**Treatment Interventions and Approaches**

**Cognitive Behavioral Therapy:**

Cognitive Behavioral Therapy (CBT) is a form of scientifically tested and proven effective therapy treatment that focuses on the interconnected relationships between our thoughts, feelings, and behaviors. By examining unhelpful thoughts, ineffective behaviors, and painful emotions we can intervene to change the way we think, behave, and ultimately, how we feel.

CBT has been demonstrated through scientific research to be an effective treatment for a wide range of difficulties including mood disorders (such as depression), anxiety disorders (such as phobias, panic, PTSD, OCD), eating disorders, substance abuse disorders, personality disorders, and other disorders.

CBT can often be a short-term treatment that takes a present-focused and goal-directed approach. In a CBT framework, client and therapist work collaboratively to identify treatment goals, track progress, and develop new skills. In addition to the work inside therapy, CBT emphasizes the importance of practice through homework assignments outside of sessions. Cognitive Behavioral Therapy is based on the cognitive model, which states that the way we perceive situations influences how we feel emotionally.

Essentially, it is not the situations that affect us directly, but rather how we think about those situations. When we are feeling distressed, we may not be thinking clearly so we may have thoughts that are distorted in some way. CBT teaches skills that include identifying distorted thinking, modifying unhelpful beliefs, relating to others in different ways, and changing behaviors that may be limiting us. CBT can be helpful for most people.

**Trauma-Focused Cognitive Behavioral Therapy:**

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based treatment for children and adolescents impacted by trauma and their parents or caregivers. Research shows that TF-CBT successfully resolves a broad array of emotional and behavioral difficulties associated with single, multiple and complex trauma experiences. (TF-CBT) is especially sensitive to the unique problems of youth with post-traumatic stress and mood disorders resulting from abuse, violence, or grief. Anyone who has experienced a single or repeated experience of sexual, physical, or mental abuse or who has developed post-traumatic symptoms, depression, or anxiety as a result of the loss of a loved one or exposure to violence in the home or community can benefit from TF-CBT.

**Dialectical Behavioral Therapy:**

Dialectical behavior therapy (DBT) provides clients with new skills to manage painful emotions and decrease conflict in relationships. DBT specifically focuses on providing therapeutic skills in four key areas. First, mindfulness focuses on improving an individual's ability to accept and be present in the current moment. Second, distress tolerance is geared toward increasing a person’s tolerance of negative emotion, rather than trying to escape from it. Third, emotion regulation covers strategies to manage and change intense emotions that are causing problems in a person’s life. Fourth, interpersonal effectiveness consists of techniques that allow a person to communicate with others in a way that is assertive, maintains self-respect, and strengthens relationships.

DBT was originally developed to treat borderline personality disorder. However, research shows that DBT has also been used successfully to treat people experiencing depression, bulimia, binge-eating, bipolar, post-traumatic stress disorder, and substance abuse. DBT skills are thought to have the capability of helping those who wish to improve their ability to regulate emotions, tolerate distress and negative emotion, be mindful and present in the given moment, and communicate and interact effectively with others.

As its name suggests, DBT is influenced by the philosophical perspective of dialectics: balancing opposites. The therapist consistently works with the individual to find ways to hold two seemingly opposite perspectives at once, promoting balance and avoiding black and white—the all-or-nothing styles of thinking. In service of this balance, DBT promotes a both-and rather than an either-or outlook. The dialectic at the heart of DBT is acceptance and change.

**Mindfulness-Based Cognitive Therapy:**

Mindfulness-Based Cognitive Therapy (MBCT) is a modified form of cognitive therapy that incorporates mindfulness practices such as meditation and breathing exercises. Using these tools, MBCT therapists teach clients how to break away from negative thought patterns that can cause a downward spiral into a depressed state so they will be able to fight off depression before it takes hold.

MBCT was developed for people with recurring episodes of depression or unhappiness, to prevent relapse. It has been proven effective in patients with major depressive disorder who have experienced at least three episodes of depression. Mindfulness-based relapse prevention may also be helpful for treating generalized anxiety disorders and addictions. MBCT has also been shown to improve symptoms of depression in some people with physical health conditions, such as vascular disease and traumatic brain injury.

You will learn meditation techniques as well as basic principles of cognition, such as the relationship between the way you think and how you feel. You will also have the opportunity to learn more about your depressive condition. On the days when there is no session, there is homework, which includes practicing breathing exercises and mindful meditation.

Sometimes normal sadness is a powerful trigger for someone who has recovered from a depressive state to relapse into another bout of depression. Rather than try to avoid or eliminate sadness or other negative emotions, one learns to change their relationship with these emotions by practicing meditation and other mindfulness exercises. These activities rebalance neural networks, allowing the client to move away from automatic negative responses toward an understanding that there are other ways to respond to situations. By developing a routine meditation practice, clients can use the technique whenever they start to feel overwhelmed by negative emotions. When sadness occurs and starts to bring up the usual negative associations that trigger relapse of depression, the client is equipped with tools that will help them replace negative thought patterns with positive.

**Psychodynamic Therapy:**

Psychodynamic therapy is similar to psychoanalytic therapy in that it is an in-depth form of talk therapy based on the theories and principles of psychoanalysis.  However, psychodynamic therapy is less focused on the patient-therapist relationship, because it is equally focused on the patient’s relationship with his or her external world. Often, psychodynamic therapy is shorter than psychoanalytic therapy with respect to the frequency and number of sessions, but this is not always the case.

Psychodynamic therapy is primarily used to treat depression and other serious psychological disorders, especially in those who have lost meaning in their lives and have difficulty forming or maintaining personal relationships. Studies have found that other effective applications of psychodynamic therapy include addiction, social anxiety, and eating disorders.

With help from the therapist, the patient is encouraged to speak freely about anything that comes to mind, including current issues, fears, desires, dreams, and fantasies.  The goal is to experience a remission of symptoms but also derive such benefits as increased sell-esteem, better use of their own talents and abilities, and an improved capacity for developing and maintaining more satisfying relationships. The patient may experience ongoing improvements after therapy has ended. Although short-term therapy of one year or less may be sufficient for some patients, long-term therapy may be necessary for others to gain lasting benefits.

The theories and techniques that distinguish psychodynamic therapy from other types of therapy include a focus on recognizing, acknowledging, understanding, expressing, and overcoming negative and contradictory feelings and repressed emotions in order to improve the patient’s interpersonal experiences and relationships. This includes helping the patient understand how repressed earlier emotions affect current decision-making behavior, and relationships. Psychodynamic therapy also aims to help those who are aware of and understand the origins of their social difficulties, but are not able to overcome their problems on their own. Patients learn to analyze and resolve their current issues and change their behavior in current relationships through this deep exploration and analysis of earlier experiences and emotions.

**Psychoanalytic Therapy:**

Psychoanalytic therapy is a form of in-depth talk therapy that aims to bring unconscious or deeply buried thoughts and feelings to the conscious mind so that repressed experiences and emotions, often from childhood, can be brought to the surface and examined. Working together, the therapist and client look at how these repressed early memories have affected the client’s thinking, behavior, and relationships in adulthood.

People with depression, emotional struggles, emotional trauma, neurotic behavior patterns, self-destructive behavior patterns personality disorders, or relationship issues, may benefit from psychoanalytic therapy.

Some very specific techniques are used in psychoanalytic therapy: Free association uses spontaneous word association. The client says whatever first comes to mind when the therapist says a word. The therapist then looks for and interprets patterns in the client’s responses so they can explore the meaning of these patterns together. Dream analysis uncovers repressed feelings that may be hidden in symbols that appear in the client’s dreams. The therapist helps the client discover the meaning and significance of those symbols. Transference analysis explores the transfer of the client’s feelings and emotions from one person to another. For instance, the client’s repressed childhood feelings toward a parent may be transferred to a partner in an adult relationship later in life, or to the therapist during the psychoanalytic process.

Psychoanalytic therapy uses analytic techniques to help release repressed thoughts, experiences, and emotions. The therapist-patient relationship is central to the healing process, as are the original theories of attachment, which focus on the quality of bonding between infant and parent; transference, the transfer of earlier emotions and needs to people and events in the present time; and resistance, the stage of therapy when the client becomes overwhelmed by the release of painful, repressed feelings and tries to avoid dealing with them. Eventually, as patients become more comfortable and less resistant to facing their issues and are able to understand their own motives and behavior, healing can begin.

**Motivational Interviewing:**

Motivational interviewing is a counseling method that helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behavior. It is a practical, empathetic, and short-term process that takes into consideration how difficult it is to make life changes.

Motivational interviewing is often used to address addiction and the management of physical health conditions, such as diabetes, heart disease, and asthma. This intervention helps people become motivated to change the behaviors that are preventing them from making healthier choices. It can also prepare individuals for further, more specific types of therapies. Research has shown that this intervention works well with individuals who start off unmotivated or unprepared for change. It is less useful for those who are already motivated to change. Motivational interviewing is also appropriate for people who are angry or hostile. They may not be ready to commit to change, but motivational interviewing can help them move through the emotional stages of change necessary to find their motivation.

In a supportive manner, the therapist encourages clients to talk about their need for change and their own reasons for wanting to change. The role of the therapist is mainly to evoke a conversation about change and commitment. The therapist listens and reflects back the client’s thoughts so that the client can hear their reasons and motivations expressed back to them. Motivational interviewing is generally short-term counseling that requires just one or two sessions, though it can also be included as an intervention along with other, longer-term therapies.

Motivational interviewing is used as a method to help people commit to the difficult process of change. The process is twofold. The first goal is to increase the person’s motivation and the second is for the person to make the commitment to change. As opposed to simply stating a need or desire to change, hearing themselves express a commitment out loud has been shown to help improve a client’s ability to actually make those changes. The role of the therapist is more about listening than intervening.

**Person-Centered Therapy:**

Person-centered therapy uses a non-authoritative approach that allows clients to take more of a lead in discussions so that, in the process, they will discover their own solutions. The therapist acts as a compassionate facilitator, listening without judgment and acknowledging the client’s experience without moving the conversation in another direction. The therapist is there to encourage and support the client and to guide the therapeutic process without interrupting or interfering with the client’s process of self-discovery.

This treatment approach is used when anyone who would be better off gaining more self-confidence, a stronger sense of identity, and the ability to build healthy interpersonal relationships and to trust his or her own decisions could benefit from person-centered therapy. This approach, alone or in combination with other types of therapy, can also be helpful for those who suffer from grief, depression, anxiety, stress, , abuse, or other mental health conditions. Since the client must do a lot of the work in person-centered therapy, those who are more motivated are likely to be more successful.

Person-centered therapy is talk therapy wherein the client does most of the talking. Your therapist will not judge or try to interpret what you say, but may restate your words in an attempt to fully understand your thoughts and feelings. When you hear your own words repeated back to you, you may then wish to self-edit and clarify your meaning. This may happen several times until you decide that you have expressed exactly what you are thinking and how you feel. There may be moments of silence to allow your thoughts to sink in. This client-focused process facilitates your self-discovery, self-acceptance, and provides a means toward healing and positive growth.

Person-centered therapy was a movement away from the therapist’s traditional role—as an expert and leader—toward a process that allows clients to use their own understanding of their experiences as a platform for healing. The success of person-centered therapy relies on three conditions: Unconditional positive regard, which means therapists must be empathetic and non-judgmental to convey their feelings of understanding, trust, and confidence that encourage their clients to make their own decisions and choices; Empathetic understanding, which means therapists completely understand and accept their clients’ thoughts and feelings; Congruence, which means therapists carry no air of authority or professional superiority but, instead, present a true and accessible self that clients can see is honest and transparent.

**Play Therapy:**

Although sometimes used with adults, play therapy is a psychotherapeutic approach primarily used to help children ages 3 to 12 used to explore their lives and freely express repressed thoughts and emotions through play. Therapeutic play normally takes place in a safe, comfortable therapeutic environment, where very few rules or limits are imposed on the child, encouraging free expression and allowing the therapist to observe the child’s choices, decisions, and play style. The goal is to help children learn to express themselves in healthier ways, become more respectful and empathetic, and discover new and more positive ways to solve problems.

Therapeutic play helps children with social or emotional deficits learn to communicate better, change their behavior, develop problem-solving skills, and relate to others in positive ways. It is appropriate for children undergoing or witnessing stressful events in their lives, such as a serious illness or hospitalization, domestic violence, abuse, trauma, a family crisis, or an upsetting change in their environment. Play therapy can help children with academic and social problems, learning disabilities, behavioral disorders, anxiety, depression, grief, or anger, as well as those with attention deficit disorders or who are on the autism spectrum.

The parent or caregiver plays an important role in play therapy for children. After conducting an initial intake interview with the parent, when the therapist collects information about the child, and, often, a separate interview with the child, the therapist can make an assessment prior to beginning treatment. An assessment allows the therapist to decide the best treatment approach for the child. In the playroom, the child is encouraged to play with very specific types of toys that encourage self-expression and facilitate the learning of positive behaviors. Arts and crafts, music, dancing, storytelling, and other tools may also be incorporated into play therapy. Play therapy usually occurs in weekly sessions for an average of 20 sessions lasting 30 to 45 minutes each.

Play therapy responds to the unique developmental needs of young children, who often express themselves better through play activities than through verbal communication. The therapist uses play and other creative activities to communicate with the child and observe how the child uses these activities to express thoughts and feelings that are not expressed in words. There are two approaches to play therapy:

1. Nondirective play therapy is based on the principle that children can resolve their own issues given the right conditions and the freedom to play with limited instruction and supervision.
2. Directive play therapy uses more input from the therapist to help speed up results. Play therapists use both approaches, depending on the circumstances.

**Compassion Focused Therapy:**

Compassion focused therapy (CFT) is a system of psychotherapy that integrates techniques from cognitive behavioral therapy with concepts from evolutionary psychology, social psychology, developmental psychology, and neuroscience.  One of its key concerns is to use compassionate mind training to help people develop and work with experiences of inner warmth, safeness and soothing, via compassion.

The central therapeutic technique of CFT is compassionate mind training, which teaches the skills and attributes of compassion. Compassionate mind training helps transform problematic patterns of cognition and emotion related to anxiety, anger, shame, self-criticism, depersonalization, and hypomania.

Biological evolution forms the theoretical backbone of CFT. Humans have evolved with at least three primal types of emotion regulation system: the threat (protection) system, the drive (resource-seeking) system, and the soothing system. CFT emphasizes the links between cognitive patterns and these three emotion regulation systems. Through the use of techniques such as compassionate mind training and cognitive behavioral therapy,   psychotherapy clients can learn to manage each system more effectively and respond more appropriately to situations.

Compassion focused therapy is especially appropriate for people who have high levels of shame and self-criticism and who have difficulty in feeling warmth toward, and being kind to, themselves or others.

CFT is largely built on the idea that the evolution of caring behavior has major regulatory and developmental functions.The central focus of CFT is to concentrate on helping clients relate to their difficulties in compassionate ways, as well as provide them with effective tools to work with challenging circumstances and emotions they encounter. CFT helps those learn tools to engage with their battles in accepting and encouraging ways, thereby aiding themselves to feel confident to accomplish difficult tasks and deal with challenging situations.

**Strength-Based Therapy**

Strength-based therapy is a type of positive psychotherapy and counseling that focuses more on your internal strengths and resourcefulness, and less on weaknesses, failures, and shortcomings. This focus sets up a positive mindset that helps you build on you best qualities, find your strengths, improve resilience and change worldview to one that is more positive. A positive attitude, in turn, can help your expectations of yourself and others become more reasonable.

Anyone with poor self-esteem, or who has emotional issues resulting from an abusive relationship with a parent or partner, can benefit from strength-based therapy. This includes people with serious mental health issues such as depression, anxiety, and schizophrenia, who can use strength-based therapy to build confidence and reduce the stress of living with such a condition. Strength-based therapy can be used as an intervention for individuals of all ages, couples and families.

Strength-based therapy is talk therapy that guides you toward a retelling of your personal history of trauma, stressors, and pain with more emphasis on yourself as a survivor than as a victim, and more emphasis on your strengths and survival skills than on your weakness. The goal is for you to recognize that you already have the skills and strength to survive and can use those same strengths to deal with tough situations in other areas of your life.

The theory behind strength-based therapy is that through adversary, people discover their inner strengths. How people deal with life’s challenges depends on whether they feel they are operating from a position of strength or a position of deficit. Those with a strength mindset focus on their positive qualities, while those with a deficit mindset focus on weaknesses and flaws, both in themselves and others. Each mindset influences future thinking and behavior in a different way. Strength-based therapy emphasizes the positive thinking patterns and circumstances in a person’s life, rather than the negatives. It helps determine what works for each people by seeing people for who they are as individuals, not who they are by nature of their diagnosis.