# What Type of Psychotherapy?

Identify the type of psychotherapy represented by each statement below, choosing from:

<table>
<thead>
<tr>
<th>Cognitive</th>
<th>Humanistic</th>
<th>Psychodynamic/psychanalysis</th>
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<tbody>
<tr>
<td>Behavioral</td>
<td>Rational-Emotive Therapy</td>
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1. When she started relating to me in the way she related to her mother, it became clear that she perceived her mother as a rival for her father’s affection.

2. That child was a bad actor; he had a serious behavior disorder. It wasn’t difficult to understand how he got that way after I had a few sessions with his parents and siblings.

3. She has the worst case of agoraphobia I’ve ever seen. A peer counselor is stopping by everyday to work with her. It took a week to get her out the front door, and more than a week to get her off the porch. They’re working on walking out to the mailbox now. We’re making progress, but it’s slow.

4. The theme of hostility toward authority figures occurs over and over again in his dreams and free associations, yet he claims that he and his father had a close and affectionate relationship.

5. I asked her to list the reasons why she thinks she is unable to get through a job interview. She gave me three typewritten pages enumerating more fears, apprehensions, self-criticisms, and negative self-evaluations than I would have believed possible for one person to have. Her thinking about herself has really gotten off the track.

6. He needs to convince himself that his past failures are not elements of a pattern that will govern his future. And he needs to convince himself that he is in charge of his life, and that he can choose the paths that will lead to accomplishment and satisfaction.

7. We have this voluntary program at the state penitentiary for men who have been convicted of child molestation. We are currently trying a method in which we pair electric shock with pictures of attractive children.

8. People do not develop in isolation. They are part of an interacting system. To effect a change in an individual, it is necessary to change the social context in which the individual operates.

9. We think that depression is frequently the result of misinterpretation of environmental events, a tendency to attribute failures to the self and accomplishments to things like luck, fate, or the help of other people. Most of us have a self-serving bias in our attributions; people who are depressed have a self-defeating bias in their attributions.

10. Your therapist counsels you that it is impossible for you to be loved or cared for by all people who are significant at your job and in your community. She further urges you to abandon the irrational approach you take to interpreting the events that occur in your life.

11. Upon entering his office, your therapist asks you to sit down and be comfortable. He then tells you that you should speak freely, and not to worry about censoring any thoughts you may have during the therapy session. He sits behind you to minimize any eye contact—he does not wish to serve as an authority figure during your session. At one point he cautions you about becoming defensive and suggests that you might be unconsciously attempting to block his access into gaining insight into the inner workings of your thought processes.

12. After spending some time with your therapist, it becomes obvious to you that she believes you are making unrealistic comparisons between the person you are and the person that you would like to be. You find that she mirrors many of your statements, as if asking you to reflect upon what you have just said. At the same time, you are convinced that she holds you in high esteem, no strings attached.

13. After confessing to your therapist that you are horribly afraid of bees, he works with you to construct a hierarchy of stimuli that are increasingly fearful to you. Lowest in the hierarchy is reading the word buzz and the highest on the list is seeing a bee flying close to your face. Once the hierarchy is completed, he teaches how to feel relaxed to these stimuli, starting first with the stimuli to which you are least afraid.
Treating Psychological Disorders

Instructions. Given below are short descriptions of abnormal behaviors. For each case you should decide (a) what the root of the problem seems to be, (b) a diagnosis of the disorder (drawing on your knowledge of material from Chapter 13), (c) a prognosis for the duration or the severity of the disturbance if it is left untreated, and (d) the type of therapy you would recommend. Be specific: Rather than recommending “a behavioral approach” state whether you would use systematic desensitization, aversive conditioning, a token economy, and so on.

1) “Madge” was found wandering the streets of New Jersey. She was brought to the attention of a licensed clinical social worker because she would routinely stand in automobile traffic and scream obscenities at the top of her lungs to no one in particular. During one of “Madge’s” rare lucid moments, she told the social worker that she lived in a garbage dumpster and that she obeyed voices who commanded her to do the things she did. A search by police and news agencies for friends or relatives proved futile; no one seemed to know who “Madge” was, she seemed to have nowhere to go, and her disordered thinking was becoming more and more bizarre.

2) Kurt’s mood swings were unpredictable and excessive in nature. One time he was hyperactive and extremely elated with accelerated speech and a flight of ideas which, at times, seemed incoherent. During this period he worked feverishly day and night on an important novel that “had to be started and finished that week.” Months later, Kurt experienced a sad period, during which he could not get out of bed for more than minutes at a time. He would not see any friends for a period of some weeks until he slowly came out of it and seemed to be normal again (for a while). Sometimes Kurt felt so dejected and agitated that he contemplated suicide.

3) Gwen has had an intense fear of dogs since she was a child. When she was 4 years old her older brother forced her to approach a large sleeping dog who was chained in a yard. Although she escaped being bitten, the dog’s loud angry barking and frantic movements, coupled with her crying and agitation, left their mark on her. Now, as an adult, she is still wary of being around dogs and feels apprehensive and anxious whenever she sees a dog on the street. Visits to friends who keep pets have been severely cut off; Gwen never drops by unannounced for fear that the dog might be free in the house. On the rare occasions when she does visit, the animals must be kept chained out of sight in the backyard.

4) Dan’s drinking had become more frequent over the past 6 months. Although he didn’t drink to the point of becoming grossly incapacitated and was careful to never drink and drive, it was clear that his time in the bar after work had increased and that his daily cocktail had become three or four. Dan blamed his recent problems at work for his “need to unwind,” and also cited difficulties with his wife, Sharon. According to Dan, when he tried to discuss his stress with Sharon she seemed distant and uninterested, or dismissed his problems as minor. She seemed much more concerned about their daughter, Lisa, and her increasing moodiness.

5) Cindy feels as though she is a failure. Although her college GPA is a respectable 3.7 she feels as though she should be doing much better. She is concerned about her parents’ views of her. Even though they call, visit, and send care packages often, Cindy is sure they do so because they know she is incapable of caring for herself. When a recent short-term relationship fizzled out Cindy blamed her own inability to maintain a witty conversation as the cause of the break-up. Although several other people have since asked her out, she is nervous about accepting because she knows if things don’t go well she won’t ever get a second chance.