**General principles of psychological therapies**

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**Abstract**

Psychological therapies can be categorized into three broad families, defined by distinct theories of the person, psychopathology and change. These are cognitive behavioural, psychodynamic, person-centred and family/couples therapies. The underpinning theory and therapeutic approach of each form of therapy are briefly described, together with current outcome evidence with key references. Appropriate electronic resources are cited for each of the approaches described, and the wider literature on psychological approaches is briefly covered.

**Keywords**

Behavioural; cognitive; couples; family; interpersonal; person-centred; psychodynamic; psychological therapies

**Introduction**

All psychological therapies involve some kind of discussion between two or more people, or engagement with an online resource (with and without human assistance), and are, to a greater or lesser extent, based on empirically derived psychological models. They are used to treat mental health problems and long-term physical health conditions. There has been an increase in use of psychological approaches, which although not considered formal therapy, make use of psychological models to engage people in the process of change (e.g. cognitive behavioural coaching).

The most significant development in the last 8 years has been the establishment of the government-funded Improving Access to Psychological Therapies (IAPT) programme. There are now well-established services for adults and children, and training for services for people suffering psychosis have been commissioned. These services must make use of evidence-based therapies, and are robustly and continuously evaluated in terms of clinical outcomes. A stepped-care approach has been adopted, psychological therapies mostly being provided at Steps 2 and 3. Step 2 centres around guided self-help, using self-help books and online software packages (see below). Step 3 is ‘high-intensity’ provision involving individual or sometimes group interventions. CBT is the predominant therapeutic model, although some services offer other forms of therapy. Referral is mainly via primary care, but patients can also self-refer. See www.england.nhs.uk/mentalhealth/cyp for IAPT for young people, and www.england.nhs.uk/mentalhealth/adults/iapt/ for adults.

Although there are many interpersonal therapeutic approaches, which vary in terms of evidence base, the most well-described and researched psychological therapies fall broadly into four categories based on their underpinning theories: (1) cognitive and behavioural therapies; (2) interpersonal and psychodynamic therapies; (3) person-centred therapies; and (4) family and couples therapies.

**Cognitive and behavioural approaches**

There are many interventions based on understanding the relationship between thoughts, feelings and behaviours. These make use of concepts such as ‘metacognition’ (ability to reflect on one’s own thoughts) and behavioural habituation (reduction in anxiety by repeated exposure to a feared stimulus). Most are based on empirically validated theories and structured in their delivery. These therapies fall into two basic groups, sometimes referred to as ‘second-wave’ (e.g. cognitive behavioural therapy (CBT)) and ‘third-wave’ (e.g. dialectical behaviour therapy (DBT), acceptance and commitment therapy (ACT)) cognitive therapies. Eight of the major forms of these psychological therapies are shown in Table 1, in addition to computerized approaches.

**Evidence**

CBT and behavioural activation are both highlighted by the National Institute for Health and Care Excellence as psychological treatments for depression.1 CBT is also recommended for a range of anxiety disorders.2Individual CBT is recommended as an adjuvant treatment for schizophrenia, and group CBT is recommended for antisocial personality disorder3. DBT is recommended for women with borderline personality disorder, for whom self-harm is a significant problem.

In terms of computerized CBT, only the software package ‘Beating the Blues’ is currently cited as effective for depression, and ‘Fear Fighter’ is recommended for panic/phobias.4 A growing body of evidence indicates that CBT, mindfulness-based approaches and ACT can be useful in the management of many long-term health conditions (e.g. chronic fatigue syndrome).

CBT is also included in the guidance for children5 (alongside other therapies; see below).

**Interpersonal and psychodynamic approaches**

These approaches stress the importance of early experiences, particularly related to attachment and separation, in shaping unconscious internal processes. Problems during these fundamental processes are theorized to manifest in later adult life, particularly in terms of establishing and maintaining relationships. The therapies vary in how structured they are in delivery, and use interpretation of client behaviours and transference, as well as modelling a functional relationship. Three major therapies are covered in Table 2.

**Evidence**

Interpersonal therapy is indicated in the treatment of depression,2 and interpersonal therapy and psychodynamic therapy for depression in young people.5 Psychodynamic and mentalization therapies may be useful in the treatment of personality disorders.

**Person-centred therapies**

These are not heavily structured but can be time-limited. Change is effected through enabling individuals to explore their own internal experiences and behaviours in an open way, as well as by modelling of relationships. Two important forms are described in Table 3.

**Evidence**

There is some evidence that motivational interviewing can be useful in treating alcohol and other drug misuse. Supportive counselling is indicated for children and young people experiencing some forms of depression.

**Family therapies and behavioural couples therapy**

Family therapy, or systemic therapy, is provided for groups of closely related people. Although originally formulated to treat blood-related families, current practice widens this to groups of people who may not be in a conventional family. It is designed to help them reflect on and articulate difficulties resulting from complex family systems (Table 4). Family therapies are diverse, ranging from formally psychoanalytic and psychodyanamic methods to more behavioural ones. This represents a continual evolution in terms of theoretical influences. Behavioural couples therapy is a relatively recent innovation that works with couples by balancing acceptance and change.

**Evidence**

Family therapy is recommended in the treatment of some types of depression for young people.5 Behavioural couples therapy is recommended for some types of depression in adults.2

**Psychological approaches**

The evidence base for psychological interventions relates to their use as formal therapies. The associated therapeutic frameworks are also helpful in generating (i.e. formulating) an understanding of patients’ problems. They may enable an understanding of the relationship between patients’ thoughts, emotions and particularly behaviours, such as not behaving according to a treatment regimen, or engaging in behaviours that maintain or worsen a long-term health condition. If health professionals are able to formulate these issues using psychological frameworks, they may adapt their assessments and questioning to elicit beliefs underpinning behaviours that are of long-term cost to the patient.

Evidence-based therapeutic techniques can be incorporated into multidisciplinary team planning and case management, either informally in terms of generating a psychological understanding of the issues, or formally in terms of a considered referral to a psychological therapist. These interventions are appropriate for mental health teams, and may also be useful for those treating people with acute and chronic physical health conditions. There is a growing evidence base for therapeutic ‘approaches’, delivered by health professionals who, although not formally qualified in an approach, receive training and reflective practice to enable them to make use of basic techniques (e.g. primary care nurses delivering CBT for insomnia).

**Key points**

* There are many forms of formal psychological therapies, falling broadly into four, theoretically defined groups, the dominant model (in terms of evidence and funded provision) currently being the cognitive and behavioral therapies
* Improving Access to Psychological Therapies (IAPT) services have provision streams for adults with anxiety and depression, children and young people, and now people with psychosis
* NICE guidelines are provided for anxiety and depression (adults and children), first episode psychosis, antisocial personality disorder (in prison contexts), self-harm for women with borderline personality disorder and chronic fatigue syndrome.

**References**

1 National Institute for Health and Clinical Excellence. Depression: the treatment and management of depression in adults. CG90. London: National Institute for Health and Clinical Excellence, 2009.

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5 National Institute for Health and Clinical Excellence. Depression in children and young people: identification and management. CG28. National Institute for Health and Clinical Excellence, 2008.

**Further Reading**

National Institute for Health and Clinical Excellence. Antisocial personality disorder: treatment, management and prevention. CG77. London: National Institute for Health and Clinical Excellence, 2009.

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