- Dissociative Disorders
  - Rarest (May be completely fabricated)
  - Separation of certain personality components or mental processes from conscious thought
  - Dissociative Amnesia – Selective memory loss that follows a highly stressful event
    - No physical cause
    - Memory part of the brain shutting down
    - Associated with high levels of stress
    - Typically do recover memories
  - Dissociative Fugue
    - Sudden and complete memory loss that causes a person to flee familiar surroundings
      - Periods of wandering
    - Usually occurs in those over the age of 50
      - No signs of dementia
    - More complete memory loss than dissociative amnesia
  - Dissociative Identity Disorder
    - Multiple Personality Disorder
    - 2 or more distinct personalities within a single individual
    - Reason for the switch is to escape a stressful situation
    - Many believe this is completely fabricated
    - Some insist psychotherapists encourage it
  - Depersonalization Disorder
    - More commonly diagnosed
    - Feeling that you're outside your own body observing self from a distance
    - View selves from an aerial point of view

- Psychotherapy – A form of therapy in which trained professionals use methods based on various psychological perspectives to treat psychological disorders
  - Does not include medication
  - Ethical standards outlined in APA
    - No sex with patients
    - Confidential
    - Inform patient of goals and process
    - Be open-minded
    - Only treat problems qualified to treat
  - Psychoanalysis (insight therapy)
    - Developed by Sigmund Freud
    - Psychoanalytic Perspective
    - Psychological Problems rooted in subconscious
    - Main goal is to bring subconscious conflict to the conscious level

- Techniques
  - Free Association
    - Therapist encourages patient to freely think or verbalize what they are thinking
    - Therapist analyses these free thoughts
  - Dream interpretation
    - Therapist in free association asks patient for a description of dreams
  - Interpretation of resistance
    - Any form of opposition by patient to the process of psychotherapy
    - 2 Forms of Resistance
      - Vague
        - Missing appointments
        - Questioning the value of therapy
      - Specific
        - Attacking the therapist
    - Freud viewed resistance as a conflict in itself, which needed to be resolved in order for the therapy to be affective
  - Interpretation of transference
    - Transference – When a patient treats the therapist in ways that resemble how they treat others in their life
- Catharsis
  - A release of emotional energy related to the subconscious conflict
  - Benefit of process of psychoanalysis
- Humanistic Psychotherapy (Insight)
  - Carl Rodgers
  - Self awareness
  - Main goal of therapist is to relate to patient what the patient is capable of doing
  - Client-centered psychotherapy (used by Rodgers)
    - Therapist must be very warm, kind, friendly, accepting
    - Reflection – A technique used by client-centered therapist in which they reflect emotions from client
  - Gestalt Psychotherapy (Frederick Perls)
    - Self awareness still goal
    - Therapist more actively involved
    - Challenging and critical if have to be
    - Point out inconsistencies
    - Show concern, but are confrontational
- Behavior Therapy
  - Based on Social Learning Theory

- Normal and abnormal behaviors are learned
- Can be unlearned
- Used a lot for fear reduction
- Fear reduction Methods
  - Systematic Desensitization
    - Gradual exposure to a feared stimulus until the fear response disappears
    - Progressive Relaxation
    - Graded exposure
      - Increase intensity of stimulus
  - Flooding
    - Intense all-at-once exposure to a feared stimulus
- Social Skills Training
  - Shaping and reinforcement
  - Positive reinforcement
  - Re-teach social skills
- Cognitive Therapy – Teach clients to change their thoughts
  - Eliminates abnormal emotions and behaviors
- Biological Therapy
  - Prescribing of medication in order to change normal or medical make-up of a patient