

Varieties of Psychotherapy: *Which is Right for Me?*



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How do we make sense of the fact that there are over 500 different therapeutic approaches?

Historically, there have been several major periods in the development of talk therapy, beginning with psychoanalysis, which focuses on the unconscious and early childhood experiences. Although psychoanalysis is still practiced today by some therapists, it has fallen out of favor due to a variety of factors, including the length and expense of treatment.

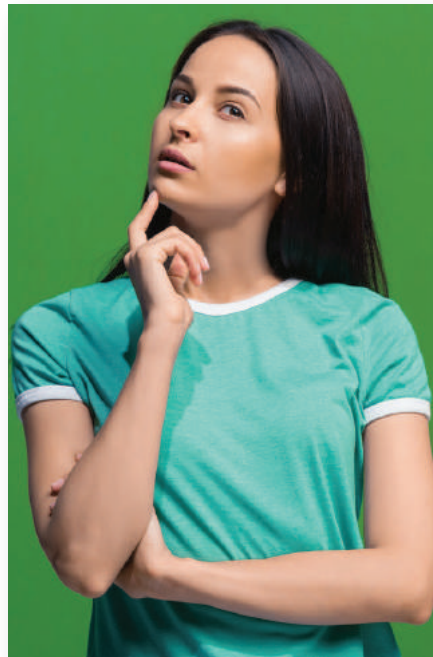
Behaviorism, which emphasizes the role of learning in the development of behavior through the application of positive and negative reinforcement, marked the next great period in psychotherapy.

Humanistic psychotherapy emerged as a response to the pathological view of people found in psychoanalysis and behaviorism. It emphasizes the client's personal experience, while providing a safe environment and a strong therapeutic alliance that fosters a sense of acceptance, which is vital to making changes. This is considered a major factor in the effectiveness of all forms of psychotherapy.

Cognitive-behavioral therapy emerged as another major psychotherapy development, and is now considered to be one of the most effective forms of talk therapy. It focuses on the modification of dysfunctional thoughts, emotions, and behaviors, as well as the development of problem-solving skills.

Two newer forms of psychotherapy have evolved from the cognitive-behavioral approach. **Dialectic Behavioral Therapy**, developed to

treat borderline personality disorder, increases a client's skill in managing painful emotions and reducing relational conflict by emphasizing mindfulness, distress tolerance, and emotional regulation. In **Acceptance and Commitment Therapy**, clients



learn to accept their hardships, and commit to making important changes in their self-talk and behavior.

Mindfulness-Based Stress Reduction has exploded onto the psychotherapy stage, and reduces the mental and physical suffering caused by a wide variety of ailments. Mindfulness, which involves the practice of cultivating non-judgmental awareness in the present moment, has been shown to improve both the structure and function of the brain.

Two mind-body therapies have gained popularity in recent years, particularly in the treatment of PTSD. **Eye Movement Desensitization and Reprocessing (EMDR)** therapy

involves exposure to traumatic events while providing stimulation to the central nervous system, which promotes continued processing. It is more effective in the treatment of PTSD than talk therapy. **Emotional Freedom Therapy (EFT)** is a unique therapy that may represent another major wave in the evolution of psychotherapy. It provides relief by exposing the client to upsetting events while simultaneously tapping on the endpoints of several acupuncture meridians. Research supports that it rapidly changes brain waves, hormones, and DNA expression that promote health, all by sending deactivating signals to the areas of the brain associated with fear and pain. No other form of talk therapy can produce these kinds of effects.

There has been a long debate over whether all forms of therapy are equally effective as long as there is a strong therapeutic alliance. However, this one-size-fits-all theory is inconsistent with more evidence-based therapies that have been validated to be more effective.

The bottom line is that you are likely to have a positive outcome if you have good rapport with your therapist and you are engaged in a form of therapy that appeals to you and is effective in the treatment of your particular challenges today. ■

Jeffrey L. Santee, PhD, DCEP, is a clinical psychologist with advanced training in cognitive therapy, behavioral medicine, mindfulness meditation, EMDR, and energy psychology. He specializes in the treatment of depression, anxiety disorders, and stress-related health problems.



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Summit welcomes new clinicians!

Jennifer Parks, PsyD, a



licensed clinical psychologist, also holds a Master's Degree in Marriage and Family Therapy. She works with individuals of all ages to help them enhance their

well-being and accomplish their health goals. She works with various mental health difficulties such as anxiety disorders, attention and concentration problems, depression and bipolar disorders, substance abuse, anger management, trauma and abuse, and personality disorders. She provides individual, couple, and family therapy, as well as psychological assessment services.

Arturo Ventura, MSN, RN, APN, PMHNP-BC, FNP-BC, an



advanced nurse practitioner with more than 25 years of psychiatric nursing experience, prescribes medications for a variety of mental health issues.

Licensed in both psychiatric and

family medicine, Mr. Ventura provides a unique perspective in treating mental health conditions, particularly in evaluating and treating depression, anxiety, bipolar disorder, mood disorders, schizophrenia, schizoaffective disorder, ADHD, insomnia, dementia, OCD, and other conditions.

For more information or to schedule an appointment with any of our practitioners, please call us at (630)260-0606. ■

Decoding the Letters of Mental Health

Have you ever wondered what all of those extra letters mean, especially when trying to find the right provider for you and your family? Here are some common abbreviations among mental health providers.

PhD (*Doctor of Philosophy in the field of Psychology*) or **PsyD** (*Doctor of Psychology*)

These letters represent a psychologist, a provider holding a doctoral degree in clinical psychology (can also be in counseling or education). Education includes training in clinical interviews, psychological evaluations/testing, group and individual therapy. They often have experience with specific types of therapy, such as Cognitive Behavioral Therapy or Dialectical Behavior Therapy. Psychologists are licensed by state licensure boards; a Licensed Clinical Psychologist meets all current licensure requirements.

LPC (*Licensed Professional Counselor*) or **LCPC** (*Licensed Clinical Professional Counselor*)

These providers, referred to as counselors, clinicians, or therapists, hold a master's degree (M.S. or M.A.) in a mental health field (psychology, counseling, marriage and family therapy, nursing, education). Education includes mental health evaluation, therapeutic techniques, and symptom reduction strategies, sometimes in specialized treatment (substance abuse, marriage, and/or family treatment).

LCSW (*Licensed Clinical Social Worker*)

Similar to LPC or LCPC, these providers have education in mental health evaluation and therapeutic strategies. They may also have specialized training in specific areas (substance abuse, marriage, and/or family treatment). LCSWs hold a master's degree in Social Work (MSW); education also includes training in case management and advocacy services to support clients within their social environment.

Additional letters you may see following a provider's name:

LMFT (*Licensed Marriage and Family Therapist*), **LCADAC** (*Licensed Clinical Alcohol and Drug Abuse Counselor*), **CADC** (*Certified Alcohol and Drug Abuse Counselor*)

These represent certification/licensure in specific areas, earned through additional education and training.

MD (*Doctor of Medicine*) or **DO** (*Doctor of Osteopathic Medicine*)

These letters represent psychiatrists, licensed medical doctors who have completed residency training in psychiatry. Psychiatrists can evaluate and diagnose mental health disorders, prescribe and manage medications, and provide therapy. Psychiatrists may also have specialized training with certain age groups (child and adolescent, geriatric) and/or mental health concerns (substance abuse). They may complete requirements to become Board Certified, which denotes a high level of competency within psychiatry.

PMHNP-BC (*Board Certification in Psychiatric Nursing*)

These letters represent a Psychiatric Nurse Practitioner, trained to assess, diagnose, and treat mental health conditions. In some states, these providers are able to prescribe and manage medication. In Illinois, psychiatric nurse practitioners are qualified to provide medication services, but may require supervision from a psychiatrist. ■

Dr. Danielle Romano is a licensed clinical psychologist focused on supporting children, young adults, and families in finding positive cognitions, coping skills, and communication.

Dan Wyma, MD, works in the areas of general adult psychiatry, adolescent psychiatry, and neuropsychiatry.

Medication & Therapy: How Do They Work Together?

SOME PEOPLE TAKE MEDICATIONS TO improve their mood or concentration. Others hope psychotherapy alone will help them overcome their difficulties. Often, however, a combination of both is the most effective treatment. Here are some ways they can work together.

A brief course of medication to support the work of psychotherapy.

Just ready to enter middle school, 11-year-old Alex was fearful about the academic and social challenges ahead. After a week of insomnia and poor appetite, he was brought in for evaluation. Therapy gave him the relief of knowing that his worries were "normal", and a bedtime dose of melatonin got his sleep back on track. Ativan used as needed before school helped him feel more confident.

An episode of medication treatment.

Sometimes medicine plays a more substantial role in treatment. Sally, a 21-year-old college student, had had stomach aches and sleep problems from an early age. With the stress of college, increased anxiety began preventing her from attending classes. She came in for therapy, but even after working on relaxation techniques, she was still struggling, so she was referred for medication. Taking Lexapro for her anxiety and Trazodone for her insomnia, she continued working on relaxation techniques and Cognitive-Behavioral skills, and by the end of that year was able to discontinue her medicines.

Recurrent episodes of medicine treatment.

Jane, 27 years old, with two past bouts of depression, had been advised to consider using ongoing protective treatment with an antidepressant. But, wanting to be off medicine, she elected instead to watch for early signs of recurrence of depression. Working with a psychotherapist to monitor and manage her moods, she follows up with her doctor at regular intervals and has been doing well. However, she is prepared to restart Zoloft if she finds herself slipping into depression.

Preventive and ongoing medication treatment.

Michael, a young man, has experienced recurrent mood swings since his teens. His past swings into mania cost him a job as well as an important relationship. An ongoing preventative dosage of Depakote, along with psychotherapy to develop more effective ways to manage stress, are his keys to healthy living. ■