The Current Status of Clinical Psychology

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1. The Origins of Clinical Psychology

My Basic Concerns

- What are the reasons underlying the rapid development of psychotherapy and counseling in developed countries?
- People in the past have experienced much more and greater suffering and sorrow than people today. How did they get over those experiences?

What functions should clinical psychology perform in Japanese society today?

The Birth of Clinical Psychology

Why has interest in clinical psychology been growing in recent years?

- Faith: religions (God, Buddha · ·), shrines, temples · · ·
- A sense of awe toward transcendent matters: nature, spirit, soul, ancestors
- Community families blood relationships regional bonds • •

There used to be places where people could share their distress and stories which eased their suffering. But they were lost as society was modernized.

Transitions in Social and Cultural Styles

Traditional society	Modern society	Postmodern society
Collective lifestyle (Community)	Individual lifestyle (State: Modern civil society)	Networking self (Globalization and local culture)
Self defined by eternal factors	Autonomous self – an established identity	Disjointed and saturated self
Trust in religion and mythology	Trust in science	Recognition that knowledge is just a social construct
Agricultural society	Industrial society	Information society
(Psychoanal (Clien	ysis] (Behavioral therapy) (Co t-centered therapy)	gnitive behavioral therapy (Family therapy) (Community psychology)

2. The Structure of Clinical Psychology

What is Clinical Psychology?

Clinical psychology

A study that clarifies the mechanisms of psychological problems from the psychological perspective. It also develops and puts into practice ways of helping people solve their problems.

- Counseling · · A basic therapeutic technique in clinical psychology
- Psychotherapy · · One of the therapeutic techniques used in clinical psychology

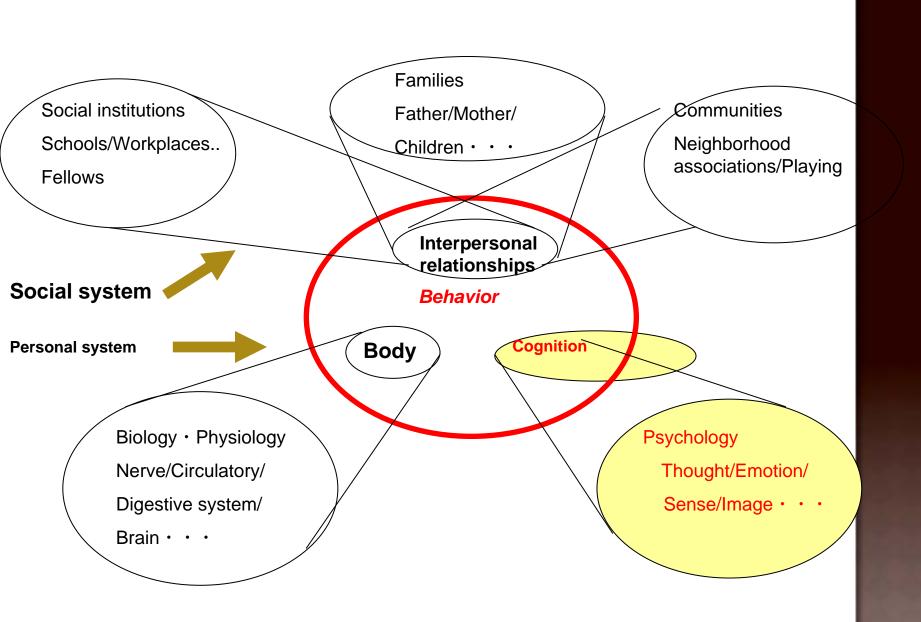
Psychiatric medicine

A Study that addresses causes, diagnoses, and treatment of mental disease using medical science. It also offers medical treatments such as pharmacotherapy.

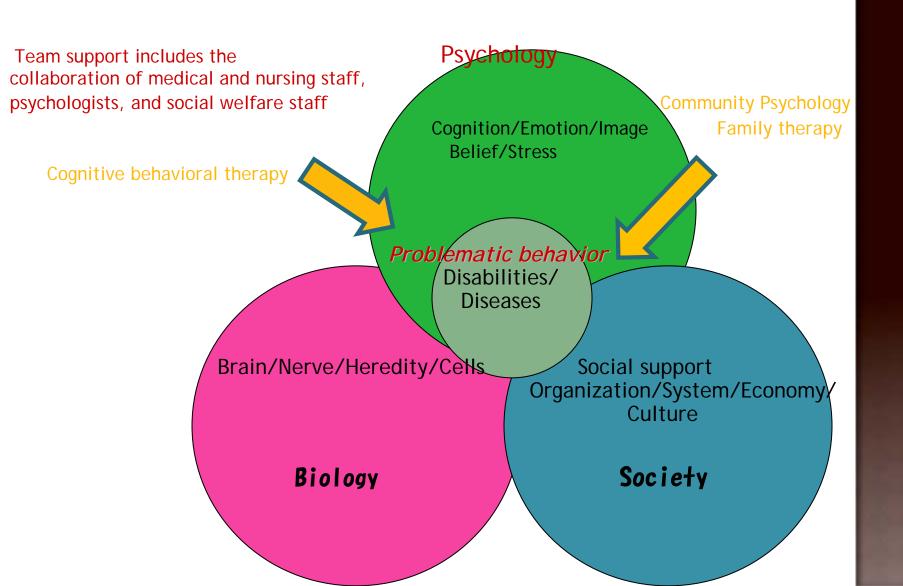
Development of Clinical Psychology as a Profession

- Development of clinical psychology in the US Treatment of PTSD in World War II veterans
- Development of clinical psychology in Japan
 A measure to counter bullying at schools and suicides caused by bullying
 - *In 1995 On a trial basis, 154 clinical psychotherapists were employed as school counselors in the Research Project for School Counselor Utilization. (300 million yen)
 - *In 2005 School counselors were assigned to junior high schools across the nation through the Program to Subsidize School Counselor Utilization (the government subsidizes half this program's cost). Counselors were also assigned to elementary schools (4.2 billion yen last year + each local government)
 - *They work part-time 8-12 hours a week.

3. The Practice of Clinical Psychology



Biological-Psychological-Social Model



Diversity of Communication Skills

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Skills to build social relationships
Teamwork, leadership, organizational operation • • )
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Intervention skills
(Cognitive behavioral therapy, family therapy, community intervention • •)

Assessment skills

(Data collection (interview, observation, testing) and analysis

Assessment and case formulation

Skills to build cooperative relationships (Basic counseling skills)

4. Intervention 1 (Basic): Counseling Listening Skills

Why Are "Listening Skills" Necessary?

Problem situations

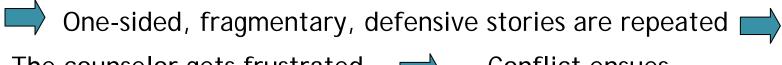


Paranoia



Distrust/Discomfort

(Unable to listen) A relationship of trust can't be built



The counselor gets frustrated Conflict ensues

[Able to listen] A relationship of trust is built

It is Difficult to be a Good Listener

"It's just an interview."

• "All you have to do is listen to clients' problems and come up with solutions."

If you try doing that, you'll realize how difficult it is.

Why is that?

Things to Think about as You Watch a Video

In order to understand Norakichi's complaint
 "They didn't listen to me!"

- 1. What is happening?
- 2. Why did that happen?
- 3. How should this be handled?

5. Intervention 2: Cognitive Behavioral Therapy

A Case Study

- Problem behavior: A girl runs away laughing when spoken to by someone.
- Her teacher requests an IQ test: Hypothesis "Her problem behavior could be caused by her low IQ."
- Test result: IQ69 She has a mild intellectual disability.
- Observation: She seems to enjoy the attention she attracts by running away (behavior + emotion)
- Interview: "My mother works the night shift. I'm always alone. People worry about me when I run away." (cognition)
- Case formulation:
 - (Stimulus situation) She is alone.
 - (Maintaining factor) By being chased after, she is able to build relationships with others and have positive affect.
- Clinical experiment (hypothesis testing) : Don't chase after her when she runs away.
- Meaning of the problem behavior (function): It is a means of drawing attention and forming relationships with others.
- Intervention policy: Intervene in behavior using life skills training to teach her how to make small talk about the weather instead of running away.

Fundamental Themes in Cognitive Therapy

Cognitive therapy deals with the relationship among these three factors.

- \blacksquare Cognitions (Ways of thinking) = Thought
- Emotions (Ways of feeling) * Including physiological responses
- Behaviors (Ways of acting)

Ways of Thinking Create Distress

- How do people think about (recognize) things?
- People don't always think in the right way.
- Rather, their thoughts are often distorted by preconceived ideas and false assumptions.
- Distorted cognitions cause distress.

Cognitions, Emotions, and Behaviors are Responses

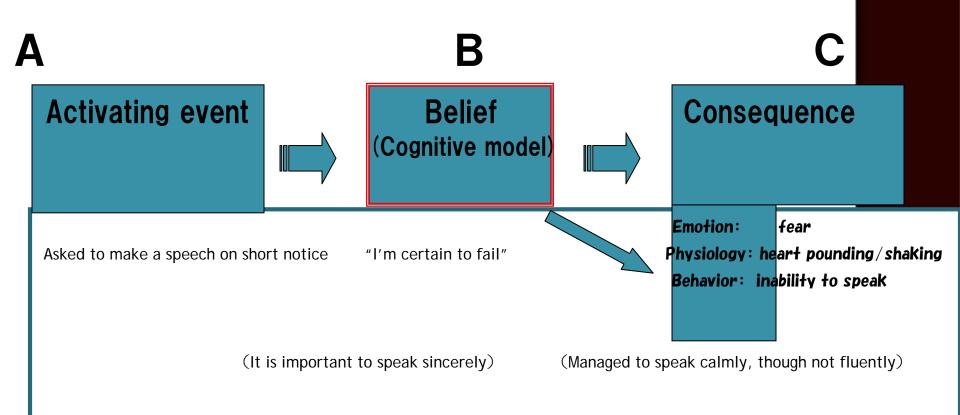
Antecedent events
(stimuli)

Responses
(cognitions - emotions - behaviors)

Consequences

- Responses are affected by antecedent events and their consequences.
- Consequences that increase the frequency of response act as reinforcers.
- Responses can be changed by changing antecedent events and their consequences.

ABC Model of Cognition, Emotion, and Behavior



Assumptions of Cognitive Behavioral Therapy

Emotional and behavioral problems are caused by maladaptive cognitions (irrational beliefs <false assumptions> and schema preconceived ideas>).

■ Maladaptive cognitions are acquired through developmental processes. Maladaptive cognitions are thought to be related to certain nurturing styles.

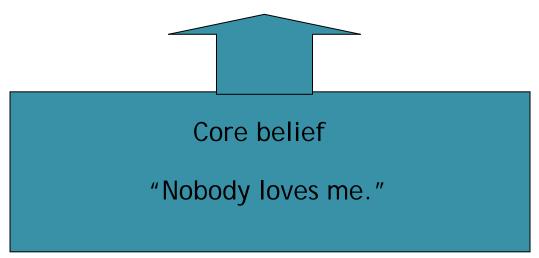
■ By changing cognitive processes, changes in emotion and behavior can be caused.

Cognitive Model: The Structure of False Beliefs

Automatic thoughts Automatic thoughts Automatic thoughts Intermediate beliefs (Preconceived norms) (Preconceived assumptions) (Preconceived opinions) Core beliefs

The Origin of Automatic Thoughts such as "They hate me again" and "I'm hopeless"

- Preconceived "opinions"It's shameful not to be liked by others"
- Preconceived "norms""I have to be liked by others"
- Preconceived "assumptions""If I'm not liked by others, I can't be happy."



Cognitive Distortions Caused by Preconceived Ideas

- All-or-none thinking
 When judging things, you divide them into two extremes.
- Personalization
 You blame yourself when things go wrong.
- Catastrophic thinking
 You feel negative about your future, and think nothing will go right.
- Emotional reasoning
 You draw conclusions based on how you feel.
- "Should" statements
 You are obsessed with the idea that "things should be this way."

Cognitive Distortions Caused by Preconceived Ideas

Mental filter

You focus on details that support your preconceived ideas concerning the negative aspects of things.

Overgeneralization

You see a single negative event as indicative of a never-ending pattern of defeat.

Magnification and minimization

You emphasize the negative aspects of things and devalue the positive aspects of things.

Labeling

You apply a negative label to things, and stick to the idea.

Jumping to conclusions

- Mind reading: You think you know what others are thinking.
- Fortune telling: You predict that things will turn out badly.

6. Intervention 2: Family Therapy

From "Searching for the Cause" to "Changing the System"

Linear causality
 Cause
 Effect
 Cause
 Cause
 Effect
 Change the system

An Example of Circular Causality

Cause
Drinking
Cause

Effect
Feeling frustrated
Effect

Philosophy of Family System Theory

- Family system is placed above individual family members. (high-order system)
- Family system has a structure of chained and circular interaction.
- A change in elements (individual members) brings about a change in the whole family system. Conversely, a change in the whole family system brings about a change in its elements (individual members).

7. Intervention 4: Community Psychology

The Community as a Social System

- Viewing individuals as members of a social community, not as independent entities
- Viewing the community as a social system in which a circular and complicated interaction takes place
- Regarding individuals, groups, and societies as a system, and intervening in the relativity of the system, instead of intervening in individuals (or in their internal worlds)

Multiple Roles of Support Professionals in a Community

- Outreach activities
- Educating communities
- Being spokesmen and women for clients
- Influencing policymakers
- Collaborating with other professions (+semi professionals)
 - (Leaders, organizers, coordinators)
- Consulting in crisis intervention

Differences in Approaches to Community Intervention

- Intervening in individuals
- Evaluating individuals
- Therapists, counselors
- Facing the past
- Focusing on a time structure
- Intervening in individuals' minds
- Changing weaknesses
- Fixing distance and structure

- Intervening in systems
- Evaluating systems
- Consultants, organizers, educators, support providers
- Facing life cycles and the future
- Focusing on life spaces
- Intervening in social environments
- Strengthening weaknesses and utilizing resources
- Flexible activities and distance