

Systems of Psychotherapy
Course #p1025

Dr. Flax

Amie Lefort
Regina Gibson

Assignment 1

Behavioral Therapist with Psychodynamic Intern
Letter Exchange

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Dear Ms. Gibson,

I am unsure of how much you know about the behavioral approach to psychology which is the orientation that I use in my practice. In order to give you a better understanding of my practice I am including a review of the fundamentals of the behavioral approach.

As an approach to psychology the behavioral method is fairly new and has several founders. In the early 1900's the work of J.B. Watson, who advocated for the objective study of behavior, was a precursor to the behavioral movement. Later a more refined understanding of behavior was developed by B.F. Skinner's who insisted that overt behavior is the only acceptable subject of scientific investigation (Wilson, 2000). Later research conducted by Ivan Pavlov was significant as he showed the influence of classic conditioning.

The behavioral approach is based on the idea that abnormal behavior is acquired in the same manner that normal behavior is obtained. While others view many behaviors as pathological, a behavioral psychologist views abnormal behaviors as merely a *problem of living* that can be resolved (Wilson, 2000).

In formulating an intervention the behavioral psychologist does not need to have a full understanding of the antecedents of behavior. Rather, a behavioral psychologist primarily focuses on the current determinants of

behavior. When counseling a client, behaviors are broken down into components and then dealt with one at a time (Wilson, 2000).

As a behavioral psychologist I am very committed to both using the scientific method and working with tangible results. The therapeutic techniques I use are measurable and can be replicated. I select interventions based on empirical evidence that that proves the effectiveness of the treatment and the needs of the individual client. The client determines *what* the goals of treatment are while the therapist works to determine *how* the problem will be resolved.

As you can likely see in this form of therapy the relationship between the client and therapist is critical to success. The client must be able to trust the therapist and know the therapist has the best intentions and ethical values. The client will likely invest more in the therapeutic goals once a trusting relationship has been developed (Wilson, 2000).

Another key component of behavioral therapy is the amount of work between sessions a therapist asks a client to complete. With my clients there is rarely a time when I do not ask them to work on both written homework and behavioral changes between sessions. This is another reason why a strong therapeutic relationship is vital to success. A client must be invested in and trust the process in order to have sufficient motivation to make difficult life changes.

I hope this brief introduction to the behavioral approach has given you a basic understanding of how my practice works. I look forward to continuing communication with you to determine if my supervision is a fit with your therapeutic approach.

Sincerely,

Amie Lefort

Dear Ms. Lefort,

Thank you so much for taking the time to describe the behavioral methodological approach you are currently using in your practice. I find this approach to be a fascinating method in which to treat client. I look forward to learning more about it in subsequent communication.

The methodological approach I am currently using is psychoanalysis which is based on the theory and discovery of the late Sigmund Freud. Freud originally used this methodology to treat hysteria but since then many other pioneers such as Jung, Adler, Erikson, Hartman, Fromm, and Sullivan have helped to developed psychoanalysis in to the basic foundation for a general theory of psychology.

Freud's beliefs were influenced by the liberal humanistic philosophy, rational scientific methods, and the theory of evolution that were prevalent in the late nineteenth century (Okun, 1990). Psychoanalysis is based on the concepts determinism, dynamics, topography and genetics. These principles serve as the investigative and therapeutic tools of psychoanalysis. Freud believed the basic elements of psychoanalytic situations consist of the client lies on the couch, facing away from the therapist, and reports the thought that are on his or her mind. It is believed that this will bring to the surface symptoms or expressions of conflict in the client's unconscious mind. Though Freud had a number

of beliefs in regards to general principals of human behavior the one that stands out is the pleasure principal. This idea says that humans are directed towards the tendency to seek out pleasure and avoid pain (Corsini & Wedding, 2000).

Another concept developed by Freud includes dynamic energy based inner psychic life; this is the unconscious struggles to satisfy sexual and aggressive drives. Freud believed that if consistent personality patterns were developed with children this would help them in later development of relationships and behavior. He believed there was a correlation between the mind and body in the appearance of physical symptoms (Okun, 1990).

Today contemporary psychodynamic therapy is based on four different theories: classical Freudian theory, revisionist ego, object relations and self psychology. Ego psychology was developed by Anna Freud, Hartmann and Erikson. Self psychology, an American offshoot of object relations, was developed by Kohut and Kernberg. The British object relation theory was developed by Sullivan, Fromm, Thompson, Klein, Fairbairn, Winnicott, Mahler and Balint (Okun, 1990).

In my clinical use of this therapeutic model with my clientele I have found psychoanalysis to be a powerful technique. My clients have commented that through this method they have been able to explore unconscious or unresolved conflicts, resistance to revealing hurtful or painful events, and have become more aware of unacknowledged thoughts and

feelings. I believe that this interpretation allows my clients to see how patterns of behavior develop through past experiences and unconscious processes. Transference, one of Freud's greatest discoveries, offered happens in psychoanalysis because the client misperceives or misinterprets the past as it relates to the present. By looking at these issues the client is more able to view their own impulses and anxieties, allowing them to make more mature and realistic decisions in the future.

I hope this brief introduction has given you a little insight into the depth and versatility of the development of psychoanalysis and the contribution it has made to contemporary psychology.

My interests do lie in this therapeutic modality but I realize that one technique dose not fit all. This is why I am interested in discussing the possibility of having you as my supervisor. I have heard that you have a great reputation in the area of behavioral therapy and I am eager to learn from someone as well respected and knowledgeable as yourself. Please let me know if you think there is a possibility that my abilities will fit with your therapeutic approach. I look forward to your next communication and hope we will be working together in the future.

Sincerely,

Ragina Gibson

Dear Ms. Gibson,

You have clearly pointed out the vast differences between our respective practices. I have a few lingering questions about the compatibility of our methods.

As mentioned before, as a behavioral psychologist the client/therapist relationship is key to a successful intervention. I often spend a considerable amount of time and energy ensuring that the client is prepared to at least attempt to implement the behavioral changes suggested in therapy. As the therapist I spend very little time discussing the origins of behavior. The client and I spend a majority of our time focusing on modifying current behaviors that impede healthy functioning. This seems very different from the process you have described. In your experience how do you find time to address current issues when so much time is focused on the past? Additionally, I do not understand how processing long past situations will contribute to the elimination of current problems.

Another deviation we have yet to discuss is the differences between the two methods' perspectives of normal development. The behavioral approach largely believes that people are born with a *tabula rasa*, or blank slate (Okun, 1990). Individuals are later shaped by their learning experiences which are greatly impacted by reinforcement contingencies (Okun, 1990). This theory was taken to an extreme with Skinner's baby box. Skinner developed a box for

children to live in that eliminates the possibility for accidental or random errors in reinforcement. The personalities of developing children are developed by reinforcement according to the behavioral approach. Healthy children are developed by parents giving their children appropriate reinforcements. I am curious to know your viewpoint on the process of development.

Sincerely,

Amie Lefort

Dear Ms. Lefort,

I realize that there are vast differences between psychoanalytical and behavioral methodologies but my reason in wanting to peruse my supervision with you is my goal in future work is to use a combination of brief psychodynamic therapy (Mann, 1981) and behavioral therapy with clients who suffer from drug and alcohol addictions. In my last internship site I had a brief opportunity to work in drug and alcohol rehabilitation program were the councilors used behavior and cognitive therapy as a tool to help clients overcome their addiction. Then the clients were treated by psychologist and therapeutic staff who used psychoanalysis as their primary modality of treatment. My reason for wanting to use these two therapies together is that the clients in the rehabilitation program seemed more invested in the therapeutic process and more successful in completing their rehabilitation program.

Traditionally psychoanalytical therapy usually takes years of commitment by the client and thousand of dollars but I do not believe that this is the only effective way to use psychoanalytical therapy. I believe through the use of brief psychodynamic therapy, in the first session, therapist can assess the client's issues. Through the use of object relations, "how we relate to others on the basis of expectations formed by early experiences" (Nichols & Schwartz, 2004) the therapist and client can uncover

potential problems that has affected the client's relationships and behaviors. Once the issues have been established the therapist can use behavioral therapy to modifying existing behaviors that impede the client's ability to function normally. This way the client can work through the issues and find new and more productive ways of behaving and interacting.

I believe psychoanalytical treatment could also be used with children to tap into their unconscious through the use of play and art therapy. Parents can then be taught to provide their children more empathetic parenting to encouraging more effective personality development within their child.

I believe through learning and mastering different modalities I can better serve my client's in whatever capacity they might require. I hope you find my proposal of dual therapeutic usage intriguing and will consider taking me into your tutelage. I think by learning more about your views and techniques of behavioral therapy I can expand my own views and abilities as a therapist.

Please contact me at your earliest convince and let me know if you have any other question or concerns regarding my view of the psychoanalytical approach or the use of dual modality in drug and alcohol treatment facilities. I look forward to meeting with you soon.

Sincerely,

Ragina Gibson

Dear Ms. Gibson,

I am very interested in your idea of integrating out two types of therapy. I think there are a few structural challenges but these can likely be overcome. I am excited about your interest in using behaviorally based techniques to work with substance dependent clients.

Using the time efficient methods of behavioral therapy could make your clients more invested in therapy for a few reasons. First the behavioral technique requires the use of work outside of the therapy office. If a client is not able to do the work necessary to make the behavioral approach or assignments work for them then, the client will likely be unwilling to put forth the time and resources necessary to make long-term psychotherapy feasible. In this way the behavioral approach acts as a litmus test of sorts. The behavioral approach should additionally give the clients the results that will encourage them to continue with therapy. This will likely make clients want to continue with therapy long enough to make the psychoanalytic therapy possible.

I remain concerned that our differing understandings of normal human development could pose an obstacle to the merger of our two approaches. It is my understanding that the psychoanalytic approach believes that normal development is impacted largely by the phases Freud identified such as the oral, anal, and phallic phases (Arlow, 2000). The behavioral approach does not really work on problematic behaviors that

are not visible. In a sense, I wonder if a client would be very confused if one worked on eliminating a problematic behavior using the behavioral approach and then after the problem was resolved you then looked at the same problem from a vastly different perspective. I question how helpful this might be for a client.

Though I think we may run into a series of structural challenges in integrating the two apaches I believe this is a challenge worth investing in. I appreciate your willingness to work through such obstacles and I look forward to working with you.

Sincerely,

Amie Lefort

Works Cited

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