Purpose Introduction	III. The psychotherapeutic process Dr Zsolt Unoka Semmelweis University, Department of Psychiatry and Psychotherapy The purpose of the chapter is to familiarise the student with the basic principles of psychotherapeutic treatment and with the steps in the psychotherapeutic process. After studying this chapter, students will be able to plan the steps of the psychotherapeutic process and the recognition of the indicators of change. Introduction This chapter introduces the concept of the psychotherapeutic process. Target group: General doctors, psychologists, psychology students and medical students Recommended study methods: Read the text with the linked dialogues. After this, answer the comprehension questions . If you cannot answer each question, review the problematic parts in the text! Total study time: 3 hours Keywords: psychotherapeutic process, indicators of change, behavioral experiment Recommended literature: Hersen, M., Sledge, W., Eds.(2002) Encyclopedia of Psychotherapy. Elsevier Science. New York. Table of contents of this chapter: III./1. Second phase of therapy, the phase of change III./1.1. The focus of therapy III./1.2. Exploration of resources, looking for alternative reactions III./1.3. Discovering problems related to mentalization III./1.4. Seeing the world differently III./1.5. Discovering motivations determining superficial behaviour III./1.6. From individual cases to life-long patterns III./1.7. Conflicts between short and long term goals III./1.8. Putting the central problem into historical frame, the inversion of internalization III./1.9. Discovering more adaptive forms of attitude to needs III./1.10. Back to the basic problem III./1.11. Closing the therapeutic session, summary of results III./1.12. Gathering experiences that do not fit in the relational patterns III./1.13. Behavioural experiment III./1.14. Indicators of change III./2. The last phase of therapy III./2.1. Evaluation of the change generated by psychotherapy

III./2.1.1. Changes of symptoms
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III. The psychotherapeutic process

The psychotherapeutic process begins when patient first contacts therapist, and ends at the conclusion of the therapy. The psychotherapeutic process is usually divided into three phases.

The first phase begins with the first meeting and ends by signing a therapy contract. The main task of the first phase is to assess the necessity of psychotherapy, and to find the appropriate type of therapy. Indications of psychotherapy was discussed in the second chapter.

The second phase starts after signing the therapy contract and lasts until starting the conclusion of the therapy. This second phase takes the lion's share of the therapeutic work.

The third phase is the conclusion of psychotherapy. It starts after reaching the desired result, or when the therapy proves to be unsuccessful. The conclusion of the therapy is preparation for the prevention of relapse, as well.

Psychotherapy can be practised in many ways. This process is always a joint effort of two people.

III./1. Second phase of therapy, the phase of change

Exercise:

List the tasks of the phase leading to the intervention.

The therapeutic work starts following the therapy contract. The therapist applies the techniques of the psychotherapeutic method in cooperation with the patient. The first few sessions (3-7 sessions) are momentous. Changes coming about during the first sessions are decisive in regard to the outcome of the therapy. 65% of the patients show a measurable improvement by the 7th session. When no improvement is reached in the beginning or the condition deteriorates by the third session, half of the patients quit therapy before time, or report the treatment to be ineffective at the end of the course. Consequently, when no improvement is made at the early stages, then case conceptualization must be recommenced, and the treatment needs to be adjusted to the needs of the patient.

III./1.1. The focus of therapy

Apart from person-centred therapy and psychoanalysis, a central problem is selected in almost all psychotherapeutic schools which is dealt with during the sessions. This is called the focus of therapy. The focus usually corresponds with the problem identified in the case conceptualization. Keeping the focus is the task of the therapist. Patient's engagement with the problem in between two meetings and the fact that they spontaneously return to it is a telling sign of an appropriately selected focus. Patients usually complete their homework if they find it appropriate in respect of their main problem.

	III./1.2. Exploration of resources, looking for alternative reactions In addition to the revelation of basic patterns or the central relationship conflict, the therapist makes efforts in helping the patient discover the resources that can help them cope with the problem. In the meantime, fine tuning of case conceptualization is still going on. When Zorka is in big trouble, then she is capable of enforcing her will. Here, we can witness a phenomenon in which the patterns acquired throughout our socialization can only determine our behaviour to a certain level of excitement. Beyond this point, some fundamental survival mechanisms kick in: struggle, escape and shock.
Important	**III./1.3. Discovering problems related to mentalization** Mentalization is the ability when someone is capable of conceiving their own or others' desires, goals, plans or feelings, and capable of understanding their own or others' behaviour based on these. During psychotherapeutic interventions, continuous attention must be paid to the changes of this mentalization capability. Interventions are effective if the patient is in a receptive state. With the exception of autism, people are usually capable of mentalization, disorders related to mentalization usually occur in the cases of some specific tasks and conditions circumscribed in most clinical profiles. In the case of Zorka, it can be observed that in the presence of others, she can pay less attention to her own needs, and is less capable of mentalizing her own internal world. She devotes a large portion of her energy to understand the desires, goals and expectations of others. Case conceptualization and the therapeutic plan is complemented with the development of inward attention throughout therapy, so that she would be able to direct her attention to her own interest in the presence of others outside therapy.
	III./1.4. Seeing the world differently One mechanism of change is that the patient recognizes that they perceive themselves and the world in a distorted way. They are capable of obtaining a new approach after this recognition. This new approach may increase their self esteem, the judgment of others and can induce hope. The recognition of the distortion of mentalization and the wording of distorting mechanisms are the first steps in being able to reflect and contemplate on the distortions and develop a new approach.
Important	**III./1.5. Discovering motivations determining superficial behaviour** There are several motivation systems in humans which can conflict with each other. One result of conflicts can be the feeling of weakening, helplessness and the feeling of being hindered. A part of motivation systems aims at the fulfilment of instinctive aspirations of the individual (food, drinks, sex, relaxation, self-enforcement, etc), another part of these aims are the fulfilment of social instincts (cooperation, altruism, etc.). Depending on where the individuals place themselves

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on this social ladder, and depending on whether they put themselves in a dominant or self-submissive role, the fulfilment of personal or social instincts will be emphasized more.

A self-submissive individual tends to consider others dominant and think that their own objectives are to enforce their own interests, and they would not care about the interests of others, therefore, these individuals will make an effort to please the dominant individuals and give up on their own individual aspirations. When these individuals are relieved from the immediate influences of others, they become capable of mentalizing their own aspirations, and are filled with dissatisfaction because they feel that their own aspirations did not get enough room. Such internal conflicts often result in decreased ability of performance.

Literature:

Liotti, G., Gilbert, P. (2011) Mentalizing, motivation,, and social mentalities: Theoretical considerations and implications for psychotherapy. Psychology and Psychotherapy: Theory, Research and Practice. 84, 9-25.

III./1.6. From individual cases to life-long patterns

During effective psychotherapeutic sessions, the visualization of exact, experience-like events of life and the processing thereof using somewhat more abstract concepts follow each other in cycles.

Optimal cycles of psychotherapeutic inventions:

- experience-like visualization of an episodic autobiographic memory
- processing, elaboration, wording and structuring of the experience
- conclusion of the phenomenon which is in the background of the experience using abstract concepts
- experience-like visualization of yet another episodic autobiographical memory which matches the phenomenon put in abstract terms

If more examples are found in the life of the individual which are related to the phenomenon expressed with abstract terms, then we talk about a life-long pattern. One main effective factor of psychotherapy is the identification and modification of life-long patterns.

Literature:

Mergenthaler E. (1996) Emotion-Abstraction Patterns in Verbatim Protocols: A New Way of Describing Psychotherapeutic Processes. Journal of Consulting and Clinical Psychology, 64:6, 1306-1315.

III./1.7. Conflicts between short and long term goals

In the case of most mental issues, conflicts between short and long term goals can be observed. With the discovery of life-long problems, the attention of the patient is diverted to taking up an autobiographical-narrative aspect. The autobiographical aspect is similar to the aspect of a novelist who does not only see the individual chapters but the whole book which makes up a story of the protagonist. Past, present and future are placed in a comprehensive perspective. One objective of psychotherapeutic work is to strengthen the patient's ability to take up the novelist's perspective. The long term objective of the therapy is that patients

should discover that they could be the writers of their own lives and not just actors of stories written by others.

It is easier to bear with tensions and frustrations caused by the momentary situation if the individual looks at the situation from the aspect of their long-term goals. From a momentary aspect, the most adaptive case would be to get rid of their frustrations as soon as possible, but if they take up the novelist's point of view, they will see the long-term benefits of saying yes to tension and saying no to someone else, for example.

Literature:

Important

Beran E., Unoka Zs.: Construction of self-narrative in a psychotherapeutic setting: An analysis of the mutual determination of narrative perspective taken by patient and therapist. In.: Quasthoff, U.M., Becker, T. (Eds.) (2005): Narrative Interaction. Jon Benjamins Publishing Company Amsterdam/Philadelphia.

III./1.8. Putting the central problem into historical frame, the inversion of internalization

In the course of internalization, individuals internalize their memories, interactions that they lived through with other people. Levels and processes of internalization take place in various ways and different psychotherapeutic schools explain mechanisms of internalization differently. Here, we are not getting in details of these theories. Internalization has the greatest influence on a person when their efforts undertaken for the fulfilment of their needs are repeatedly supported by an important person in emotionally saturated situations. The way of internalization progresses from interactions happened in reality, through repeated visualizations thereof, to the completely unconscious, automatic interpretation of the situation.

Steps of internalization are as follows:

- Desire arouses in the person, which they indicate towards an important other, who gives a reaction
- Desire arouses in the person, and they imagine how the other would react
- Desire arouses in the person, and in the frame of an internal dialog they themselves react in the way the important other have earlier reacted
- Desire arouses in the person, and without becoming conscious of it, they start to behave according to imagined expectations of the other, and they consciously perceive that this is the way they are. They would be a different person if they acted in another way. Besides, the bad mood because of the unfulfilled needs becomes conscious

Important

Psychotherapeutic work progresses in another direction, it places internalized processes back into the autobiographic frame again, into those exact episodes of life, where experiences related to the enforceability of their needs were shaped. Our objection to this is to help the patient experience that their traits shaped by the process of internalization is not their substantial and unchangeable attributes, but are learned from other people throughout their life, and that they could have learned others. They can choose other means of realising their needs Therapeutic relationship also provides the patient with new experiences in which the therapist listens to the essential needs of the patient, accepts them as valid, that is, the legitimacy thereof is acknowledged, and the therapist helps establish the adaptive skills of enforcing the needs.

Steps of psychotherapy:

- revelation of the connection between bad mood and needs
- identification of internal dialogues, thoughts: what is the patient's approach to their own needs
- identification of important people who react similarly to the internal thoughts related to the fulfilment of needs
- visualization of concrete, episodic memories, and relocation of internal processes to the past
- formation of opinions of alternative approaches related to the fulfilment of needs

III./ 1.9. Discovering more adaptive forms of attitude to needs

In addition to the dominant relationship pattern relating to the ability of the fulfilment of needs, individuals may have experiences which are different from the dominant pattern. Discovering more adaptive attitudes in their own experiences of the patient help them establish the new approach and the strengthening thereof.

Self-submissive patients usually have a highly developed skill and they are capable of observing the needs of others they look after. One possible technique is the diversion of the emphatic attitude from others' needs to patients' own needs.

III./1.10. Back to the basic problem

We return to the basic problem again and again during therapy. This helps us see if the therapeutic work is heading in a good direction or not. We can also check that the identified pattern and the alternative ways of attitude discovered contribute to the solution of the patient's main problem or not. In many cases, the problems they brought are just the tip of the iceberg, but we must return to them, because this is what patients can see and these help them orientate themselves.

III./1.11. Closing the therapeutic session, summary of results

In the last phase of the therapeutic session, the therapist gives a summary of the results achieved throughout the session. A summary of the results has the following advantages:

- according to the feedback from the patient, the therapist has the opportunity to revise the picture of the patient
- the patient has the feeling that they have received the attention of the therapist
- listening to the summary, patients may have further ideas

Exercise:
Think if there are internal hindrances in relation to the enforcement of your own needs?

The therapist gives a new context for the procrastination that Zorka struggles to cope with. Procrastination is one form of self-defense and self-enforcement. In Zorka's case, her need for self-enforcement manifests itself in the form of procrastination, in a way that is not really clear for her. Understanding this symptom as a useful sign helps her change her situation in an easier way. Instead of being a bare subject, she becomes an actor of her symptom after understanding the signs of her important aspects.

III./1.12. Gathering experiences that do not fit in the relational

patterns

Therapy does not stop in between two therapeutic sessions, and patients continue to think about questions which emerged during the sessions. Recognitions of the therapy may lead them to try new situations. A new recognition is settled when its truthfulness becomes justified by real experiences.

Zorka has experienced that self-enforcement does not necessarily give rise to anger in others and deterioration of her relationships. The goal of the therapy is to give her a more comprehensive picture in the realisation of her needs.

III./1.13. Behavioural experiment

Behavioural experiment is a planned activity to gather experience in between the therapeutic sessions. It is based on the cognitive conceptualization of the problem and its primary aim is to help the patient in getting new knowledge, that serve them:

- monitoring the adequacy of their opinions on themselves, others and the outside world
- establishment and testing of new, more adaptive ideas
- justification and further development of case conceptualization

The therapist believes Zorka is prepared to step further into the problem she brought and prepares her for a behavioural experiment.

At the next session, they discuss results of the behavioural experiment. Zorka understood that acting differently causes emotional and cogitative change. This change proves to be a lot stronger than just talking about how the other person would react.

III./1.14. Indicators of change

The goal of psychotherapeutic interventions is to generate change. Identification of signs of change provides the therapist with valuable information throughout the therapy. Indicators of therapeutic change can be classified according to the main phases of the therapeutic process:

- **Initial indicators of change**, signs that refer to motivation and consideration of the necessity for change. These are changes that typically occur from the phase of pre-contemplation until the phase of determination. The patient accepts the existence of their problem about which they can ask for help from a therapist, and becomes hopeful on account of the expected help.

- One of the **indicators of the intermediary phase** kicks in, when the patient, realizing their effectiveness, regains their problem-related competency, and they understand their duties to be performed in order to achieve change, and become acquainted with the new aspects of their personality.

- One of the **highest level indicators of the change** is when the patient's

view on themselves and the outside world undergoes a transformation. The patient feels that they were given real support and realize their active role in the psychotherapeutic process:

- Patient discovers and develops new connections:
- Redefinition of problems and symptoms
- Transformation of feelings and assessments about themselves and others
- Based on their personality traits, problems, symptoms and certain traits of their environment, they create a new subjective construction of themselves.
- In their autobiography, the patient discovers subjective constructions made by themselves
- The patient is able to understand and use psychic aspects of their ongoing processes, independently
- The patient acknowledges the support given to them
- Asymmetry between patient and therapist decreases
- Patient establishes an applicable concept embedded in their autobiographies about themselves and their relations to their environment (Krause et. al., 2007)

In the course of the therapy, patients often move back and forth among different levels of indicators. Following each intervention, the therapist should always monitor the effectiveness of the psychotherapeutic interventions. The above described indicators help the therapist decide if the given intervention achieved the expected results. If there is no change, the therapist should think about the reasons for the ineffectiveness.

Literature:
Krause, M. et al. (2007). The Evolution of Therapeutic Change Evaluated Through Generic Change Indicators. Psychotherapy Research, 17, 673-689.

III./2. The last phase of therapy

The last phase of the therapy begins when the idea of the conclusion of the therapy emerges in the patient and therapist. The following conditions must be met to start to make arrangements for the conclusion of the therapy:

- a considerable improvements has taken place in achieving the treatment goals
- the patient is able to practise the skills they acquired during the therapy in solving their problems
- changes can be experienced in the central relationship patterns of the patient

Main steps of the conclusion the therapy:

- Suggest the opportunity for concluding the therapy (preferably, conclusion should not take place in the session when the idea emerges)
- Discuss the date of the last session
- Strengthen the skills and lessons learned by the patient throughout the therapy
- Prepare the patient for the prevention of possible relapses

At the final session, we discuss the results we achieved. We discuss how we can prevent relapse. We make a short summary of the main themes of the therapy. Finally, we offer the opportunity to contact each other again.

III./2.1. Evaluation of the change generated by psychotherapy

The effectiveness of the psychotherapeutic process can be evaluated based on the following four aspects:

- Number of symptoms decreases and/or abilities to tolerate (tolerance) effects of symptoms increases
- Adaptive capacities increase
- Insight increases
- Basic conflicts, patterns are solved, or become treatable

For example, there is a person with avoidant personality, and social phobia, whose symptoms partially ceased (*decreased number of symptoms*), but if he has to join a new social group he becomes frustrated, but he is capable of tolerating the tension (*tolerance*). In spite of his nervousness, he goes to a party, gets acquainted with people and behaves in an assertive way *(adaptive capacity)*. Earlier, he could not really realize his private life, and the depressing physical symptoms, behavioural inhibitions were all incomprehensible phenomena for him. Other people were uniformly considered to be threatening beings. The patient did not have a specific image about the feelings and intentions of these individuals. As a result of the therapy, he became able to attach his physical symptoms to their emotions, he learned to name their feelings and understand their psychic processes playing an important part in the development of his emotions. He also learned to consider other people as individuals, having individual intentions, plans, and emotions. Moreover, he learned to apprehend and revise (*consideration*) mental processes in the background of the deeds of others. He became capable of realizing and resolving the conflict of his mistrust towards people and his demand for company (*conflict*).

Literature:
Sandell R. (1997) Rating the Outcomes of Psychotherapy or Psychoanalysis Using the Change After Psychotherapy Scales (CHAP).Manual and Commentary. Stockholm County Council Institute of Psychotherapy, Department of Psychotherapy, Karolinska Institute. Stockholm

III./2.1.1. Changes of symptoms

The reasons why some people decide to attend psychotherapy are that they suffer from psychopathologic symptoms (depressive mood, panic attack, impulsive attitude), while others seek psychotherapeutic support because of problems not fitting in psychopathologic descriptions (they do not feel spontaneous enough, they look for their fulfilment etc.). Therefore, in this chapter we call every more or less circumscribed, but not situation-related or generalized phenomenon a symptom, if it caused some sort of distress to the patient or in their social environment (to family, friends, colleagues, etc.).

The two aspects of change are the frequency and the tolerability of symptoms.

- In the case of a change in the frequency of symptoms, a decrease can be experienced in the:
    - number
    - frequency
    - seriousness

- strength
- duration

of symptoms

- In the case of change in the tolerability of symptoms, patients have different experiences and approaches towards their symptoms.

Literature:
Sandell, R. (1997) Rating the Outcomes of Psychotherapy or Psychoanalysis Using the Change After Psychotherapy Scales (CHAP).Manual and Commentary. Stockholm County Council Institute of Psychotherapy, Department of Psychotherapy, Karolinska Institute. Stockholm

III./2.1.2. Development of a more adaptive behaviour

Adaptive capacity refers to a patient's ability to cope with external circumstances that they struggled to cope with earlier or that generated symptoms. While the evaluation of changes in the symptoms applies to those more or less paraphrased behaviours that only "happened" to the patient, and caused them to suffer, the change of adaptive capacity refers to situations ("critical situations") that the patients had problems to cope with, and caused symptoms in them as a result.

An improvement in the adaptive capacity means that the patient copes better with "critical situations" (in which symptoms emerged, patient had angst or could not react adaptively, e.g. avoidance). The patient does not avoid critical situations, and reacts to conflicts in a more assertive and proper way. They succeeded in stepping out of circumstances (workplace, marriage, and other relationships) that impeded their self-fulfilment or had destructive effects. Patients got rid of the pressure to repeat their earlier weaknesses and get themselves into same old problematic situations over and over again.

Literature:
Sandell R. (1997) Rating the Outcomes of Psychotherapy or Psychoanalysis Using the Change After Psychotherapy Scales (CHAP).Manual and Commentary. Stockholm County Council Institute of Psychotherapy, Department of Psychotherapy, Karolinska Institute. Stockholm

III./2.1.3. Increase of insight

Insight is not only an intellectual skill, but also an intellectual and emotional phenomenon. The patient is able to express and formulate their feelings that they earlier had no access to. They gain a better understanding of their problems and tolerate them better. They acquire the reflective, metacognitive ability of self-observation in their experiences. They become able to think about these experiences and sometimes re-evaluate them. They adopt a critical approach to their feelings, decisions, and deeds (in a positive sense) without self-reproach.

Literature:
Sandell R. (1997) Rating the Outcomes of Psychotherapy or Psychoanalysis Using the Change After Psychotherapy Scales (CHAP).Manual and Commentary. Stockholm County Council Institute of Psychotherapy, Department of Psychotherapy, Karolinska Institute. Stockholm.

III./2.1.4. Solution of basic conflicts and patterns

People usually have several more basic conflicts and patterns. Although, sometimes it is possible to identify one basic conflict or pattern, from which the other conflicts can be derived. Solving basic conflicts means that they won't be present in every part of the patient's life anymore. Basic conflicts or basic patterns are usually results of an early relationship conflict or trauma. In the background of this conflict, we can usually find an early relationship, in which caregiver did not fulfil the essential needs of the person and frustrated or traumatized them. Therefore, the person became convinced that the fulfilment of their needs will be refused. A conflict emerges between the needs of the person and the expected reactions from the environment. Early characteristic experiences:

- losses
- separation from individuals to whom the patient bonded
- neglect of physical or emotional needs
- over or under-stimulation
- seduction
- threat
- illness
- injury
- sexual, physical or verbal abuse

Typical manifestation of an unsolved basic conflict or pattern is the inflexibility of a person's schematic perception of reality.

Literature:

Sandell R. (1997) Rating the Outcomes of Psychotherapy or Psychoanalysis Using the Change After Psychotherapy Scales (CHAP).Manual and Commentary. Stockholm County Council Institute of Psychotherapy, Department of Psychotherapy, Karolinska Institute. Stockholm

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