

Conceptual Framework for Psychotherapy Prevention

EFPA Board of Prevention and Intervention (BPI)

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Abstract

External and internal reality which people are capable to perceive resonates on one hand with the multitude of stress factors, and on the other hand with a reach palette of affective moods. Considering this context, when we refer to prevention it is necessary to take notice of human informational input but also its consequences, in a dynamic and procedural manner. In the contemporary society, the presence of stressful agents who stimulate, train and increase one's vitality, the organism's resistance and performances is a clear one. But we should notice that this type of interactions many times overlap the bearable norm of an individual. The new health paradigm brings a complex, holistic tableau, in which the patient is autonomous and informed. At the same time the psychologist, psychotherapist or counselor is a partner of the therapeutic dynamic. Evidence based practice therefore recruits such a tableau, offering the patient the chance of benefitting of information considering the best results registered within one's problem. The information provided by research studies are corroborated to the cultural environment and also to the patient's value system. In this context modern prevention has an important role. Thus identifying the role of psychological factors in the disease etiopathogenesis represents a strong advantage for the prevention dynamics. Also psychotherapy is a treatment option, a modality of stopping, delaying or reducing a problematic behavior. The frame presented above served as a basis for proving the material entitled "Conceptual Framework for Psychotherapy Prevention: Guidelines for psychotherapy in the field of prevention". The process of building this guide was conducted in several stages which included both individual and team work within the EFPA Board of Prevention and Intervention (BPI) meeting. The full version of the guide is available on the website: <http://preventionintervention.efpa.eu/resources/guidelines/>

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I. Applied psychology in the field of prevention

In the field of prevention, psychotherapy and counseling approach human problems in a practical way. Psychotherapy is usually considered to be an individual or a group “psychological treatment for mental diseases, behavioral disturbances, or all other problem that leads to psychological distress and disturbances. Its aim is to help clients change impairments in a significant way, on cognitive, emotional, behavioral, interpersonal, personality or health levels. Psychotherapy is more than a helping device. It goes beyond a simple relationship of advice or support” (see *Ordre des Psychologues du Québec*).

II. Psychotherapy and prevention

Prevention and intervention services help maintaining health and wellbeing of individuals and communities (Satcher, 2000; World Health Organization, 2008). Specifically, prevention, intends to improve the quality of life and the day-to-day functioning of individuals (i.e. reduce the onset of disturbances and diseases; lower the rate of premature death) (Grunberg & Berger, 2009).

Psychotherapy and counseling are part of the third level of prevention – the first two being “real” prevention (before problems occur) and training (help people develop the skills for dealing with potential problems).

As third level of prevention, psychotherapy and counseling arises when psychological risks are confirmed as problems. They share common features with the other two levels of prevention. Their aims are to:

1. Prevent psychological disturbances and distress from re-occurring;
2. Delay the debut of a cognitive, affective and/or behavioral issue, especially among those showing increased risk for such problems;
3. Reduce the impact of a problematic behavior;
4. Identify and enhance one’s coping mechanisms;
5. Identify and enhance one’s resources (i.e. psychological attributes or personal interests which may contribute to greater quality of life);
6. Increase one’s awareness of emotional experiences and shifts, and of risk factors for health;
7. Increase attitudes, behaviors and knowledge that promote emotional and physical wellbeing.

Clinical and counseling psychologist who work in the field of prevention are also frequently involved in promoting institutional, community and governmental policies which aim wellbeing and quality of life.

III. Guidelines for psychotherapy in the field of prevention

Professional competence: European psychologists receive a graduate education in their country of origin. To improve their practices, they should also be able to attend specific classes and seminars in prevention right from the start of their undergraduate training (i.e. stress and coping mechanisms; health protection factors; risks and adaptation to change).

Psychologists in the field of prevention should stay involved in continuous training (i.e. new methods and techniques, supervision, professional support, self awareness and self-care strategies). In the perspective of continuing education, they should have access to means that help them develop their competences in the field of prevention (i.e. training on assessment, psychoeducation, general and specific therapeutic factors, therapeutic techniques) (Luthnar, 2006). Psychologists in the field of prevention should be able to adapt their intervention to the specific characteristics and environments of individuals and groups.

Relationship: Prevention psychologists should be able to identify elements of effective therapy relationships and determine efficacious methods of customizing psychotherapy to the individual patient (Norcross, 2011). They should continually build a therapeutic alliance in order to assist clients to address unique problems and distress.

Free and informed consent: Prevention psychologists determine the client's capacity to consent or refuse intervention. They discuss the nature of the proposed intervention, the expected benefits and risks, and potential alternative courses of action or inaction. They solicit and answer questions, and make note in the psychological record. They discuss frame of psychotherapy (i.e. scheduling, fees, other rules and duties related to treatment or intervention).

Fundamental Ethical principles: See the European meta-code of ethics (Athens, 1995).

Targeting tertiary prevention according to individual and contextual factors:

Psychologists in the field of tertiary prevention are to admit the existing diversity between humans, and stay aware of cultural values connected to race, ethnic origin, social class, family income, geographic region, level of education, abilities and level of acculturation.

Recognizing the global health paradigm for prevention which views the person integrally and emphasizes human values. Psychologists in prevention recognize the existence of the body-psyche continuum, and of the will of individuals to experience health, etc. Prevention

includes all life aspects: work, human relations, motivation, and the body and mind relation (Ialongo et al., 2006; Lambert, & Bergin, 1994).

Including research and assessment as integrative part of the development and implementation of the prevention's program. Prevention psychologists lean on evidence based and effectiveness research to customize their interventions. In order to reach the effect desired by their clients, they take into account their preferences, and their cultural and demographic characteristics. This three legged chair model has three components (APA, 2006; Spring, 2007):

- a) The best evidence-based treatments and interventions for the problem;
- b) A clinical expertise view point for assessing and implementing interventions;
- c) Taking into account values, preferences, characteristics, circumstances of the patient.

Prevention psychologists promote institutional change to allow interventions which can build a state of health for people, family and communities, along with the prevention of psychological and physical suffering and disturbances. Recent meta-analysis suggests the importance for institutions to be involved in promoting personal development and good state of health. (I.e. after-school set program that promote personal and social abilities for young people; mindfulness training to develop the ability to cope with stress at the workplace).

Prevention psychologists promote collaboration in interdisciplinary teams (professionals and community leaders). Prevention psychologists facilitate the integration of psycho-social interventions to the biomedical model. They recognize that this combination of competences is needed within teams. They also develop flexibility and open attitudes within teamwork. They involve the client, his family and all the other individuals involved in his life context as active participants in planning and implementing services. They individualize services according to each client's needs, according to the disorder he suffers from, and his values and life context. Prevention psychologists follow patient's processes, and try to prevent relapses.

Prevention psychologist's associations should get involved in negotiating and supporting health policies aiming at identifying and reducing risk behavior among individuals, groups and communities (Mann, 2011).

Developing and promoting individual personal resources; conceptualizing and implementing well-being. Well-being can be promoted on cognitive, behavioral, relational and emotional levels. Interpretation of a situation influences the individual life satisfaction, and his sense of pleasure in relation to life events. Prevention psychologists should stay aware of these multidimensional levels of experience in their clients. Also, they are to seriously take into account the way that well-being is affected by a series of life challenges (i.e. being fired, economical and technological unemployment, mother and child problems, etc. (Kling et al., 1997; Ryff et al., 2004).

Prevention psychologists participate to the construction of preventive psychosocial programs for psychological disorders and human distress (i.e. depressive-anxious disorders, post-partum depression, panic attacks, mental health and social situations that lead to substance abuse, seasonal depression, masculine and feminine sexual disorders, sexually transmitted diseases, child pornography, pedophilia, human slavery and trafficking,...etc.).

Prevention psychologists contribute to enhance the quality of life of patients by allowing them to learn techniques to cope with affective disorders. Examples: cognitive-behavioral strategies (mindfulness therapy techniques), self-hypnosis, relaxation, focusing...etc. (Holdevici, & Crăciun, 2015).

Prevention psychologists promote psychological, medical and psychopharmacological assessments for patients suffering from substance abuse - alcohol, psychoactive substances, games and media addiction (Susser et al., 2006).

Prevention psychologists promote the use of integrative psychotherapy and physical treatments when it is useful for patient's health state and for enhancing well-being (i.e.: Kinesiotherapy and psychotherapy).

Using psychotherapy as prevention or as treatment are two directions which are associated with distinct implications. First, psychotherapy serving as prevention aims to maintain and enhance patients functioning and quality of life, by helping them develop coping strategies that reduce the effects of risk factors for. On the other hand, psychotherapy serving as treatment mainly focuses on negative outcomes of functional aspects in the life of the client (Cuijpers et al., 2008). It aims to identify symptoms and enhance the psychological state of the patient. It might also include the improvement of client's coping strategies in order to lower the effects of the problems they are facing.

Prevention psychologists might apply prevention programs among children, youngsters or adolescents: 1) who have been exposed to extremely stressful situations – long-term, chronic or acute stress; 2) who show vulnerability towards developing psychological disorders such as anxiety, depression (i.e. personality traits, family history of mental disorder); 3) who are living in harsh social and economic conditions which might challenge their adaptive resources. In the case of young clients, preventive psychotherapy tries to lower chances that psychopathology occurs.

Prevention psychologists can work with people exposed to stress (i.e. facing periods of major changes in their life, experiencing unexpected stressful events, facing occupational issues related to stress such as burnout). Accessing preventive intervention can help these people gain trust in their own resources for overcoming difficulties, and for lowering the possibility of experiencing psychopathology or other negative outcomes on general health.

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