Numerous individuals provide therapeutic services in our country including psychiatrists, clinical psychologists, and psychiatric social workers. Building a strong alliance between the therapist and client is critical to successful treatment.

Although each source of data has flaws, the collection of such data have allowed researcher to evaluate the efficacy of various forms of treatment. Evaluation of the success of psychotherapy in producing desired changes in clients is difficult. Research in psychotherapy, however, has shown that most treatment approaches are more effective than no treatment at all.

The goals of psychotherapy include changing maladaptive behavior, minimizing or eliminating stressful environmental conditions, reducing negative affect, improving interpersonal competencies, resolving personal conflicts, modifying a person’s inaccurate assumptions about himself or herself, and fostering a more positive self-image. Although these goals are by no means easy to achieve, psychological treatment methods have been shown to be generally effective in promoting adaptive psychological functioning in many troubled people.

Medications are also important in the treatment of many disorders. It is now common clinical practice for medication and psychological treatments to be combined. Some of the earlier antidepressant medications have now been replaced by SSRIs and SNRIs. In general, antidepressants work through their influence on the serotonin and norepinephrine neurotransmitter systems. The most commonly used antipsychotic medications are the atypical neuroleptics. These improve both positive and negative symptoms and have fewer extrapyramidal symptoms (unwanted movement side effects) than do conventional antipsychotics.

Although not frequently used, ECT is a safe and effective treatment for depression and other disorders. It causes some short-term cognitive side effects, especially when administered bilaterally.

A key element in all therapies is the development of an effective “working alliance.”

Now let’s turn our attention to contemporary and legal issues in abnormal psychology.

Many mental health professionals are trying not only to cure mental health problems, but also to prevent them, or at least reduce their effects. Prevention can be viewed as focusing on three levels: (1) universal interventions, that attempt to reduce the long-term consequences of having had a disorder;

(2) selective interventions, that are aimed at reducing the possibility of disorders and fostering positive mental health efforts in subpopulations that are considered at special risk; and

(3) indicated interventions, that attempt to reduce the impact or duration of a problem that has already occurred.

There has been a great deal of controversy over deinstitutionalization and the failure to provide adequate follow-up of these patients in the community. Some chronic patients
were placed in circumstances that required more adaptive abilities than they possessed. Recent work in the area of aftercare for former mental patients has provided clearer guidelines for discharge and therapeutic follow-up.

Forensic psychology or forensic psychiatry involves the intersection of mental health and legal issues. Prominent issues include the right to treatment, right to less restrictive treatment, right to refuse treatment, and right to refuse medication.

Recent court rulings have found professionals liable when patients they were treating caused harm to others. The Tarasoff decision held that a therapist has a duty to protect potential victims if his or her patient has threatened to kill them.

An important issue of forensic psychology involves the insanity plea for capital crimes. Many mental health and legal professionals, journalists, and laypersons have questioned the present use of the “not guilty by reason of insanity” (NGRI) defense. The original legal precedent, the M’Naghten Rule, held that, at the time of committing the act, the accused must have been laboring under such a defect of reason as to not know the nature and quality of the act or to not know that what he or she was doing was wrong.

Mental health programming in the United States is also the concern of several professional and mental health organizations, many corporations, and a number of voluntary mental health organizations.

Perhaps a good start for the future is to re-establish Family and Community first.