖ Enhance social functioning and interpersonal relationships.
- ❖ Empower individuals to cope with challenges and develop resilience.
- ❖ Address environmental and systemic factors contributing to distress.

Components of Psycho-Social Treatment



STEPS



Techniques Used in Psycho-Social Treatment

Therapeutic Approaches

- ❖ Cognitive-Behavioral Therapy (CBT)
- ❖ Dialectical Behavior Therapy (DBT)
- ❖ Solution-Focused Therapy

Social Work Methods

- ❖ Casework and group work
- ❖ Community organization

Skill Development

- ❖ Problem-solving and decision-making skills
- ❖ Stress management techniques

Psycho-Education in Psychiatric Social Work

- **Definition**

Psycho-education is a therapeutic intervention that provides individuals and their families with knowledge about mental health conditions, coping strategies, and available resources. It helps empower clients to manage their mental health effectively and make informed decisions about their care.

Objectives of Psycho-Education

- ❖ Enhance understanding of mental health conditions.
- ❖ Reduce stigma and promote acceptance.
- ❖ Improve coping mechanisms for clients and their families.
- ❖ Strengthen adherence to treatment plans.
- ❖ Empower individuals and families to manage crises effectively.

Key Components of Psycho-Education

- **Information Sharing**

- ❖ Educating clients and families about the nature, causes, symptoms, and prognosis of mental health conditions.
- ❖ Explaining the role of biological, psychological, and social factors in mental health.

- **Treatment Education**

- ❖ Providing an overview of available treatments (e.g., medication, therapy, lifestyle changes).
- ❖ Addressing potential side effects of medications and strategies for managing them.
- ❖ Encouraging adherence to treatment plans.

- **Coping Skills Training**

- ❖ Teaching stress management techniques such as relaxation exercises and mindfulness.
- ❖ Enhancing problem-solving and decision-making skills.
- ❖ Promoting healthy lifestyle habits (e.g., balanced diet, regular exercise, sleep hygiene).

- **Family Involvement**

- ❖ Engaging families to provide emotional and practical support to clients.
- ❖ Teaching effective communication and conflict-resolution skills within families.
- ❖ Reducing caregiver stress through education and support.

- **Relapse Prevention**

- ❖ Identifying early warning signs of relapse.
- ❖ Creating a plan to manage triggers and stressors.
- ❖ Emphasizing the importance of regular follow-ups.

- **Resource Navigation**

- ❖ Informing clients about available community resources, support groups, and helplines.
- ❖ Facilitating access to financial, medical, and social support services.

- **Benefits of Psycho-Education**

- ❖ Increases awareness and reduces misconceptions about mental illness.
- ❖ Improves self-management and coping skills.
- ❖ Enhances family support and reduces caregiver burden.
- ❖ Promotes adherence to treatment and reduces relapse rates.
- ❖ Builds confidence and resilience in clients and their support systems.

- **Role of Psychiatric Social Workers**

- ❖ **Facilitators:** Deliver psycho-education sessions using engaging and client-centered approaches.
- ❖ **Advocates:** Address systemic barriers to accessing mental health education.
- ❖ **Cultural Mediators:** Adapt psycho-education to respect cultural and linguistic diversity.
- ❖ **Collaborators:** Work with mental health professionals, families, and communities to create a supportive environment.

Cognitive Therapy in Psychiatric Social Work

Definition

- Cognitive Therapy (CT) is a structured, goal-oriented form of psychotherapy that focuses on identifying and changing negative patterns of thought that influence emotions and behaviors. Developed by Dr. Aaron T. Beck in the 1960s, it is widely used to treat a variety of mental health conditions.

Objectives

- ❖ To help clients recognize and challenge negative thought patterns.
- ❖ To develop healthier, more realistic ways of thinking.
- ❖ To improve emotional regulation and reduce psychological distress.
- ❖ To teach practical coping skills for dealing with future challenges.

Techniques in Cognitive Therapy

- **Cognitive Restructuring**

- ❖ Identifying automatic negative thoughts (ANTs).
- ❖ Challenging irrational beliefs or cognitive distortions.
- ❖ Replacing negative thoughts with positive or neutral ones.

- **Behavioral Experiments**

- ❖ Testing the validity of negative beliefs through real-world experiments.
- ❖ Encouraging clients to engage in activities to disprove distorted thoughts.

- **Thought Records**

- ❖ Keeping a journal to document negative thoughts, their triggers, and emotional impact.
- ❖ Analyzing patterns and reframing thoughts.

- **Socratic Questioning**

- ❖ Asking guided questions to help clients examine their thoughts critically.
- ❖ Encouraging self-discovery rather than directly offering solutions.

- **Cognitive Rehearsal**

- ❖ Practicing new ways of thinking or behaving in imagined scenarios.
- ❖ Building confidence to apply them in real-life situations.

- **Problem-Solving Training**

- ❖ Teaching clients a structured approach to tackle life's challenges.
- ❖ Encouraging logical and systematic thinking.

- **Mindfulness and Relaxation Techniques**

- ❖ Using mindfulness to stay grounded in the present moment.
- ❖ Combining cognitive strategies with relaxation exercises for stress relief.

Applications of Cognitive Therapy

- **Depression:**Identifying and challenging negative beliefs about self, world, and future.
- **Anxiety Disorders:**Addressing catastrophic thinking and avoidance behaviors.
- **Obsessive-Compulsive Disorder (OCD):**Challenging intrusive thoughts and reducing compulsive behaviors.
- **Post-Traumatic Stress Disorder (PTSD):**Reframing trauma-related beliefs and reducing hyperarousal symptoms.
- **Substance Use Disorders:**Recognizing triggers and developing healthier coping mechanisms.

Group Therapy in Psychiatric Social Work

- **Definition**
- Group therapy is a form of psychotherapy where a small group of individuals with similar issues meets regularly under the guidance of a trained therapist to discuss their problems, share experiences, and work toward personal growth and improved mental health.
- **Objectives of Group Therapy**
- Provide emotional support and reduce feelings of isolation.
- Develop interpersonal skills through group interactions.
- Learn from the experiences and coping strategies of others.
- Address specific psychological or social issues in a structured manner.
- Foster a sense of belonging and community.

Benefits of Group Therapy

- Provides a safe space for sharing and emotional expression. Reduces feelings of isolation through shared experiences. Offers diverse perspectives and feedback from peers. Encourages the development of interpersonal skills. Is cost-effective compared to individual therapy.

Role of Psychiatric Social Workers in Group Therapy

- **Facilitators:** Guide discussions, manage dynamics, and ensure a supportive environment.
- **Educators:** Provide psychoeducation relevant to the group's focus.
- **Mediators:** Address conflicts and foster constructive communication.
- **Advocates:** Ensure that group therapy complements other interventions.

Psychoanalytic Therapy in Psychiatric Social Work

- **Definition**
- Psychoanalytic therapy, rooted in Sigmund Freud's theories, is a form of psychotherapy that seeks to uncover and resolve unconscious conflicts and their influence on thoughts, emotions, and behaviors. It focuses on understanding how past experiences, particularly childhood events, shape current mental health challenges.
- **Objectives of Psychoanalytic Therapy**
- To uncover unconscious conflicts causing psychological distress.
- To enhance self-awareness and understanding of emotional patterns.
- To resolve repressed feelings and memories.
- To improve emotional regulation and interpersonal relationships.

Techniques in Psychoanalytic Therapy

- **Free Association**
 - Clients verbalize thoughts as they come, helping to uncover unconscious content.
- **Interpretation**
 - The therapist provides insights into the client's behaviors, emotions, or dreams.
- **Analysis of Resistance**
 - Exploring why clients avoid certain topics or emotion
- **Transference Analysis**
 - Examining the client's feelings toward the therapist to understand their relationships with others.
- **Dream Analysis**
 - Interpreting symbols and content in dreams to reveal unconscious desires.
- **Catharsis**
 - Emotional release as repressed memories and feelings come to consciousness.

Applications of Psychoanalytic Therapy

- **Depression:**

Understanding unresolved grief or loss and its impact on self-worth.

- **Anxiety Disorders:**

Uncovering unconscious fears or conflicts that drive anxiety.

- **Personality Disorders:**

Exploring the influence of early attachment and trauma on personality development.

- **Trauma:**

Addressing repressed memories of abuse or neglect.

- **Interpersonal Conflicts:**

Resolving patterns of dysfunctional relationships.

Client-Centered Psychotherapy (Person-Centered Therapy)

- **Definition**

Client-Centered Therapy, also known as Person-Centered Therapy, was developed by Carl Rogers. It is a humanistic approach to psychotherapy that emphasizes the client's capacity for self-healing and personal growth. The therapist provides a supportive environment that allows the client to explore their feelings and achieve their full potential.

- **Key Objectives**

- To help clients understand and accept their emotions and experiences.
- To enhance self-esteem and self-worth.
- To empower clients to take control of their lives and make meaningful changes.
- To promote personal growth and self-actualization.

Techniques in Client-Centered Therapy

- **Active Listening:**
 - Reflecting the client's words to demonstrate understanding and validation.
- **Paraphrasing and Summarizing:**
 - Rephrasing what the client says to clarify and reinforce their feelings.
- **Open-Ended Questions:**
 - Encouraging the client to explore their thoughts and emotions deeply.
- **Non-Directive Approach:**
 - Allowing the client to lead the session and decide the focus of discussion.
- **Encouraging Self-Reflection:**
 - Guiding clients to evaluate their thoughts, behaviors, and feelings.

Counseling Services and Tele-Counseling

- **Counseling Services**
- Counseling services are professional, therapeutic interventions aimed at helping individuals, families, or groups navigate emotional, psychological, social, or behavioral challenges. They provide a supportive environment to explore issues, develop coping mechanisms, and achieve personal growth.
- **Objectives of Counseling Services**
- **Emotional Support:**
 - Helping clients express and manage emotions such as grief, anxiety, or anger.
- **Problem-Solving:**
 - Assisting in identifying issues and exploring possible solutions.
- **Behavioral Change:**
 - Encouraging positive changes in thoughts and actions.
- **Skill Development:**
 - Teaching coping strategies, communication, and decision making skills.
- **Self-Awareness:**
 - Facilitating self-reflection to understand one's strengths, weaknesses, and potential.

Types of Counseling Services

- **Individual Counseling:**
 - One-on-one sessions addressing personal challenges like stress, anxiety, or depression.
- **Family Counseling:**
 - Helping families improve communication and resolve conflicts.
- **Group Counseling:**
 - Facilitating group discussions for shared experiences, like support groups for addiction or grief.
- **Career Counseling:**
 - Assisting with educational and career planning.
- **Rehabilitation Counseling:**
 - Supporting individuals with disabilities or chronic conditions.
- **Crisis Counseling:**
 - Immediate support during emergencies such as natural disasters or personal trauma.

Tele-Counseling

- **Definition**

- Tele-counseling is the provision of counseling services through electronic communication platforms, such as phone calls, video calls, or online chats. It expands access to mental health services, especially for individuals in remote or underserved areas.

Benefits of Tele-Counseling

- **Wider Reach:**

Connects professionals with clients in rural or inaccessible areas.

- **Flexibility:**

Scheduling is more adaptable to client needs.

- **Continuity of Care:**

Ensures ongoing support during disruptions like pandemics or natural disasters.

- **Reduces Stigma:**

Encourages help-seeking behavior among those who feel reluctant to visit traditional clinics.

Applications of Tele-Counseling

- **Mental Health Support:**

Addressing depression, anxiety, stress, and trauma.

- **Academic and Career Counseling:**

Guiding students and professionals in decision-making.

- **Crisis Intervention:**

Offering immediate support for suicidal ideation, abuse, or disaster-affected individuals.

- **Chronic Illness and Disability Counseling:**

Providing ongoing support to manage health challenges.

Family Therapy

- **Definition**

- Family therapy is a type of psychotherapy that involves treating a family as a unit, rather than focusing solely on individual family members.

It addresses dysfunctional patterns within the family system and aims to improve communication, resolve conflicts, and promote healthier family dynamics.

Benefits of Family Therapy

- **Improved Communication:** Family members learn to listen, understand, and respond to each other more effectively.
- **Conflict Resolution:** Therapy helps families manage disputes in healthier ways, reducing tension and promoting harmony.
- **Stronger Family Bonds:** Encourages connection and mutual support, helping family members feel more emotionally secure.
- **Better Problem-Solving:** Families develop collaborative skills to address challenges together rather than as isolated individuals.
- **Increased Emotional Support:** Therapy fosters a sense of empathy and support within the family, reducing feelings of isolation.

Goals of Family Therapy

- **Enhance Communication:**

Encourage open and healthy communication to foster understanding and resolve conflicts.

- **Resolve Family Conflict:**

Address ongoing tensions, disagreements, and negative patterns of behavior that cause dysfunction.

- **Strengthen Family Bonds:**

Improve relationships and create a supportive family environment that promotes growth and healing.

- **Promote Emotional Support:**

Ensure that each family member feels valued, heard, and supported within the family structure.

- **Improve Problem-Solving:**

Equip families with tools to address issues collaboratively and effectively.

- **Promote Healthy Family Dynamics:**

Help families develop healthy ways of coping with stress, change, and external challenges.

Types of Family Therapy

- **Structural Family Therapy (SFT):** Developed by Salvador Minuchin, this approach focuses on changing the structure of the family system. The therapist identifies dysfunctional roles and boundaries and works to reorganize them to create healthier dynamics.
- **Strategic Family Therapy:** Focuses on addressing specific problems in the family and providing practical interventions. It uses directives to alter behaviors and solve problems.
- **Bowenian Family Therapy:** Developed by Murray Bowen, this approach focuses on understanding family dynamics across generations. It emphasizes the importance of emotional self-regulation and differentiating oneself from family patterns.
- **Narrative Family Therapy:** Encourages family members to tell their stories and reframe their problems in a way that empowers them to create new, more positive narratives.
- **Cognitive-Behavioral Family Therapy (CBFT):** Combines cognitive-behavioral therapy techniques with a family systems approach to identify and change negative patterns of thought and behavior within the family.

Applications of Family Therapy

- **Marital Issues:**

- Addressing conflicts between spouses or partners, improving communication, and enhancing intimacy.

- **Parent-Child Conflicts:**

- Resolving issues related to discipline, communication, and differing values between parents and children.

- **Addiction:**

- Helping families cope with the impact of substance abuse and developing supportive, non-enabling behaviors.

- **Mental Health Conditions:**

- Supporting families in dealing with the challenges posed by mental health disorders like depression, anxiety, or schizophrenia.

- **Divorce and Separation:**

- Helping families adjust to the emotional and practical challenges of divorce or separation.

- **Chronic Illness:**

- Supporting families in managing the impact of chronic illness or disability on family dynamics.

Marital Therapy

Definition

Marital therapy, also known as couples therapy, is a form of psychotherapy that helps partners in a marital or intimate relationship address conflicts, improve communication, and enhance their emotional connection. The goal is to resolve issues and foster a healthier, more satisfying relationship.

- **Goals of Marital Therapy**
- **Improve Communication:** Teach partners to express their needs, thoughts, and feelings effectively.
- **Resolve Conflicts:** Identify and address recurring issues in a constructive manner.
- **Strengthen Emotional Bond:** Reignite intimacy and connection in the relationship.
- **Enhance Problem-Solving Skills:** Equip couples with tools to navigate challenges collaboratively.
- **Address External Stressors:** Help couples manage factors outside the relationship, such as work stress, family dynamics, or financial issues.

Techniques in Marital Therapy

- **Active Listening:**
 - Partners are taught to listen without interrupting or judging, fostering better understanding.
- **Role-Playing:**
 - Simulating scenarios to practice healthier communication and conflict resolution.
- **Emotion-Focused Therapy (EFT):**
 - Focuses on identifying and addressing emotional undercurrents that impact the relationship.
- **Cognitive Behavioral Therapy (CBT):**
 - Helps couples identify and modify negative thought patterns and behaviors affecting the relationship.
- **Problem-Solving Exercises:**
 - Collaborative tasks to encourage teamwork and build trust.
- **Reframing:**
 - Helping partners see problems from a new perspective to reduce blame and promote empathy.
- **Homework Assignments:**
 - Activities designed to reinforce skills learned in therapy sessions, such as scheduling quality time together.

Types of Marital Therapy

- **Emotionally Focused Therapy (EFT):** Focuses on strengthening emotional bonds and addressing fears of abandonment.
- **Behavioral Marital Therapy (BMT):** Works on modifying negative behaviors and reinforcing positive interactions.
- **Imago Relationship Therapy:** Explores past relationship patterns to understand current conflicts.
- **Solution-Focused Therapy:** Concentrates on finding practical solutions rather than dwelling on problems.
- **Gottman Method:** Uses research-based techniques to improve intimacy, respect, and affection, while managing conflict effectively.
- **Integrative Approach:** Combines multiple methods to tailor therapy to the couple's specific needs.

Role of the Psychiatric Social Worker in Marital Therapy

- **Mediator:**

Facilitating constructive dialogue between partners to address conflicts.

- **Educator:**

Providing information on communication strategies and emotional regulation.

- **Therapeutic Interventions:**

Employing evidence-based techniques to help couples work through their challenges.

- **Support Provider:**

Offering emotional support and helping couples navigate difficult emotions.

- **Referrals:**

Directing couples to additional resources, such as financial counseling or individual therapy,

if needed.

Electroconvulsive Therapy (ECT)

- **Definition**
- Electroconvulsive Therapy (ECT) is a medical treatment used primarily in psychiatric settings where small electric currents are passed through the brain, intentionally triggering a brief seizure. This procedure aims to alter brain chemistry and improve symptoms of certain mental health conditions.
- **Types of ECT**
- **Bilateral ECT:**
 - Electrodes are placed on both sides of the head.
 - Effective but may have a higher risk of cognitive side effects.
- **Unilateral ECT:**
 - Electrodes are placed on one side of the head, typically the non-dominant side.
 - Fewer cognitive side effects but may require more sessions for effectiveness.

Procedure of ECT

- **Pre-Treatment Preparation:**

- ❖ Medical Evaluation: Includes physical exams, blood tests, and ECG to ensure patient suitability.
- ❖ Informed Consent: The procedure is explained, and consent is obtained from the patient or their legal guardian.
- ❖ Fasting: Patients are usually asked to fast for 6-8 hours before the procedure.
- ❖ Administration:
 - ❖ Anesthesia: A short-acting general anesthetic is given to render the patient unconscious.
 - ❖ Muscle Relaxant: Prevents physical injury by relaxing muscles during the induced seizure.
- ❖ Electrode Placement: Electrodes are placed on the scalp, either bilaterally (both sides of the head) or unilaterally (one side).
- ❖ **Electric Current:** A controlled electric current (70-120 volts) is passed through the brain for 1-2 seconds to induce a seizure lasting about 30-60 seconds.

- **Post-Treatment Care:**

The patient is monitored until the effects of anesthesia wear off. They may feel groggy or confused temporarily.

Role of Psychiatric Social Worker in ECT

- **Pre-Treatment Education:**

Explaining the procedure, addressing misconceptions, and reducing fear or stigma around ECT.

- **Informed Consent:**

Ensuring the patient or their family understands the risks, benefits, and alternatives.

- **Emotional Support:**

Providing reassurance and support to the patient and their family throughout the treatment process.

- **Post-Treatment Follow-Up:**

Monitoring the patient's recovery and addressing side effects or concerns.

- **Liaison Services:**

Coordinating with medical staff, therapists, and family members for comprehensive care.

Chemotherapy

- **Definition**

Chemotherapy is a medical treatment that uses drugs to destroy or inhibit the growth of cancer cells. These drugs work by targeting rapidly dividing cells, which is a characteristic of cancer, though they may also affect healthy cells that divide quickly.

Purpose of Chemotherapy

- **Curative:** Used to completely eliminate cancer and achieve a cure.
- **Control:** Slows the growth and spread of cancer, especially in advanced stages.
- **Palliative:** Reduces symptoms and improves quality of life in cases where the cancer cannot be cured.
- **Adjuvant Therapy:** Administered after surgery or radiation to destroy remaining cancer cells.
- **Neoadjuvant Therapy:** Given before surgery to shrink tumors and make removal easier.

Administration of Chemotherapy

- **Oral:**

Pills or capsules taken by mouth.

- **Intravenous (IV):**

Drugs are injected directly into the bloodstream for widespread distribution.

- **Injection:**

Administered into muscles or under the skin.

- **Topical:**

Creams applied to treat specific skin cancers.

- **Regional Chemotherapy:**

Delivered directly to the affected area, such as the abdomen or chest cavity.

Psychosocial Support in Chemotherapy

- **Emotional Support:**

Coping with fear, anxiety, and depression through therapy or support groups.

- **Family Education:**

Helping families understand the treatment process and provide effective support.

- **Stress Management:**

Techniques like mindfulness, yoga, or breathing exercises.

- **Practical Assistance:**

Guidance on managing finances, transportation to treatment, and accessing community resources.

Role of Psychiatric Social Workers in Chemotherapy Care

- **Psychological Assessment:** Identifying emotional and mental health challenges during treatment.
- **Counseling:** Providing individual or family counseling to address emotional distress.
- **Advocacy:** Assisting patients in accessing financial support or insurance benefits.
- **Support Groups:** Facilitating group therapy to help patients connect with others undergoing similar experiences.
- **Holistic Care:** Coordinating with oncologists, nurses, and nutritionists to address the patient's overall well-being.

Transactional Analysis (TA)

- **Definition**

Transactional Analysis (TA) is a psychoanalytic theory and therapeutic approach developed by **Dr. Eric Berne** in the 1950s. It explores human behavior, relationships, and communication by examining interactions (transactions) between individuals. TA aims to foster self-awareness, personal growth, and better interpersonal dynamics.

Strengths of TA

- **Simplicity and Accessibility:**

Concepts are easy to understand and apply in daily life.

- **Focus on Relationships:**

Improves interpersonal communication and dynamics.

- **Practical Tools:**

Offers frameworks for analyzing and changing behavior patterns.

- **Empowerment:**

Encourages self-awareness and personal responsibility.

Key Concepts of Transactional Analysis

- **Ego States:**

The core of TA is the concept of **three ego states** that influence behavior and communication:

Parent (P): Reflects attitudes and behaviors learned from authority figures, including nurturing and controlling aspects.

Adult (A): Focuses on rationality, logic, and problem-solving in the present.

Child (C): Represents feelings, emotions, and behaviors from childhood, encompassing the adaptive, free, and rebellious child.

- **Transactions:**

- **Definition:** Interactions between individuals, analyzed to understand which ego state is active.

- **Types of Transactions:**

- **Complementary:** Responses align and communication flows smoothly.
- **Crossed:** Ego states clash, leading to miscommunication.
- **Ulterior:** Hidden or double-layered messages, often leading to confusion.

- **Life Positions:**

Beliefs about oneself and others that shape behavior and relationships:

- **I'm OK, You're OK:** The healthiest position, fostering mutual respect and trust.
- **I'm OK, You're Not OK:** Defensive or superior behavior.
- **I'm Not OK, You're OK:** Feelings of inferiority or victimhood.
- **I'm Not OK, You're Not OK:** Pessimistic outlook on life and relationships.

- **Strokes:**

Units of recognition or validation exchanged between people. Positive or negative strokes impact self-esteem and motivation.

- **Games People Play:**

Patterns of interactions with hidden motives, often manipulative and unproductive. TA helps individuals recognize and avoid such games.

- **Scripts:**

- Life scripts are unconscious life plans formed in childhood, influenced by family and societal expectations. TA helps individuals revise unhealthy scripts.

TA in Therapy

- **Analyzing Ego States:**

Identifying the dominant ego state and addressing maladaptive patterns.

- **Dealing with Life Scripts:**

- Exploring early messages from caregivers and society to identify self-limiting beliefs.

- **Breaking Games:**

- Recognizing and disrupting repetitive, unproductive interaction patterns.

- **Building Positive Strokes:**

- Encouraging validation and support to improve self-esteem and emotional health.

Cognitive Behavior Therapy (CBT)

Definition

Cognitive Behavior Therapy (CBT) is a structured, time-limited, and goal-oriented psychotherapeutic approach that focuses on identifying and modifying negative patterns of thinking (cognitive distortions) and behaviors that contribute to emotional distress. It is based on the principle that thoughts, emotions, and behaviors are interconnected.

Goals of CBT

- Identify and challenge distorted thoughts.
- Replace negative thought patterns with realistic and positive ones.
- Modify maladaptive behaviors.
- Develop coping strategies for stress and emotional regulation.
- Enhance problem-solving and decision-making skills.

Key Principles of CBT

- **Cognitive Distortions:**

Patterns of faulty thinking that contribute to emotional and behavioral problems, such as:

- **All-or-Nothing Thinking:** Viewing situations in extremes (e.g., success or failure).
- **Catastrophizing:** Expecting the worst outcome.
- **Overgeneralization:** Drawing broad conclusions from a single event.
- **Personalization:** Taking responsibility for events beyond one's control.

- **Behavioral Responses:**

Emphasizes that behaviors can maintain or exacerbate emotional distress and that altering these behaviors can improve mental health.

- **Collaborative Approach:**

Therapist and client work together as a team to identify and solve problems.

- **Empirical Focus:**

CBT is evidence-based and encourages clients to test their beliefs and assumptions through real-life experiments.

- **Present-Centered:**

Focuses on current issues rather than delving deeply into past experiences.

Techniques Used in CBT

- **Cognitive Restructuring:** Identifying and replacing irrational or maladaptive thoughts with healthier alternatives.
- **Behavioral Experiments:** Testing the validity of negative beliefs through real-life actions.
- **Exposure Therapy:** Gradual exposure to feared situations to reduce anxiety.
Example: Treating phobias or PTSD.
- **Activity Scheduling:** Planning enjoyable or productive activities to combat low mood.
- **Mindfulness-Based Techniques:** Focusing on the present moment to reduce rumination and stress.
- **Relaxation Training:** Teaching progressive muscle relaxation or deep breathing exercises to manage physical symptoms of anxiety.

CBT AND RELEVANCE OF CBT IN SOCIAL WORK

Three Main Psychological Approaches

1. Psychoanalysis
2. Behaviourism
3. Humanistic

Relevance of CBT in SW Practice

- SW and self-help
- Self determination
- Acceptance
- Democratic Participation
- Purposeful Relationship
- Objectivity
- Termination

CBT- Introductory Elements

“Cognitive” in CBT means

- Thought processes or
- Knowledge or
- Perception (Seeing + Experience)

Emphasis in CBT

An Examination of

- Thoughts & Beliefs connected to
- Our moods, behaviours, physical experiences and events/ life-situations
- Example: Waiting in a long queue in any situation-(Please imagine your feelings, bodily tension, perception etc)

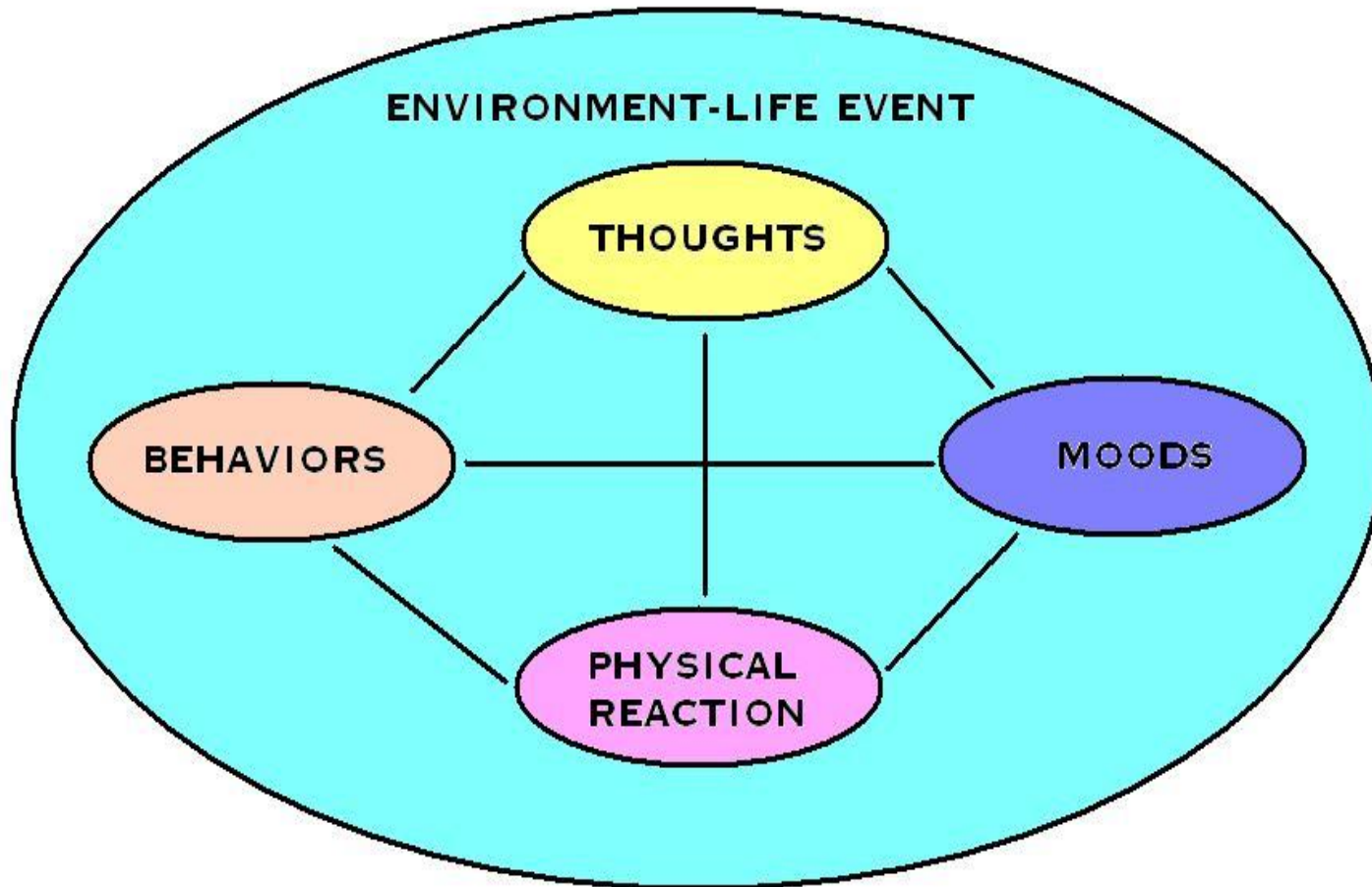
CBT - Five Parts Model

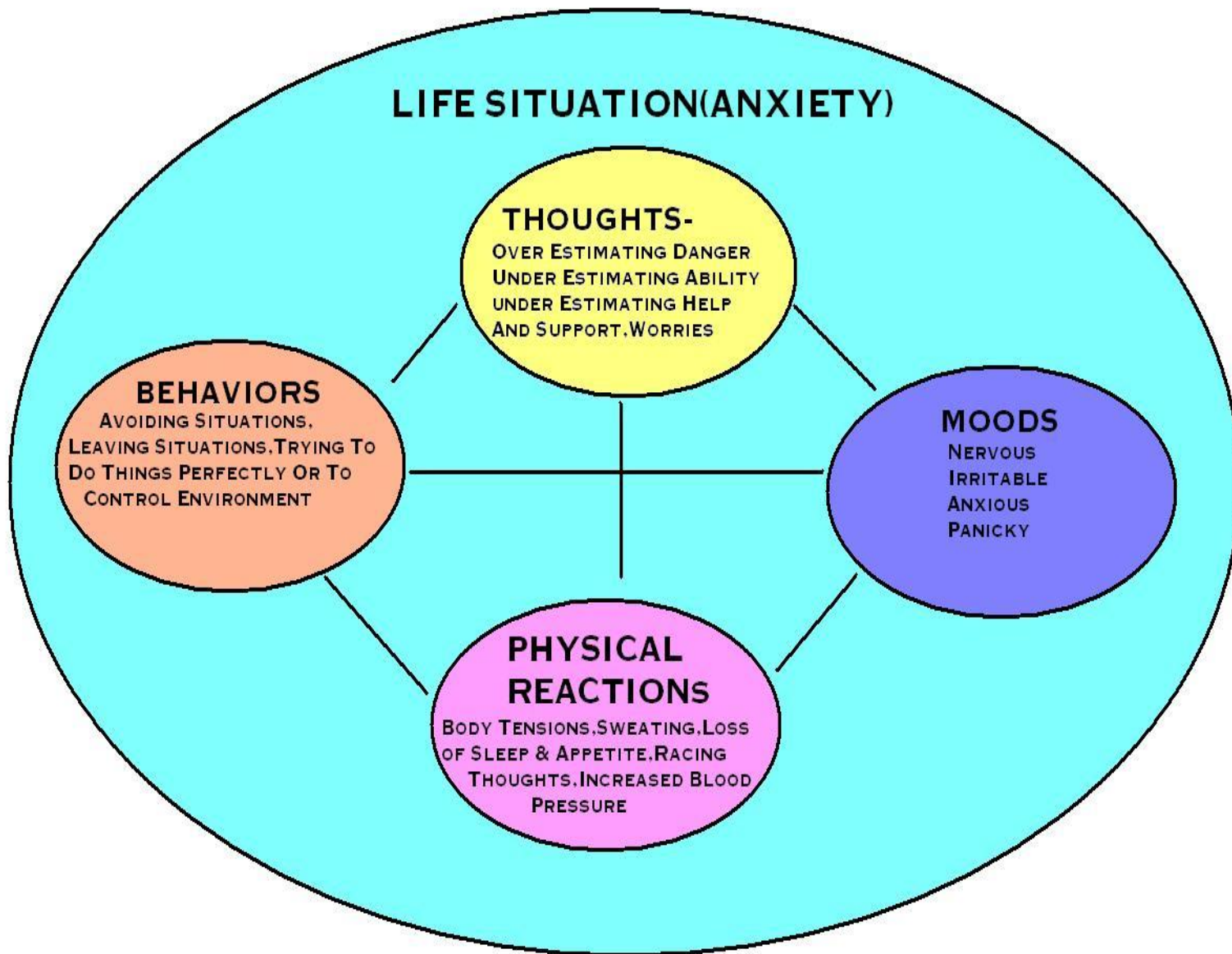
Life-event or situation

- Thoughts
- Emotion/ Feelings
- Body/ Physical Reactions/ Responses
- Behaviour

(Insert chart- 5 parts model)

Understanding the Interaction of 5 Parts to understand Life- problems





Thought Distortions

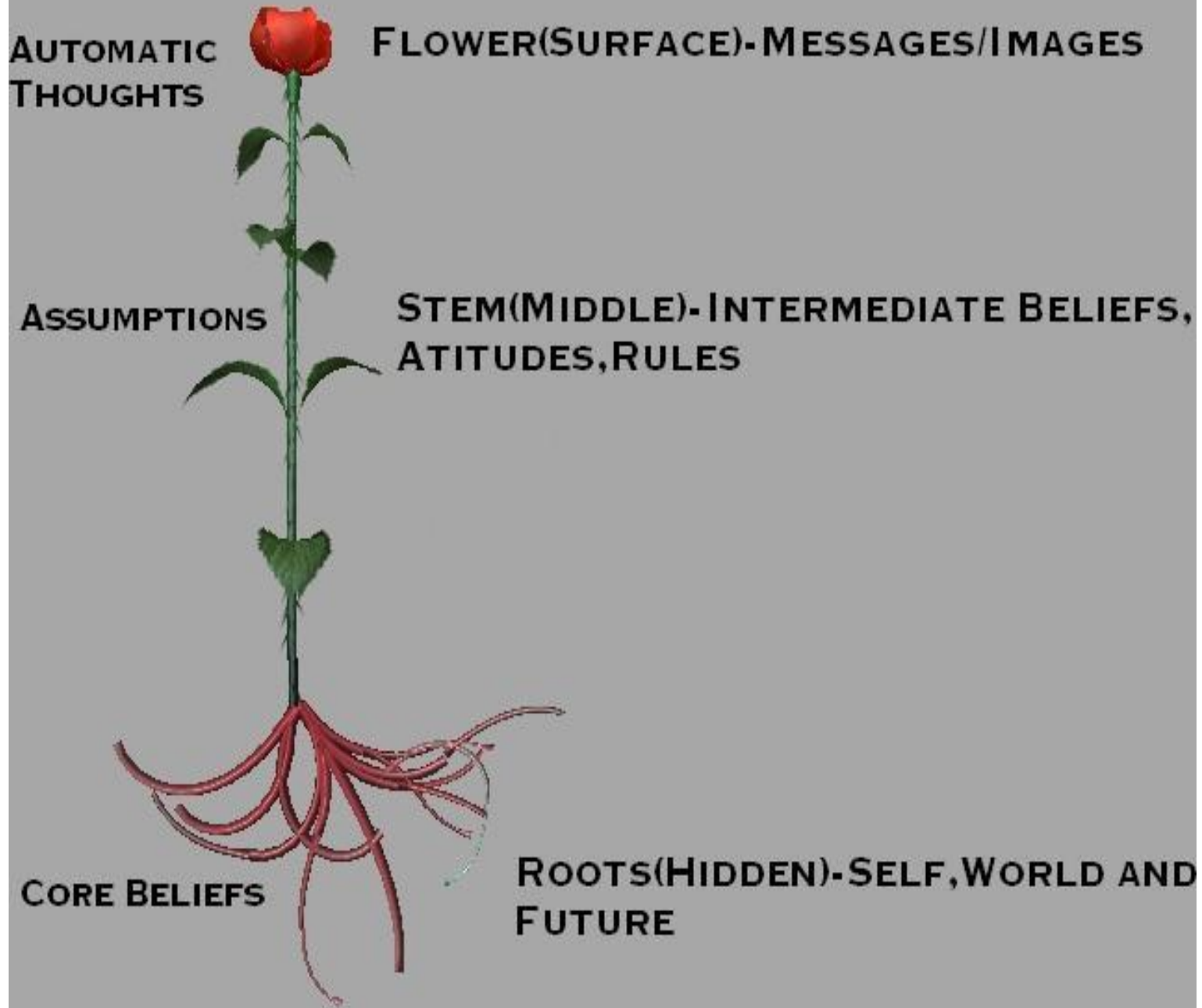
- All or Nothing (Dichotomous Thinking)
- Over generalization- (General conclusion on the basis of one aspect)
- Mental Filtering
- Jumping to Conclusions
- Mind Reading- Assume others react negatively without any evidence
- Minimization or Magnification (Exaggeration of Negative, Minimization of positive)
- Personalization- Relating external events to self

Challenging Negative/Disturbing Thoughts.....

1. Evidence- Look for proof & disproof
2. Logicality- Reasonableness/ Rationality
3. What advice I would give to others who have the same thought?
4. What would others/friends say to me, if I shared my thoughts
5. Look for an alternative thought
6. Pragmatic approach and throw away

Three Levels of Beliefs (Strongly held Thoughts) - Like an Onion

- Automatic Thoughts – Actual Words or Images
–Involuntary & Constant – Believing as True
- Intermediate Beliefs- Assumptions(Attitudes, Rules & Expectations) “ If” “ Then” statements
- Core Beliefs- Rigid, Over generalized- About Self & World (Others)



AUTOMATIC THOUGHTS

- Reflect actions
- Instant commentaries
- Habitual, automatic, Involuntary and appear plausible (True)
- Influence Behaviour and Emotions
- Predictable
- May be accurate but dysfunctional and lead to distorted conclusions

ASSUMPTIONS - Idiosyncratic

- Assumptions – Intermediate beliefs (Attitudes, Rules)
- Assumptions – stated in “If... Then” or “Should” while Core beliefs are absolutistic statements
- Maladaptive assumptions and beliefs can be weakened by looking for evidence
- New assumptions are identified and strengthened

Core Beliefs

- May be about self, World, Others & Future
- Influenced by Psych-social-Cultural background
- Down Arrow Technique (What does this mean ...)
- Can be tested by looking for evidence/ Proof

That are not true

- Look for alternative Core Beliefs
- Find out disconfirm for old CB and Evidence to confirm new CB

Thought Record

- AT- Thoughts come to our mind spontaneously
- Strong mood & AT provide clues for understanding emotions
- AT can be words, images, memories
- To identify AT , notice what goes in your mind when you have strong mood
- Hot Thoughts & AT carry strong emotional charge

ALTERNATIVE or BALANCED THOUGHTS

- Not merely Positive Thoughts or Rationalization
- They re-rate intensity of mood identified
- More the experience and practice , more the flexibility about AT and Situations

Developing new AT

- New learning (Involves unlearning)
- Initially one may not believe new AT
- Use experiments to test
- New belief increases improved mood or
- Drop them and go for another

Experiments for New AT

- Break experiments into small steps
- One may need many experiments
- Discover what happens with new
- Record happenings, moods, reflections

How CBT differs from other models...

- Based on formulation & Cognitive conceptualization- Idiosyncratic (Understanding client)
- Highly structured
- “Here & Now” – not on the past
- Collaborative process
- Problem-solving
- Home-work

Basic Principles of CBT

- Feelings determined not by Events but by Thoughts about Events
- Comprehensive – Bio-psycho-social factors
- Info processing Biases leads to emotions & Behaviour
- Does not contrast with Biological approaches

Educating Clients About Process

- Socialize client to CBT process
- Self-help
- Home work/ Learning tasks
- Collaborative nature
- Active participation
- Structure of treatment

Educating clients about CBT

- Describe 5 parts model
- Emphasis the possibility of change
- Help client see what can be changed
- Variations in intensity of distress predictable in terms of events

Structure of CBT session----

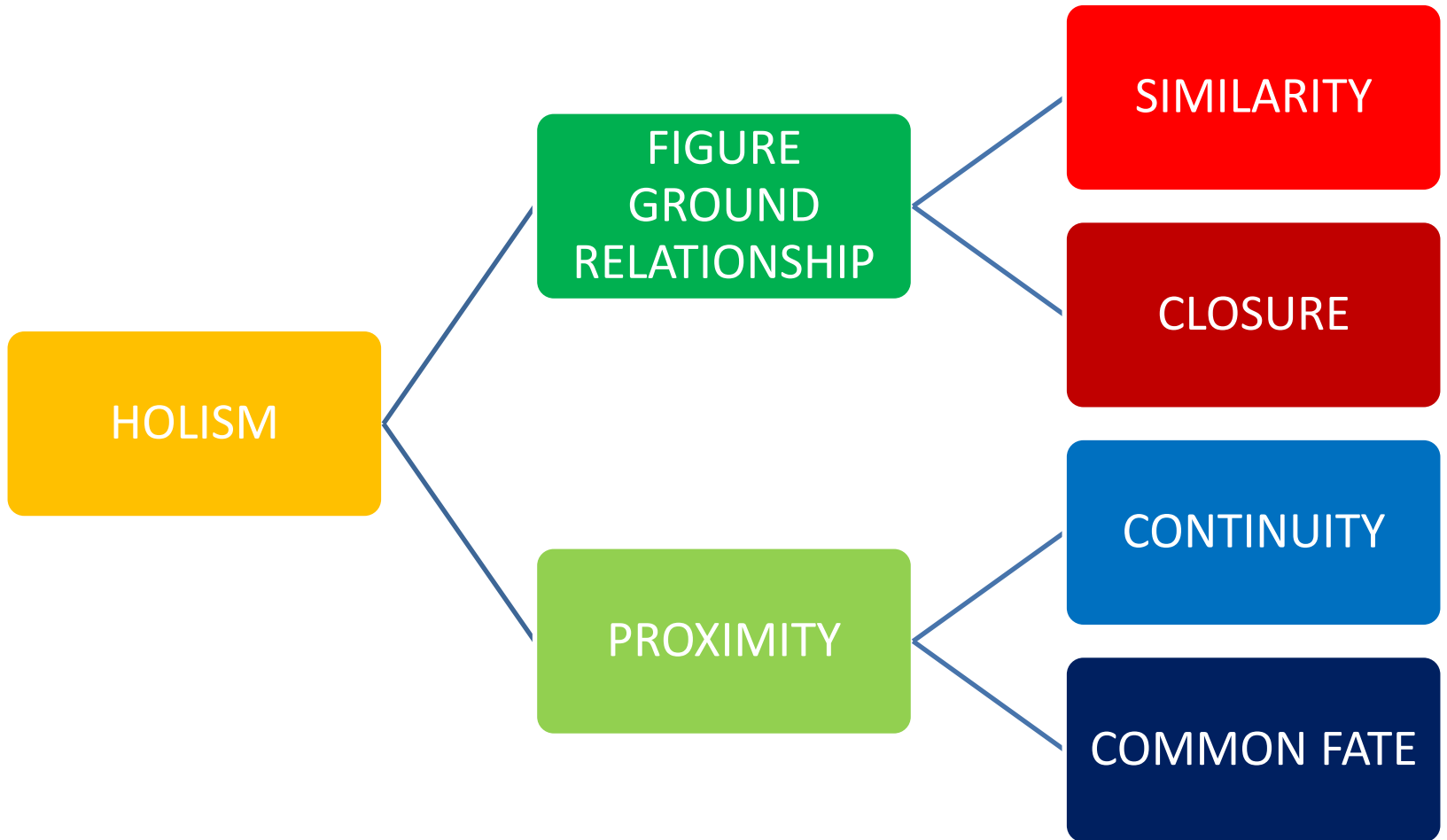
- Agenda-setting
- Mood check
- Review Home work
- Review the present problem
- Identifying the actual problem for the session
- Educating CBT process & disorder
- Setting Home work
- Eliciting Feedback and then Mood check

WHAT IS GESTALT THEORY

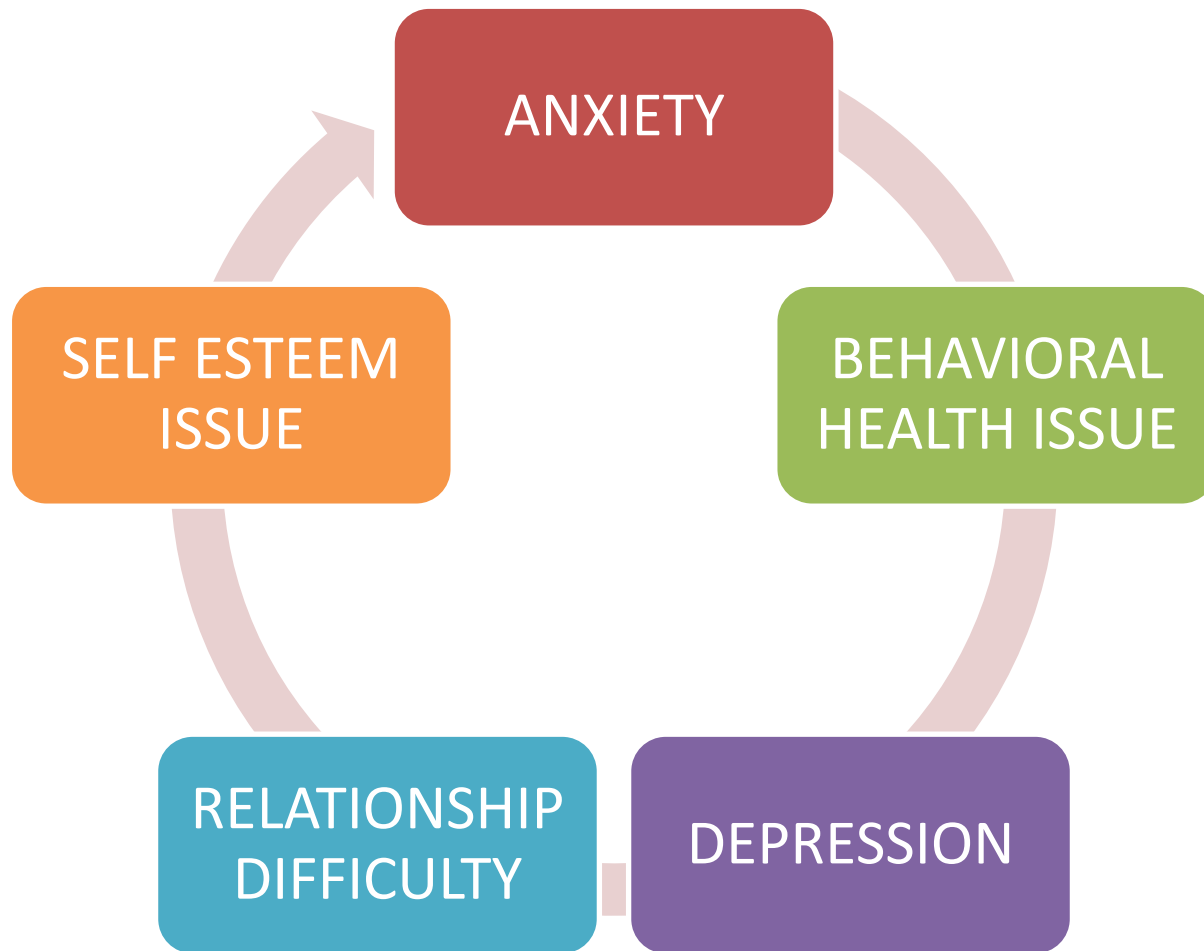
- Gestalt theory, often referred to as Gestalt psychology or Gestaltism, is a psychological theory and school of thought that emerged in the early 20th century in Germany.

 , a German-born psychiatrist, founded [Gestalt therapy](#) in the 1940s with his wife, Laura.
- It focuses on the way people perceive and make sense of the world around them, emphasizing the holistic nature of human perception and cognition.
- The word "Gestalt" itself is a German term that roughly translates to "form" or "pattern."
- Gestalt psychology suggests that we do not simply focus on every small component. Instead, our minds tend to perceive objects as part of a greater whole and as elements of more complex systems.

PRINCIPLES



USES OF GESTALT THERAPY



BENEFITS

- Gestalt therapy is a comprehensive therapeutic method that gives long-lasting benefits to an individual's mind, emotions, body, and spirit.
- Increased self-awareness
- Improved self-confidence
- Ability to make peace with the past, and an improved sense of acceptance
- Increased ability to deal and cope with stressful situations
- Being more responsible, improved ability to own up for mistakes and behaviors without placing blames

Rational Emotive Behavior Therapy (REBT)

Definition

- Rational Emotive Behavior Therapy (REBT) is a form of cognitive-behavioral therapy developed by **Albert Ellis** in 1955. It focuses on identifying and challenging irrational beliefs that lead to emotional distress and self-defeating behaviors. REBT emphasizes that while external events may influence emotions, it is our beliefs about these events that determine our emotional reactions.

Goals of REBT

- Identify and challenge irrational beliefs.
- Replace irrational beliefs with rational alternatives.
- Develop emotional resilience and problem-solving skills.
- Promote realistic, flexible, and self-affirming thinking.
- Reduce unhealthy negative emotions (e.g., guilt, depression, anxiety) and increase healthy negative emotions (e.g., sadness, concern).

Key Principles of REBT

- **ABC Model:**
- The foundation of REBT is the **ABC model**, which explains the relationship between beliefs, emotions, and behaviors:
 - **A (Activating Event):** An external event or situation.
 - **B (Beliefs):** The interpretation or belief about the event.
 - **C (Consequences):** Emotional and behavioral reactions caused by the belief.
- **Irrational vs. Rational Beliefs:**
 - **Irrational Beliefs (IBs):** Unrealistic, rigid, and self-defeating (e.g., “I must be liked by everyone”).
 - **Rational Beliefs (RBs):** Flexible, realistic, and constructive (e.g., “I’d like to be liked, but I don’t need everyone’s approval”).
- **Emphasis on Responsibility:**
 - Encourages individuals to take responsibility for their emotional and behavioral responses, focusing on what they can change (their beliefs).
- **Unconditional Acceptance:**
 - Promotes **unconditional self-acceptance** (USA), **unconditional other-acceptance** (UOA), and **unconditional life-acceptance** (ULA).

Techniques Used in REBT

- **Disputation of Irrational Beliefs (DIB):**
 - Actively questioning and challenging irrational beliefs.

Example:

 - **IB:** “I must succeed at everything I do.”
 - **Challenge:** “Is it realistic to always succeed? Can anyone be perfect?”
- **Cognitive Restructuring:** Replacing irrational beliefs with rational beliefs.
- **Emotive Techniques:**
 - **Imagery:** Visualizing worst-case scenarios and practicing rational responses.
 - **Role-playing:** Acting out situations to practice coping strategies.
 - **Shame-Attacking Exercises:** Confronting fears of embarrassment to reduce sensitivity.
- **Behavioral Techniques:**
 - **Exposure:** Facing feared situations to disprove irrational beliefs.
 - **Activity Scheduling:** Encouraging constructive actions to break negative patterns.
- **Unconditional Acceptance Exercises:** Teaching self-compassion and acceptance of flaws.

Reality Therapy

- **Definition**

Reality Therapy is a counseling method developed by **Dr. William Glasser** in the 1960s. It focuses on helping individuals make better choices to fulfill their basic needs and take responsibility for their actions. It is based on **Choice Theory**, which emphasizes that behavior is purposeful and aimed at meeting five basic human needs.

Goals of Reality Therapy

- Help individuals identify unmet needs.
- Encourage them to evaluate their current behaviors.
- Assist in planning realistic changes to meet their needs.
- Foster responsibility for choices and actions.
- Build and strengthen meaningful relationships.

Techniques in Reality Therapy

- **WDEP Model:**

A structured framework for counseling:

- **W (Wants):** Explore what the client wants in life.
- **D (Doing):** Identify current behaviors and actions.
- **E (Evaluation):** Evaluate if the current behavior helps achieve goals.
- **P (Planning):** Create a specific, realistic, and actionable plan.

- **Questioning:** Open-ended questions to encourage self-reflection.

Examples:

- "What do you want most right now?"
- "Is what you're doing helping you achieve that goal?"

- **Behavioral Change:** Encouraging clients to shift from ineffective behaviors to effective ones.
- **Planning and Commitment:** Developing plans that are simple, attainable, and measurable (SAMIC).
- **Focus on Relationships:** Exploring how relationships affect the client's behavior and goals.

Steps in Reality Therapy

- **Establish a Therapeutic Relationship:** Build trust and a collaborative alliance with the client.
- **Explore Wants and Needs:** Help clients articulate their goals and what they value most.
- **Analyze Current Behavior:** Examine whether current actions align with goals and needs.
- **Evaluate Effectiveness:** Encourage clients to assess the success of their behavior in fulfilling needs.
- **Plan for Change:** Create an actionable, specific plan for new behaviors.
- **Commitment:** Encourage clients to commit to their plans and follow through.
- **Follow-Up:** Monitor progress, refine plans, and provide ongoing support.

Psychotherapy

Psychotherapy can be defined (modified from Wolberg) as, the treatment by psychological means, of the **problems of an emotional nature**, in which a therapist deliberately *establishes a professional relationship with the patient* to,

1. Remove, modify or retard existing symptoms,
2. Mediate disturbed patterns of behaviour, and/or
3. Promote positive personality growth and development.

Classical Psychoanalysis

- Freudian psychoanalysis typically needs 2-5 visits/ week by the patient for a period of 3-5 years (even longer).
- No detailed history taking, mental status examination, or formalised psychiatric diagnosis is attempted.
- The patient is allowed to communicate unguided, by using ‘free association’.
 - The therapist remains passive with a non-directive approach; however, the therapist constantly challenges the existing *defenses* and interprets *resistance* (during the therapy) and *transference* (patient’s feelings, behaviours and relationship with the therapist).
 - No direct advice is ever given to the patient.
 - The crux of the therapy is on interpretation.
 - During the therapy, the patient typically lies on the couch, with the therapist sitting just out of vision.
 - No other therapy is usually used as adjunct.

Psychoanalytically-oriented (Psychodynamic) Psychotherapy

- Psychoanalytically-oriented, psychodynamic psychotherapy is a much more direct form of psychoanalysis. The duration of therapy is much briefer and advice is given to the patient occasionally.
- The patient and the therapist may sit face-to-face or else couch is used.
- The rest of technique is nearly the same as psychoanalysis. However, additional modes of treatment, including drug therapy can be used.
 - The indications for both psychoanalysis and psychoanalytically-oriented psychotherapy are not usually based on any psychiatric diagnoses.
 - The most important indication is the presence of long-standing mental conflicts which, although are unconscious, produce significant symptomatology.
 - The prerequisites of therapy are that the patient should be motivated for therapy, should have strong 'ego-structure' (which can bear frustrations of impulses during the therapy), should be psychologically-minded and should not have recent significant life stressors.
 - It is usually used for the treatment of neurotic disorders and personality disorders (or characterological difficulties).

- One of the simplest methods of behaviour analysis is called as ABC charting, which involves a close look at the:
 - i. Antecedent (e.g. circumstances under which the behaviour began; who, if any, were present; other details),
 - ii. Behaviour (description of the behaviour in detail), and
 - iii. Consequence (what happened afterwards; what factors helped to maintain behaviour).
- Some of the important behavioural techniques are described briefly.
- *Systematic Desensitisation*
- Systematic desensitisation (SD) is based on the principle of reciprocal inhibition, described by Wolpe. The principle states that if a response incompatible with anxiety is made to occur at the same time as an anxiety-provoking stimulus, anxiety is reduced by reciprocal inhibition.

- This consists of three main steps:
 - i. *Relaxation training* (described later).
 - ii. *Hierarchy construction*: Here the patient is asked to list all the conditions which provoke anxiety. Then, he is asked to list them in a descending order of anxiety provocation. Thus,
- a hierarchy of anxiety-producing stimuli is prepared.
 - i. *Systematic desensitisation proper*: This can be done either in imagery (SD-I) or in reality/*in vivo* (SD-R). At first, the lowest item in hierarchy is confronted (in reality or in imagery). The patient is advised to signal whenever anxiety occurs. With each signal, he is asked to relax (Step-I). After a few trials, patient is able to control his anxiety. Thus, gradually the hierarchy is climbed till the maximum anxiety-provoking stimulus can be faced in the absence of anxiety.
- SD is a treatment of choice in phobias and obsessive-compulsive disorders.

Aversion Therapy

- Aversion therapy is used for the **treatment of conditions which are pleasant but felt undesirable by the patient**, e.g. **alcohol dependence, transvestism, ego dystonic homosexuality, other sexual deviations**.
- The underlying **principle is pairing of the pleasant stimulus (such as alcohol) with an unpleasant response (such as brief electrical stimulus)**, so that even in absence of unpleasant response (after the therapy is over), the pleasant stimulus becomes unpleasant by association. The unpleasant aversion can be produced by electric stimulus (low voltage), drugs (such as apo- morphine and disulfiram) or even by fantasy (when it is called as *covert sensitisation*).
- Typically, 20-40 sessions are needed, with each session lasting about 1 hour. After completion of treatment, booster sessions may be given.

Operant Conditioning Procedures for Increasing Behaviour

- The common methods for augmenting an adaptive behaviour include:
 - i. Positive reinforcement:* Here, the desirable behaviour is reinforced by a reward, either material or symbolic.
 - ii. Negative reinforcement:* Here, on performance of the desirable behaviour, punishment can be avoided.
 - iii. Modelling:* The person is exposed to ‘model’ behaviour and is induced to copy it. This can also be used to avoid certain behaviours.

Flooding

- This is usually the method used in the **treatment of phobias**.
- Here, the person is directly exposed to the phobic stimulus,
- but escape is made impossible.
- By prolonged contact with the phobic stimulus, therapist's guidance and encouragement, and therapist's modelling behaviour, anxiety decreases and the phobic behaviour diminishes.

Operant Conditioning Procedures for Decreasing Behaviour

- These methods include:
 - i. Time-out:* Here, the reinforcement is withdrawn for some time, contingent upon the undesired response. Time-out is often used in therapy with children.
 - ii. Punishment:* Aversive stimulus is here presented, contingent upon undesired response (i.e. whenever undesired response occurs, punishment is given).
 - iii. Satiation:* The undesired response is positively reinforced, so that tiring occurs. A similar technique is *negative practice procedure*.

Other Behavioural Techniques

- Many other techniques such as
- *token economy* (for hospitalised patients),
- *social-skills training* (for patients with social difficulties),
- family therapy,
- marital therapy, and
- cognitive behavioural therapy are available.

Supportive Psychotherapy

- This is a very directive method of psychotherapy, with the focus clearly on existing symptoms and/or current life situations. The aims of the therapy are:
 - i. Correction of the situational problem.
 - ii. Symptom rectification.
 - iii. Restoring or strengthening defenses.
 - iv. Prevention of emotional breakdown.
 - v. Teaching new coping skills.

- The aim is achieved by a conglomeration of techniques which include guidance, suggestion, environmental manipulation, reassurance, persuasion, development of a doctor-patient relationship, diversion, and even hospitalisation and medication. This is a highly skilled method of psychotherapy which can provide excellent results when used judiciously.

Group Therapy

- Group therapy (or group psychotherapy) is a less time-consuming procedure,
- in which usually 8-10 people can be treated at one time.
- This was first used by Joseph Pratt (an internist) in 1905, for **patients suffering from tuberculosis**.
- Now, it is known that group therapy is not only time-saving but also especially beneficial for certain group of patients. Group therapy offers patients (and their relatives) an **opportunity to realise that many others have and share problems which are very similar to their own problems, and that they are not alone in their suffering**.
- Typically, sessions are held once or twice a week,
- with each session lasting 1-2 hours (often 1½ hours).

- The patients usually sit in a circle, with equal opportunities for interaction. **Group therapy may utilize psychoanalytic, supportive, transactional or behavioural approaches.**
- Over the years, many types of group therapies have emerged such as self-help groups (Alcoholics Anonymous for alcoholics,
 - Weight Watchers for obese,
 - Phoenix-House for opiate dependent individuals),
 - Transactional Analysis groups (Eric Berne),
 - Training groups (Kurt Lewin),
 - Psychodrama (Jacob Moreno) and the like.

Suggestion

- Although an integral part of supportive psychotherapy, it is often used alone. It is used by nearly all medical practitioners, without realising or naming it as such. It is suggestion, which is in part responsible for the placebo response. A placebo prescribed confidently by an 'impressive' physician can lead to some improvement in about 33% of patients with most conditions.

Rehabilitation

- Psychiatric rehabilitation is defined as **restoration** of the fullest physical, mental, social, vocational, and economic usefulness of which the person suffering from psychiatric disorder is capable.
- A large number of patients with psychiatric disorders (such as schizophrenia) may have a poor quality of life, residual symptoms, and long-term disability. Although early recognition and treatment is the cornerstone of preventing long-term disability, a substantial number of patients may need rehabilitation.
- There are several components and methods available for rehabilitation, depending on
 - the type and/or stage of disorder and
 - the type of support available to the patient.
- Necessarily, a **comprehensive assessment is needed** before deciding on the individualized rehabilitation for a particular patient.

- Some of the methods used for psychiatric rehabilitation include
 - housing placement (such as half way homes, supervised housing),
 - vocational training and
 - rehabilitation (such as activity therapy, sheltered workshop, transitional or supported employment, vocational guidance, occupational therapy), and
 - treatment (such as ensuring compliance with medication, social skills therapy, family therapy, cognitive remediation).

- There is an acute shortage of psychiatric rehabilitation facilities in most parts of India.
- The Persons with Disabilities (Equal Opportunities, Protection of Rights, and Full Participation) Act (PDA), 1995 is a step forward, as it includes psychiatric disorders and mental retardation.

Chemotherapy

- Drugs for treating mental illness can be grouped into 5 categories
 - I. Major tranquilizers
 - II. Minor tranquilizers
 - III. Antidepressives
 - IV. Sedatives
 - V. Hallucinogenics

Major tranquilizers

- Major tranquilizers are used with **psychotic patients** but **may be found useful** in the case of **alcoholic and senile(aged) patients**.
- They **diminish** *anxiety, agitation* (*Presence of anxiety with severe motor restlessness*), *aggressive behaviour, hallucinations*(*A perception that occurs in the absence of a stimulus.*) *and delusions*(*false unshakeable belief*) **and** thus help to **control psychotic symptoms** **without impairing intelligence or clarity of consciousness**
- ***Chlorpromazine***, a drug derived from *Phenothiazine* and *reserpine*, a *crystalline alkaloid* extracted from *Rauwolfia Serpentina*, are the two notable tranquilizers which have been found effective

Minor tranquilizers

- Minor tranquilizers like
- *meprobamate and chlordiazepoxide*
- **reduce anxiety**(An unpleasurable emotional state, associated with psycho-physiological changes in response to an intrapsychic conflict), *apprehension(feeling of worry or something bad may happen) and tension.*
- widely used for neurotic and psychotic patients

Anti depressive drugs

- *Anti depressive drugs like*
- phenelzine,
- isocarboxacid,
- imipramine and
- amitriptyline
- *diminish apathy (lack of interest) and lethargy*
- so used in controlling depressive reaction

- Depressants like
- lithium carbonate used in treatment of **agitated**(marked restlessness) **depression**
- Anticonvulsant drugs like
- trimethoprim,
- sodium diphenyl hydantoinate-
- *found effective in controlling epilepsy*

Sedative drugs

- Sedative drugs like *phenobarbital* reduce
- anxiety,
- overactivity and
- Insomnia(difficulty in sleeping)
- Sedatives carry *side effects* such as
- interference with clarity of consciousness and
- causing drowsiness.
- So tranquilizers used in place of sedatives

Hallucinogenic drugs

- Hallucinogenic drugs such as
- LSD and
- mescaline-
- useful in treatment **of schizophrenic patients especially in children**
- Drug therapy cannot be taken as a complete treatment. Need to be combined with physical or psychological measures

PSYCHO – SURGERY

- **-*surgical operation* of the patients brain for reducing the emotional torment (severe mental suffering) of**
- **disturbing thoughts ,**
- **apathy,**
- **delusions and**
- **hallucinations**
- **-it involves considerable risk and negative consequence and *should be taken as a method of last resort***

- It involves **surgical operation** of the patients brain **and aims to destroy or isolate certain *maladaptive cell complexes in the frontal areas* (*front part*) of the brain responsible for **undesirable emotional responses and mental disorders.****
- This is done in one of the following ways

1. Some of the nerve connections are *severed between the frontal lobes and the thalamus*. This technique is known as **lobectomy or prefrontal lobectomy (*leuotomy*)**
2. **Certain parts of the frontal lobes** are actually **removed**. This technique is known as **topectomy**
3. Certain **nerve tracts in the thalamus** are severed by the insertion of a surgical electrical needle. This technique is known as **thalectomy**

- The removal of maladaptive cell complexes in the frontal lobes or the cutting of the nerve pathways between the prefrontal lobes of the brain and the thalamus or hypothalamus by the surgical operations described above results in *reducing the emotional torment of*
 - *disturbing thoughts,*
 - *apathy,*
 - *delusions and*
 - *hallucinations*

- Psychosurgery -may be found with-schizoprenics,
- involuntional melencolics(depressive psychotic reaction of the late middle age),
- antisocial personalities(actions that harm or lack consideration for the wellbeing of others),
- alcoholics,
- manic depressives and
- patients suffering from stubborn obsessive and
- other severe neurotic reactions

- Psychosurgery may reduce or even impair the patients intellectual abilities
- There may be **temporary or permanent organic complications** including *convulsions, aphasia(impaired ability - to understand or use language meaningfully), increased appetite (hunger) and vesical incontinence (inability to control the flow of urine and involuntary urination)*
- In some cases *-it may lead to death*

PSYCHOEDUCATION

- **Psychoeducation** is an evidence-based [therapeutic](#) intervention for patients and their loved ones that provides information and support to better understand and cope with illness.
- Psychoeducation is most often associated with serious mental illness, including dementia,
- [schizophrenia](#),
- [clinical depression](#),
- [anxiety disorders](#),
- [psychotic illnesses](#),
- [eating disorders](#),
- [personality disorders](#) and
- [autism](#)

- Psychoeducation offered to patients and family members teaches
- problem-solving and
- communication skills and
- provides education and
- resources in an empathetic and supportive environment.

OCCUPATION THERAPY



**Occupational
Therapy**



**The Key To A
Healthy
Tomorrow**

INTRODUCTION

- **Occupational Therapy (OT) can be described as the art and science of challenging an individual's effort in specially selected activities that have been designed to restore and enhance his performance.**



OCCUPATION

- **Any activity, which engages a person's resources of time and energy and is composed of skills and values".**



DEFINITION

- **OT is the application of goal – oriented and, purposeful activity in the assessment and treatment of individuals with psychological, physical or developmental disabilities.**



OCCUPATIONAL THERAPY



GOALS

1. Promotion of recovery
2. Mobilization of total assets of the patient
3. Prevention of hospitalization
4. Creation of good habits of work and leisure
5. Enhance the patient to regain self – confidence



SETTINGS

OT is provided to children, adolescents, adults and elderly patients.

- **Psychiatric Hospitals**
- **Nursing Homes**
- **Rehabilitation Centers**
- **Special Schools**
- **Community Mental Health Centers**
- **Halfway Homes and De – addiction Centers**

SERVICES..?????? ANY GUESSES?



Services

SERVICES

- ✓ **Independent living skills: Self – care or Self Maintenance.**
- ✓ **Crafts, Socialization, Leisure activity and Education.**
- ✓ **Employment and Academic preparation, Home making, child care or parenting.**
- ✓ **Design fabrication and application of orthotic devices.**
- ✓ **Therapeutic exercise**
- ✓ **Patient or family education / Counseling.**

OT IN AN IN – PATIENT UNIT



OT ACTIVITIES

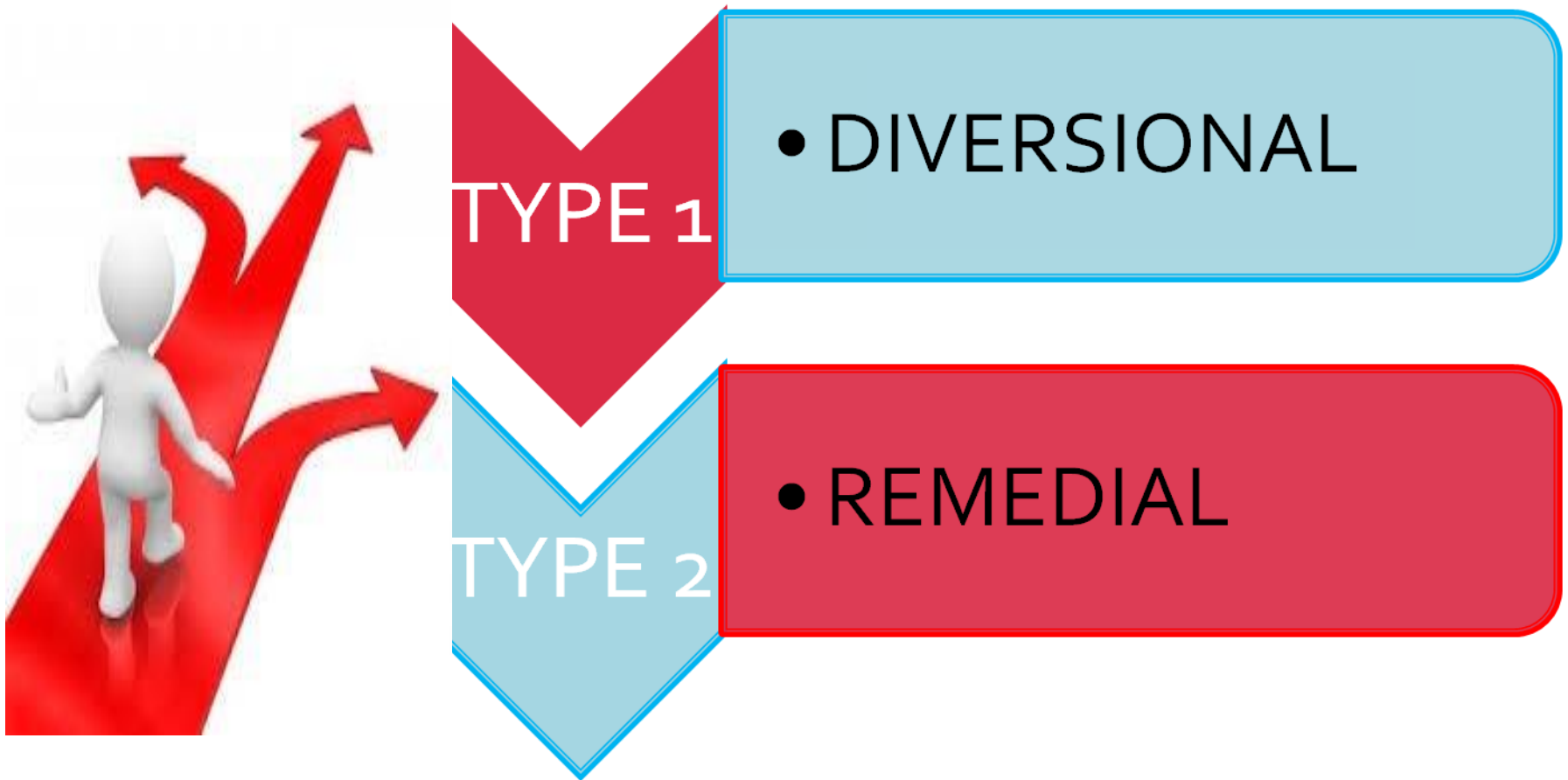
- **Assertiveness Training**
- **Daily Activities Living**
- **Music, Art and Clay Work.**
- **Poetry and Drama.**
- **Craft Work**

- **Wood Work**
- **Weaving**
- **Painting**
- **Social Skills Training**
- **Industrial Works**
- **Sewing**
- **Leather Work**
- **Ceramics**

????????



CLASSIFICATION OF O.T



CLASSIFICATION

- I. **Diversional** – E.g.. Organized games.
- II. **Remedial** – E.g.. Physiotherapy for particular muscle groups. (Basket making, Weaving, Carpentry, Gardening, Embroidery)
Physiotherapy also includes (Heat massage, Electrotherapy)

OCCUPATIONAL THERAPY



The Process

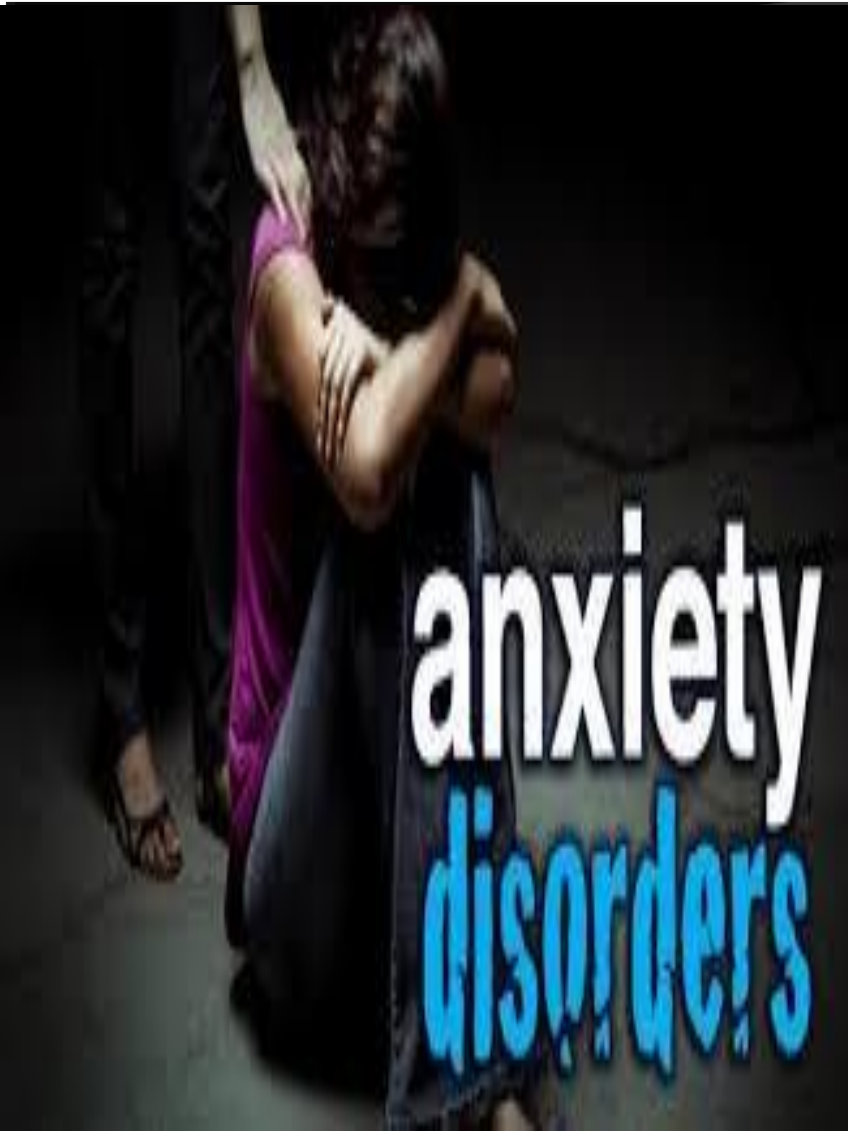
OCCUPATIONAL THERAPY CYCLE



ADVANTAGES

- 1. OT helps to build a more healthy and integrated ego.**
- 2. OT helps to express and deal with needs and feelings.**
- 3. Assists in the gratification of basic needs.**
- 4. Strengthens Ego defenses.**
- 5. Reverses Psychopathology**
- 6. Facilitates personality development.**
- 7. Develops Self Esteem and Good Self – Concept.**

SUGGESTED OCCUPATIONAL ACTIVITIES



- Simple concrete tasks with not more than 3 or 4 steps. (Sweeping, Washing, Weeding garden)



OT ACTIVITIES FOR.....

■ Depressive Disorder



■ Simple concrete tasks which are achievable. (Crafts)



SUGGESTED OCCUPATIONAL ACTIVITIES

Manic Disorder



- **Non-competitive activities that allows the use of energy and expression of feelings. (Raking Grass)**



SUGGESTED OCCUPATIONAL ACTIVITIES

Schizophrenia



- **Non-competitive solitary meaningful tasks that require some degree of concentration (Puzzles)(paranoid person)**



- **Simple concrete tasks in which patients involves actively. (Molding clay) (catatonic person)**

SUGGESTED OCCUPATIONAL ACTIVITIES

■ **Anti-Social Personality**



■ **Activities that enhance self – esteem and expressive and creative. (Leather Work, Painting)**

■ **Group activities to increase feeling of belonging and self-worth. (Cover making, packing goods)**



SUGGESTED OCCUPATIONAL ACTIVITIES

Substance Abuse



Group activities in which patient uses his talents. (Involve patient in planning social activities)



SUGGESTED OCCUPATIONAL ACTIVITIES

■ Childhood and Adolescent disorders



- **Children** – Playing, Story telling, Painting, Poetry Music etc.
- **Adolescents** – Leather work drawing, painting etc.
- **MR** – Cover making, candle making and packing goods.

POINTS TO BE KEPT IN MIND

- **Involve patients to select activity**
- **Activity should utilizes patients strength and abilities.**
- **The activity should be of short duration to foster feeling of accomplishments.**
- **The selected activity should provide new experience for the patient.**



NURSE'S ROLE



NURSE'S ROLE IN OCCUPATIONAL THERAPY

- I. Observer**
- II. Teacher**
- III. Parent**
- IV. Supporter**
- V. Guide and Friend**
- VI. Warden**



CONCLUSION



It is well clear that occupational therapy plays an important role for treating and rehabilitating mentally – ill clients.

Play Therapy

- **Definition**
- Play Therapy uses play as a therapeutic tool to help children communicate feelings, resolve conflicts, and develop problem-solving skills. It is based on the principle that play is a child's natural mode of expression.
- **Key Techniques**
- **Directive Play Therapy:** Therapist provides structured activities to guide the session.
- **Non-Directive Play Therapy:** Child leads the play, and the therapist observes and interacts as needed.
- **Symbolic Play:** Children use toys or objects to express emotions and experiences.
- **Sand Play:** Creating scenes in a sandbox to reflect inner thoughts and feelings.

- **Benefits**

- Builds emotional resilience and coping mechanisms.
- Enhances communication skills in children.
- Helps process trauma and difficult emotions.
- Encourages self-expression in a safe, non-threatening way.

- **Applications**

- **Emotional Issues:** Anxiety, depression, grief.
- **Behavioral Issues:** Aggression, social withdrawal.
- **Developmental Disorders:** Autism, ADHD.
- **Trauma Recovery:** Abuse, neglect, family conflict.

Dance Therapy

- **Definition**
- Dance/Movement Therapy (DMT) is a psychotherapeutic use of movement to improve emotional, cognitive, physical, and social well-being. It focuses on the connection between body and mind.
- **Key Elements**
- **Body Awareness:** Understanding how physical movement reflects emotional states.
- **Expressive Movement:** Using dance as a medium to express emotions and release tension.
- **Non-Verbal Communication:** Allowing individuals to communicate beyond words.

Benefits

- Enhances self-esteem and body image.
- Reduces anxiety, depression, and stress.
- Promotes social interaction and communication.
- Helps in trauma recovery and emotional regulation.

Applications

- Mental Health: PTSD, depression, anxiety.
- Physical Health: Parkinson's disease, chronic pain.
- Developmental Issues: Autism, ADHD

Music Therapy

- **Definition**
- Music Therapy involves the use of music to address physical, emotional, cognitive, and social needs. It can include listening, singing, composing, or playing musical instruments.
- **Key Techniques**
- **Active Music Therapy:** Clients create or play music.
- **Receptive Music Therapy:** Clients listen to music for relaxation or inspiration.
- **Songwriting:** Helps express emotions and tell stories.
- **Improvisation:** Encourages creativity and emotional exploration.

Benefits

- Reduces stress and promotes relaxation.
- Enhances memory and cognitive function.
- Improves emotional expression and social interaction.
- Helps manage pain and physical discomfort.

Applications

- Mental Health: Mood disorders, stress, PTSD.
- Neurological Disorders: Stroke recovery, Alzheimer's disease.
- Pediatrics: Developmental delays, emotional support.

Logotherapy

- **Definition**

Logotherapy is a form of existential analysis developed by **Viktor Frankl**, a neurologist and psychiatrist, which focuses on helping individuals find meaning in their lives, especially in times of suffering. The core idea of logotherapy is that the primary motivation for human beings is to find a sense of purpose and meaning in life, even in the most challenging circumstances.

Techniques in Logotherapy

- **Dereflection:** Redirecting a client's focus away from their problems or symptoms, helping them to focus on something greater or more meaningful in their life, such as a goal, relationship, or cause.
- **Paradoxical Intention:** Encouraging the client to intentionally engage in the behaviors or thoughts they fear or wish to avoid, which can help them gain control over those fears and reduce anxiety.
- **Socratic Dialogue:** A philosophical method of questioning where the therapist helps the client arrive at their own understanding of the meaning of life or a particular issue by asking open-ended questions.
- **Attitude Modification:** Helping clients change their attitude toward suffering, adversity, and challenges by recognizing that they can choose how to respond to situations.

Benefits of Logotherapy

- **Finding Meaning:** Helps individuals discover meaning and purpose in life, particularly during times of crisis or suffering.
- **Improved Mental Health:** By focusing on meaning, individuals can overcome feelings of emptiness, depression, and existential despair.
- **Increased Resilience:** Encourages individuals to develop resilience by choosing their attitude and finding meaning in difficult situations.
- **Holistic Approach:** Logotherapy takes into account the mind, body, and spirit, encouraging a balanced approach to life and well-being.
- **Personal Growth:** Encourages individuals to explore their potential and to pursue self-actualization by fulfilling their unique purpose.

Applications of Logotherapy

- **Mental Health:** Useful in treating depression, anxiety, and existential crises, particularly for individuals who feel lost, hopeless, or stuck in life.
- **End-of-Life Counseling:** Logotherapy is especially effective for those facing terminal illness, helping them find meaning in their remaining time.
- **Trauma and Grief:** Assists individuals dealing with grief, loss, or trauma by helping them find meaning in their suffering.
- **Addiction Treatment:** By focusing on meaning, logotherapy can help individuals struggling with addiction to regain a sense of purpose and motivation for recovery.
- **Personal Development:** Applied in coaching, leadership development, and self-improvement to help individuals understand their purpose and values.

Compassion-Focused Therapy (CFT)

Definition

- Compassion-Focused Therapy (CFT) is a therapeutic approach developed by **Paul Gilbert** that integrates principles from cognitive-behavioral therapy (CBT), evolutionary psychology, neuroscience, and Buddhist psychology. It focuses on cultivating compassion for oneself and others to reduce feelings of shame, self-criticism, and emotional distress.
- **Benefits of CFT**
 - Reduces symptoms of anxiety, depression, and PTSD.
 - Lowers levels of shame and self-criticism.
 - Enhances self-esteem and emotional resilience.
 - Improves interpersonal relationships.
 - Promotes a sense of safety and well-being.

Key Principles of CFT

- **The Three Emotion Regulation Systems:**
 - **Threat System:** Responsible for detecting danger and triggering fight, flight, or freeze responses.
 - **Drive System:** Motivates pursuit of goals and rewards.
 - **Soothing System:** Promotes feelings of safety, calm, and connection.
 - CFT aims to balance these systems by activating the soothing system through compassion.
- **Compassion:** Defined as a sensitivity to suffering in oneself and others, coupled with a commitment to alleviate and prevent it.
- **Self-Criticism and Shame:** Recognizes the role of self-criticism and shame in maintaining psychological distress and aims to counteract them through self-compassion.
- **Evolutionary Perspective:** Humans are biologically wired for both threat detection and compassion, but the former often dominates. CFT helps rewire the brain to enhance compassion.

Goals of CFT

- **Reduce Self-Criticism:** Transform harsh self-judgments into compassionate self-acceptance.
- **Enhance Emotional Regulation:** Foster balance among the threat, drive, and soothing systems.
- **Develop Self-Compassion:** Help clients respond to their own suffering with understanding and kindness rather than blame.
- **Improve Relationships:** Promote compassion for others, leading to healthier interpersonal connections.
- **Build Resilience:** Enable clients to cope with stress, adversity, and challenges with a compassionate mindset.

Techniques in CFT

- **Soothing Rhythm Breathing:** Focused breathing exercises to calm the mind and activate the soothing system.
- **Compassionate Voice:** Developing an inner compassionate voice to counteract self-critical thoughts.
- **Compassionate Reframing:** Reinterpreting negative experiences or beliefs through a compassionate lens.
- **Visualization Exercises:** Imagining oneself or a compassionate figure providing care and support.
- **Compassionate Behavior Experiments:** Encouraging acts of self-compassion in real-life situations to build confidence and emotional resilience.

Massage Therapy

- **Definition**

Massage therapy involves the manual manipulation of soft tissues, such as muscles, connective tissue, tendons, and ligaments, to promote relaxation, alleviate pain, and improve overall physical and mental well-being. It has been practiced for thousands of years across various cultures and is often considered both a therapeutic and preventive treatment.

- Massage therapy is a versatile and effective treatment that addresses both physical and psychological needs. It can be a valuable part of a comprehensive care plan, promoting overall health, reducing stress, and enhancing quality of life. Integrating massage therapy into mental health care can lead to significant improvements in clients' emotional and physical well-being.

Objectives of Massage Therapy

- **Pain Relief:** Reduces muscle tension and alleviates chronic and acute pain.
- **Stress Reduction:** Encourages relaxation and reduces the physical symptoms of stress.
- **Improved Circulation:** Enhances blood and lymphatic flow, aiding in detoxification and tissue repair.
- **Enhanced Flexibility and Mobility:** Helps restore and maintain the range of motion in muscles and joints.
- **Mental Well-being:** Promotes relaxation, reduces anxiety, and improves mood.

Benefits of Massage Therapy

Physical Benefits:

- Reduces muscle tension and stiffness.
- Alleviates pain from conditions like arthritis, sciatica, and fibromyalgia.
- Improves posture and joint flexibility.

Mental and Emotional Benefits:

- Lowers cortisol levels and reduces anxiety.
- Improves sleep quality and alleviates symptoms of depression.
- Enhances a sense of calm and well-being.

Physiological Benefits:

- Stimulates blood circulation and lymphatic drainage.
- Boosts immune system function.
- Accelerates recovery from injuries.

Neurological Benefits:

- Reduces headaches and migraines.
- Improves nerve function by reducing tension in surrounding muscles.

Applications of Therapy in Various Psychiatric Problems

Depression

- **Cognitive Behavioral Therapy (CBT):** Identifies and challenges negative thought patterns.
- Develops healthier coping mechanisms.
- **Interpersonal Therapy (IPT):** Focuses on improving interpersonal relationships and social functioning.
- **Mindfulness-Based Cognitive Therapy (MBCT):** Combines mindfulness and cognitive strategies to prevent relapse.
- **Psychodynamic Therapy:** Explores unresolved past conflicts contributing to depression.
- **Electroconvulsive Therapy (ECT):** Used in severe depression unresponsive to other treatments.

Anxiety Disorders

- **CBT**: Addresses irrational fears and avoidance behaviors.
Effective for generalized anxiety, social anxiety, and panic disorders.
- **Exposure Therapy**: Gradual exposure to feared stimuli to reduce anxiety response.
- **Acceptance and Commitment Therapy (ACT)**: Encourages acceptance of anxious thoughts while committing to value-based actions.
- **Compassion-Focused Therapy (CFT)**: Reduces self-criticism and promotes emotional safety.

Obsessive-Compulsive Disorder (OCD)

- **Exposure and Response Prevention (ERP):** A form of CBT that exposes clients to triggers and prevents compulsive behaviors.
- **CBT:** Challenges obsessive thoughts and associated distress.
- **Mindfulness-Based Stress Reduction (MBSR):** Helps clients focus on the present moment and reduce rumination.

Post-Traumatic Stress Disorder (PTSD)

- **Trauma-Focused CBT (TF-CBT):**
Helps individuals process and reduce trauma-related distress.
- **Eye Movement Desensitization and Reprocessing (EMDR):**
Uses guided eye movements to reprocess traumatic memories.
- **Narrative Therapy:**
Allows clients to rewrite their trauma story to reduce its emotional impact.
- **Prolonged Exposure Therapy:**
Involves repeated exposure to trauma-related memories and cues to decrease avoidance.

Bipolar Disorder

- **Psychoeducation:**

Educates clients about mood regulation and treatment adherence.
- **Interpersonal and Social Rhythm Therapy (IPSRT):**

Stabilizes daily routines to regulate mood cycles.
- **CBT:**

Addresses negative thought patterns during depressive episodes.
- **Family-Focused Therapy:**

Involves families to improve communication and support systems.

Schizophrenia

- **CBT for Psychosis (CBTp):**Challenges delusional thinking and reduces distress caused by hallucinations.
- **Social Skills Training:**Improves interpersonal skills and social functioning.
- **Psychoeducation:**Helps clients and families understand the condition and manage symptoms.
- **Family Therapy:**Reduces relapse by addressing family dynamics and improving support.

Eating Disorders

- **CBT:**Focuses on altering distorted beliefs about body image and food.
- **Dialectical Behavior Therapy (DBT):**Helps manage emotional dysregulation and impulsivity.
- **Family-Based Therapy (FBT):**Involves family members in supporting the client's recovery.
- **Nutritional Counseling:**Provides education about healthy eating patterns and body care.

Substance Use Disorders

- **Motivational Interviewing (MI):**Enhances motivation for change and commitment to treatment.
- **CBT:**Identifies triggers for substance use and develops coping strategies.
- **12-Step Facilitation Therapy:**Incorporates principles of Alcoholics Anonymous or Narcotics Anonymous.
- **Relapse Prevention Therapy:**Helps clients anticipate and manage relapse situations.

- **Personality Disorders**
- **DBT:**Effective for borderline personality disorder, focuses on emotional regulation and interpersonal effectiveness.
- **Schema Therapy:**Addresses maladaptive schemas developed during childhood.
- **Psychodynamic Therapy:**Explores unconscious conflicts contributing to personality traits.
- **Attention-Deficit/Hyperactivity Disorder (ADHD)**
- **Behavioral Therapy:**Helps clients manage impulsivity and organize daily activities.
- **CBT:**Addresses procrastination and improves time management.
- **Parent Training:**Educates parents on managing ADHD behaviors in children.