



Understanding Treatment Approaches

Studies have shown that often the key to effective therapy is more about the quality of the relationship between the treatment provider and the client than it is about the type of therapy. However, some approaches do appear to be better suited for particular problems.

This sheet is not an exhaustive list but it outlines the main, modern approaches to non-medical treatment, what they involve and what the evidence suggests.

If any of these approaches interest you, we recommend that you do some more reading at your local library or on the internet. Many of the treatment providers listed in the Community Resources Directory offer these forms of treatment. When looking for a non-medical treatment for mental disorder it is important to ask questions, check credentials and to take an active role in your relationship with your treatment provider.

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Acceptance and Commitment Therapy (ACT)

ACT is a form of Cognitive Behaviour Therapy based on research demonstrating that an ability to accept things and flexibly respond to them is a key component of wellbeing. ACT focuses on building acceptance and flexible responding and includes mindfulness techniques. In ACT there is a distinction between how we *want* to feel and how we are *willing* to feel, which many people find useful. ACT has been utilised for mood, anxiety and eating disorders as well as psychosis and bipolar disorder.

Behaviour Therapy

This therapy helps people to identify and change patterns of behaviour that maintain their unwanted experiences. Landmark techniques involve exposure to things that have been avoided, applied behaviour analysis, reinforcement schedules and the identification and practice of replacement behaviours. Behaviour therapy is mainly effective with anxiety disorders and intellectual disabilities.

Cognitive Therapy

Cognitive is another way of saying 'thoughts'. This talking therapy helps people to identify and change the automatic ways of thinking that underlie their unwanted experiences. Landmark techniques involve different reality testing and thought balancing activities. Cognitive therapy was developed initially for people with depression and is also helpful for the anxiety disorders.

Cognitive Behaviour Therapy (CBT)

This therapy involves the combination of cognitive and behavioural techniques. The therapy looks at how your automatic ways of thinking and behaviour interact together to give rise to our unwanted experiences. The therapy uses both behavioural and thought-based techniques to help people change the way they experience things. CBT is structured, goal oriented and time-limited.

CBT is particularly effective for major depression and the anxiety disorders, but has also been shown to be effective for symptoms of schizophrenia, psychosis, eating disorders and bipolar disorder. CBT has been shown to be more effective than Cognitive Therapy or Behaviour Therapy alone, psychotherapy and even in the long-term, more effective than medical approaches. We highly recommend it; CBT has a very strong evidence base.

* **Note:** If seeking CBT, it pays to check the training and experience of the therapist. Many people have simply done a short course and deliver something that is closer to Cognitive therapy than full CBT. It is important to check whether the person is influenced by CBT and using some of the techniques or whether they are trained to deliver the full method. We recommend CBT delivered by a clinical psychologist. Search for Cognitive Behaviour Therapy in the Yellow Pages.

Dialectical Behaviour Therapy (DBT)

This therapy is also centred on an understanding of the role thoughts and behaviours play. An off-shoot of CBT, DBT is focused on developing problem-solving and emotion-regulation skills. Landmark techniques involve mindful awareness and behaviour substitution. DBT is effective for different mood-related or interpersonal problems and has been especially effective for people with borderline personality disorder and people who self-harm. This is another well-researched technique that we highly recommend.

Gestalt Therapy & Humanistic Therapy

Gestalt Therapy is a form of Humanistic Therapy that focuses on personal responsibility, the present moment and the self-regulating adjustments that people make in response to their situation and their relationships with others. Its landmark techniques involve various forms of role play, notably the 'empty chair' techniques. Gestalt Therapy began in the 1940's and has influenced therapeutic practices in many modalities; ask your potential therapist if they practice any of these techniques or think they might be useful for you. The Humanistic approach's focus on client-centred relationships has widely influenced the way in which most modern therapists practice.

Hypnotherapy

Hypnotherapy involves inducing a hypnotic state and using the power of suggestion to help people access their inner resources in a new way. A hypnotic state is a state of intense relaxation or trance, much like the moments before sleep, when the brain falls into a very slow form of activity, in which people become highly suggestible. Because hypnotherapy involves the use of suggestion there are risks involved and it is important that it is delivered by a reputable practitioner, we suggest a clinical psychologist or registered psychotherapist. Hypnotherapy is usually considered an alternative treatment or complementary treatment. Some studies have shown it to be helpful for insomnia, anxiety, pain-management and stress-related conditions.

Maori Approaches

A Maori approach to the treatment of mental disorder is holistic and attends to physical health (taha tinana), spiritual health (taha wairua), family health (taha whanau) and mental health (taha hinengaro). The approach emphasises the role of whanau (family), which includes whangai ('adopted') family as well as immediate family. Strategies can include family hui (meetings) and reconnection with Maori culture and kaupapa. This form of treatment can be delivered by a Maori tribal tohunga (a traditional healer) or other mental health professional that has specialised in this area of knowledge. Increasingly, Maori practitioners working from this approach are becoming trained as clinical psychologists, counsellors, social workers and psychotherapists.

Mentalisation-Based Therapy (MBT)

MBT is a form of Meta-Cognitive Therapy that focuses on developing an individual's ability to effectively 'mentalise'. Mentalising is the thought-based process where people make sense of themselves and others in terms of their own subjective, emotional states and mental processes. MBT is a time-limited, structured approach to enhance the individual's ability to effectively understand others and their own responses. Research has shown it to be particularly helpful with Borderline Personality Disorder and people who have difficulties regulating emotions or impulsivity, especially in an interpersonal context.

Meta-Cognitive Therapy (MCT)

MCT is a type of CBT that works on 'meta-cognition' or thoughts about / awareness of one's own thoughts. The ability to recognise and control different types of thoughts is a crucial part of effective functioning. Some people have more awareness of their own thinking processes than others do. This therapy works to develop meta-cognitive abilities so people can develop new ways of consciously experiencing inner events. Variants of meta-cognitive therapy such as the Attention Training Technique have been shown to be helpful in the schizophrenia

spectrum as well as eating, mood and anxiety disorders. For more information visit www.mct-institute.com/metacog.html.

Narrative Therapy

A form of Cognitive Therapy, Narrative Therapy is based on the observation that people seem to learn a kind of script to their life that they continue to play out in the situations they encounter. The therapy focuses on understanding your personal story and re-interpreting elements of the script that have stopped serving you well. It is sometimes combined with exposure-based techniques, in which case it would become more cognitive-behavioural. Narrative therapy can be particularly suited to people who have trauma histories as it re-explores and shifts the meaning placed on the traumatic event. It is not as well researched as CBT is, but many people report having found it helpful. It can be very useful with children and eating difficulties, and is sometimes useful for people who may not have found other treatment approaches 'fit' for them.

Neuro-Linguistic Programming (NLP)

NLP is a skills-based type of coaching based on identifying successful patterns of communication and behaviour. NLP is controversial, because the practitioners come from a wide range of professional backgrounds, are not usually trained in psychotherapy or psychology and have varying understandings of mental disorder. Some critics argue that NLP's techniques are based on pseudo-science and 'psycho-babble' rather than proven methods of achieving their desired aims. There is also little empirical evidence to back it up, with much of the NLP research being conducted by people or organisations with a vested interest in presenting positive results. However, some people claim to have found it useful and it may be that NLP simply requires more rigorous evaluation. If considering this form of therapy it will be important to ensure your chosen practitioner possesses clinical knowledge at a post-graduate level or experience; we advise you to ask a lot of questions. We consider NLP to be an alternative therapy; NLP has not been demonstrated to be an effective treatment for mental disorder.

Psychoanalytic Psychotherapy

Psychoanalysis is a long-term talking therapy that aims to help people understand themselves and their unconscious processes. Many people find psychoanalytic therapy helps them to make sense of their experiences. For about a third of people, this results in improved symptom severity. An equal number of people find their symptoms get worse or remain unchanged. This is likely because understanding is a necessary part of change, but it is not often enough on its own. These days many psychotherapists supplement their psychodynamic approach with other cognitive and behavioural techniques to improve their effectiveness.

* Note: Psychotherapists can come from a variety of different frameworks and training backgrounds. Make sure that you ask any potential therapists about their expertise, experience and approach.

Rapid Eye-Movement Desensitisation and Reprocessing (REMDR)

REMDR is a form of treatment for post-traumatic stress disorder and other problems associated with trauma experiences. REMDR involves major aspects of CBT in combination with something called 'bilateral stimulation'. Bilateral stimulation involves attending to tones, sensations or movements from both sides of the field of attention, while at the same time recalling the distressing memory in short bursts. REMDR has been clinically evaluated to be effective for trauma-related difficulties. REMDR is hypothesised to work by reprogramming the way in which the mind stores and recalls the trauma. It is thought that REMDR helps the

brain to create new neural networks that allow the person to incorporate a wider range of sensory information when the memory is triggered.

Rational Emotive Behaviour Therapy (REBT)

REBT was the first form of CBT, developed by Albert Ellis in 1955. It is a short-term action-oriented approach to managing cognitive, emotional, and behavioural problems where people learn how to examine and challenge unhelpful thinking and behaviour. Visit www.rational.org.nz for a list of REBT practitioners in New Zealand.

Relaxation Training

Relaxation training is not considered a treatment in and of itself, though it is a useful addition to other techniques. Relaxation is an important skill, but is not usually associated with significant symptom changes when delivered alone.

Transactional Analysis (TA)

TA is an integrative therapy that combines elements of cognitive, narrative, psychoanalytic and humanistic therapies. TA focuses on interpersonal communication, the various roles which we can act out in our lives (Parent-Adult-Child), how we treat ourselves and how we relate to others. The outcomes of TA are not as well researched as CBT is, nonetheless many people report having found it helpful.

Get Involved!

If you have accessed a form of treatment that is not outlined in this resource sheet please email info@engagenz.co.nz and let us know what it was.

www.engagenz.co.nz

Resources for coping, connection, treatment and support