

Stages of Psychotherapy Process

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The psychotherapeutic process

- It begins when a patient first contacts a 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.
 - *The second phase* starts after signing the therapy contract and lasts until starting the conclusion of the therapy. This second phase takes up the lion's share of **the therapeutic work**.
 - *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 preparation for the prevention of relapse, as well.

First phase. Indications of psychotherapy

The phase leading to the psychotherapeutic intervention

- **Getting in contact:**
 - 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.
- **Setting up a diagnosis:**
- **Psychiatric diagnosis: (DSM-IV):**
- I. Psychiatric diseases and other conditions worthy of clinical attention
- II. Personality disorder, mental retardation
- III. Somatic conditions
- IV. Psychosocial and social environmental problems
- V. Comprehensive summary of functioning

First phase. Indications of psychotherapy

The most important dimensions of psychotherapeutic diagnosis:

- The ability to fulfil essential needs:
 - The positive objective of psychotherapy is to reach a state of psychic health.
 - In the case of psychic health the person is capable of fulfilling their essential needs in a harmonic way, without restraining others by breaking the rules of social cohabitation.
- *Example*:
 - Social needs. Affection, intimacy, sexual life, relationship, friends, workplace relations, integration into larger groups are all important elements of our lives. It is necessary for humans to feel safe in such fields and to feel that their relationships are stable. They must feel accepted and that they can rely on care from others.
 - Inner barriers to realizing needs:
 - Abandonment: Conviction of the patient that they cannot rely on others.
 - Mistrust/Abuse: Others want to abuse them.
 - Defectiveness/Shame: If their defects are revealed, they will be desolated or humiliated.
 - Emotional deprivation: they cannot expect care, appreciation, support.

First phase. Indications of psychotherapy

The most important dimensions of psychotherapeutic diagnosis:

- Coping style characteristics of personality:
 - *Coping by internalization* – people using this strategy believe that circumstances resulting in negative situations occur due to their own faults, whilst they form a positive image of others.
 - *Repression mechanism* – people using this strategy tend to avoid becoming conscious about impetuses and emotions considered to be threatening by the psychic manoeuvres of selective inattention or denial. They often fail to realize their aggression, sexual incentives or other emotions, and they only experience physiological changes accompanied by emotions.
 - *Coping by externalization* – Patients belonging to this group are impulsive, imprudent. They are characterized by angry outbursts. When they make a mistake they tend to blame others for their problems.
 - *Alternately external-internal coping style*:
- Willingness for cooperation, resistance

First phase. Indications of psychotherapy



The most important dimensions of **psychotherapeutic diagnosis**:

- Assessment of the degree of motivation

- *Pre-contemplation* – the phase before contemplation: The patient does not recognize the problem, is not willing to change it. They deny the existence of the problem and believe it is related to others.
- *Contemplation*: The patient has already realized the problem, and is considering a change. However, they have not committed to change. Ambivalent
- *Phase of preparation*: In this phase, the patient has already considered the possibility of change.
- *Phase of taking action*: Patient starts making changes. They start to change their behaviour, appraisal of situations, or they start to reshape their environment.
- *Phase of maintenance of the changes achieved*: The objective is the solidification of results achieved. In this phase, a particularly important task is to prevent relapse.
- *Phase of relapse to a previous level*: In most cases, changes are not linear, they usually take place in spiral cycles.

First phase. Indications of psychotherapy

- First psychotherapeutic interview
 - The first therapeutic interview leads to the first case conceptualization which is shared with the patient.
- Case conceptualization
 - It is a starting point from which the therapist creates hypotheses about the risk, the causal and the sustaining factors of the psychic, social and behavioural problems of the patient.
- Therapy contract
 - As a result of the first case conceptualization, the therapist must be able to make a decision on the necessity of the therapy, its location, method, duration, frequency and its realistic goals.

Psychodynamic case conceptualisation

Zorka's Core conflictual relationship scheme

NEEDS, DESIRES: *What does she want from other people?*

She wants to enforce her own will.

IMAGINARY/REAL REACTION OF THE OTHER: *What does she think the other will react? How do they actually react?*

They become angry if Zorka wants to enforce her will.

ANSWER, GIVEN THE OTHER'S REACTION: *How does she react to other's imaginary or real reactions?*

She gets frightened from the others' reactions and gives up the enforcement of her own needs

Basic scheme

Self-submission: Does not dare to represent its needs, desires and feelings, because she was afraid that the other person would be angry, would punish or leave them.

(+) Which positive intermediary belief helped patient to cope with their basic belief?

(-) Which is the counterpart of this negative belief?

Intermediary beliefs

(+) If I submit my will to others, they will not become angry and they will accept me.

(-) If I express my displeasure, I will be abandoned and refused.

Compensation strategies:

Which behavior helps her in coping with her basic beliefs?

Compensation strategies:

Zorka avoids the expression of her needs.

It is difficult for her to say no to others.

Self-submission, hindrance of expression of emotions.

Pleasing others.

Event:

Which was the problematic situation?

Event:

She is invited to the school for communal work, when she has other things to do.

Automatic thought:

What was she thinking in the meantime?

Automatic thought:

If I say no, they will feel offended or become angry.

Feeling:

How did she feel?

Feeling:

Angst

Behavior:

What did the patient do then?

Behavior:

She goes to clean-up.

Second phase of therapy: the phase of change

- 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.**

Second phase of therapy: the phase of change

Number of sessions:

- Behavior therapy: 1-7
- Cognitive-behavior: 20
- Psychodynamic: 20-100
- Psychoanalysis: 400-1000

Second phase of therapy: the phase of change: Settings



The last phase of therapy

The following conditions must be met to start to end 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

The last phase of therapy

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
- Consideration Insight increases
- Basic conflicts, patterns are solved, or become treatable

THANK YOU!