

Stages of psychotherapy process

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The psychotherapeutical process begins when a patient first contacts a therapist, and ends at the conclusion of the therapy.

It is usually divided into three phases:

1. *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.

1. *The second phase starts after signing the therapeutical contract and lasts until starting the conclusion of the therapy. This second phase is the overwhelming majority of **the therapeutical work**.*
2. *The third phase is the **conclusion of psychotherapy**. We start it after reaching the desired result, or when the therapy proves to be unsuccessful. The conclusion of the therapy is a preparation for the prevention of relapse as well.*

Before the psychotherapeutical process a thoroughful examination of the patient is needed.

After a clinical interview the diagnosis can be based on nosological systems, e.g.:

Diagnostic and Statistical Manual of Mental Disorders, 5th ed. (2013).

or: International Classification of Diseases (ICD- 10)

Evaluation of risks is also a crucial step – e.g., suicidal ideations, psychotic signs and symptoms, somatic symptoms, comorbidity.

Question: psychotherapy alone, or combination with pharmacotherapy?

Therapeutical plan

- General medical decisions: the place of the treatment (in- or outpatient), possible application of somatic therapies.
- If psychotherapy is needed, the method and setting have to be decided: individual, group, couple, family, community or milieu therapy.

The aim of the therapy: e.g., reduction of stress, crisis intervention, psychotherapeutical rehabilitation, maintenance treatment.

First phase: Indications of psychotherapy

The main parts of the first phase:

- First interview
- Case conceptualisation
- Therapeutical contract

Psychotherapeutical first interview

Therapeutical tasks are:

- Establishment of a therapeutical relationship, and a good therapeutical alliance .
- Enhancement of the motivation.
- Case conceptualization.
- Demonstration of the therapeutical method.

The first impression is found to be a determining factor in many aspects of life.

After the first psychotherapeutic interview, 15-17% of the patients do not go to the first session, and further 26-30% drop out after the first or second session.

The discussion of the patient's ambivalent feelings about therapy can help them a lot in making a decision.

The first interview has some specialities.

Children: with parents.

Family therapy: with the whole family.

Group therapy: individual interviews with all the group members (both therapist – if there are two therapists).

Case conceptualization

- The case conceptualization evaluates the patient's problems on the basis of theories of the chosen method.
- Information has to be arranged by the concepts of the therapeutical method.

Case conceptualization involves the evaluation of:

- Capacity of satisfaction of basic needs.
- Psychological conflict.
- Coping style (it is based on the personality).
- Compliance, resistance.
- Level of motivation.

Aims of case conceptualization

- To help the better understanding of the patient's complaints: there are predisposing, precipitating, and maintaining factors.
- To help the elaboration of the treatment plan.
- To provide some therapeutical effects: giving hope, structuring of chaotic emotions, helping inner control, establishment of a deeper therapeutic alliance.

Level of motivation (Prochaska et al, 2009):

1. Precontemplation: no recognition of the problem, the patient doesn't want to change.
2. Contemplation: thinking about the change, ambivalence.
3. Preparation: the patient recognizes that (s)he can change.
4. Action: the patient begins to change.
5. Relapse – the lapse and relapse is different!

Psychotherapeutical contract

It is generally a verbal agreement between the patient and the therapist.

The aim of psychotherapy, the framework and ethical considerations of the psychotherapeutical relationship are discussed.

Basic information is provided about the method and the institution, where the treatment is applied.

The active role of the patient is also discussed.

The responsibilities of the patient and those of the therapist have to be outlined.

The framework: e.g., the number, the time frame, the frequency of the sessions; how to cancel a session, what about the contact between sessions.

A written contract can be used as well.

Second phase of therapy: The phase of change

Psychotherapeutic interventions are used – the strategy and tactics of the therapy is important.

Strategy means long-term goals, tactics is the appropriate management of a session.

What to do and how?

The first few (3-7) sessions are informative.

Changes 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 at 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.

Number of sessions:

- Behaviour therapy: 1-7
- Cognitive-behaviour: 20
- Psychodynamic: 20-100
- Psychoanalysis: 400-1000

Indicators of the change:

- Acceptance of the existing problem.
- Acceptance of the therapist.
- Expression of hope.
- Need for change.
- Appearance of new behaviours and emotions.
- Sense of competence.

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- Recognition of new relations.
- Reevaluation of the problem and symptoms.
- Change in the emotions relating to the self and to others.
- Asymmetry between the patient and the therapist decreases.

The last phase of therapy

The following conditions must be met at the end of the therapy:

- A considerable improvement has taken place in achieving the treatment goals.
- The patient is able to practise the skills acquired during the therapy in solving the problems.
- Changes can be experienced in the central relationship patterns of the patient.

Main steps of the conclusion of 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.

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

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

Thank you!