

**A.M.B.E.R. clinic**  
**Albuquerque**  
**Multidisciplinary**  
**Behavioral Evaluation for**  
**Recovery and Resiliency**

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**“Behavior Therapy &  
Psychotherapy:**

**how do TBI & I/DD influence  
the need & the approach?”**

# Definitions

- **Behavior therapy:** *systematic application of learning theory principles to treat behavior disorders*
  - systematic desensitization; flooding; response prevention; assertiveness training; operant methods (+/- reinforcers); aversion; biofeedback; social skills training; sex therapy.
- **Psychotherapy:** *a joint venture in which the patient attempts to express in words all thoughts, feeling, wishes, sensations, and memories without conscious reservations, and the therapist tries to assist the patient in the task of doing so.*

# When is “therapy” indicated?

- **Neurosis; worries**
- **Depression**
- **Anxiety**
- **Psychologically stuck**
- **Interpersonal development**
- **Skill building**

# Clinical strategy

- Invite participation
- Address affective reality
- State shared common goal
  - Focus on learning how to have a voice
  - The voice/participation should be accurate

# Choices

- Individual
- Group
  - Gender
  - Age
  - Life experience
  - Diagnosis-related
- Interpersonal development
- Task/skill development

# Behavior Therapies

- **Assess level of cognitive functioning**
- **Single step instructions/tasks**
- **Keep relevant to patient's motivation**
- **Have active participation:**
  - **words, actions, analysis, plans.**

# Duration?...

- **Disorder specific**

- E.g., Bereavement; Mood disorder; etc.

- **Skill-building**

- Evidence of acquisition and retention of necessary skills; may repeat many times.

- **Individual**

- Relief of acute distress

- Changes in patterns of responses

- Patient articulates no further needs



# Issues of monitoring

- Patient notes desired changes have been achieved.
- Family/guardian reports maximal benefit.
- Issues of over-the-head approach
- Monitor for not fostering indefinite dependence...

# Complementarity

- Medications may continue to be required
  - If therapy chosen is well-adapted and complementary, need for medications may lessen.
- Increased voice may give rise to unexpected assertions and decisions
  - Always an opportunity for further discussion

# Summary

- **Psychotherapy is underutilized in these special populations.**
- **Behavior therapy and psychotherapy techniques neither supplant nor invalidate uses of medications.**
- **Generally, there are fewer side effects.**
- **Relationship is the key ingredient.**
- **People have to have a desire to change, & to do psychological work.**



**Next presentation:**

**10-30-2012**

**“Psychopharmacology #3 –  
treating mood disorders...”**

resources and back issues can be found at Continuum  
of Care website:

<http://som.unm.edu/coc/Training/powerpointnew.html>