

Lunch: Back at 12:40

Psychotherapies for Depression

Psychotherapies for Depression: Overview



- Treatment Guidelines for Adults with Depression
- Common Factors in Psychological Treatments
- Psychotherapies for Depression: Overview and evidence
 - Supportive Psychotherapy
 - Psychodynamic Psychotherapy
 - Cognitive Behavioral Therapy
 - Third-Wave Psychotherapies (DBT, MBCT, ACT)
 - Interpersonal Psychotherapy
 - Problem-Solving Therapy



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Depressive Disorders

Evaluate for suicidality

Acutely suicidal

Emergent Hospitalization

Major Depression

Any recent or remote manic or hypomanic episode

Mild-Moderate

Severe

Psychotherapy

Combination psychotherapy and pharmacotherapy

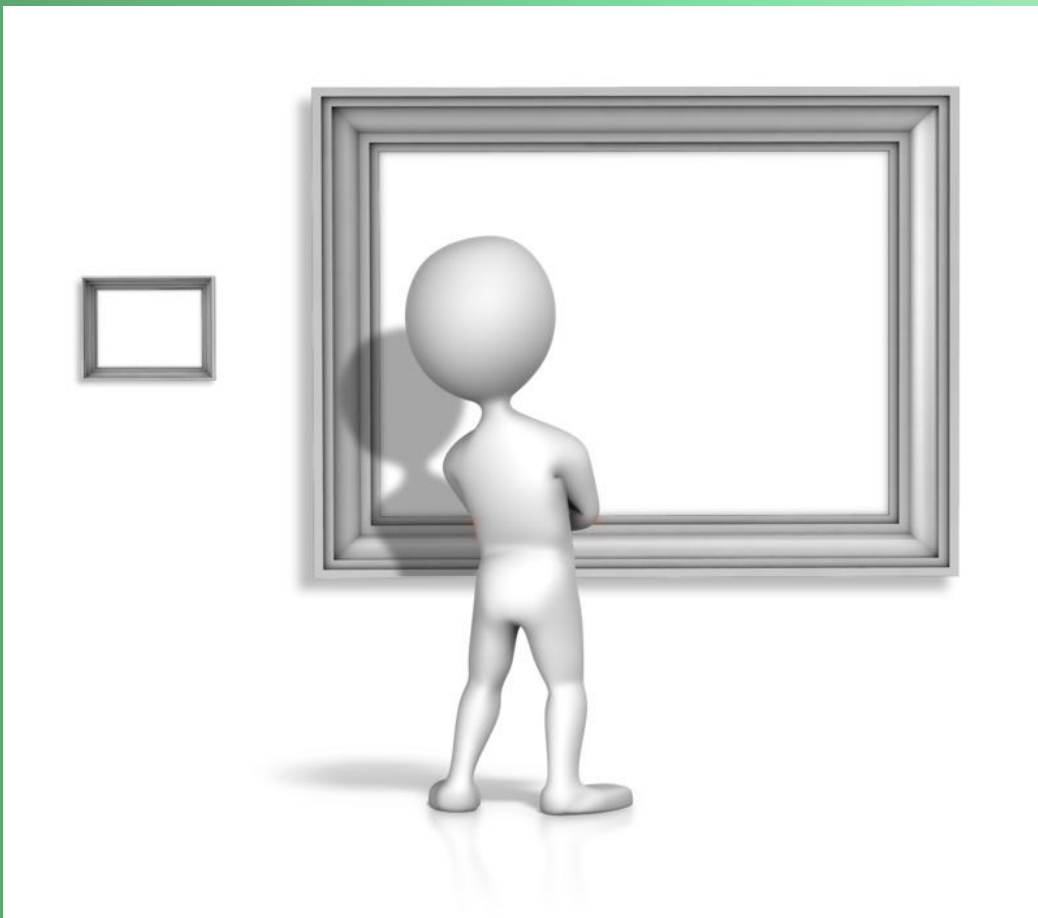
Inadequate response

Consider pharmacotherapy alone or in combination especially for patients with history of recurrent depression, patient preference, or if they fail psychotherapy

Evidence-based psychotherapy in primary care (SOR A):
-Cognitive behavioral therapy
-Interpersonal therapy
-Problem solving therapy
-Behavioral activation



BRIDGES TO MENTAL HEALTH



- Meta-analysis of 228 RCTs examining psychotherapy for depression response and remission rates (*Cuijpers et al., 2021*)
 - **41%** of patients respond to psychotherapy compared with 17% in usual care
 - About **33%** of patients remit compared with 9% - 17% in control conditions
 - No significant differences in response rates among specific therapies
 - More than **50%** of individuals do not respond
- Evidence of enduring effects:
 - CBT (*Cuijpers, 2013*)
 - Behavioral activation (*Dobson et al., 2008*)
 - Long-term dynamic psychotherapy (*Fonagy, 2015*)

Treatment Guidelines for Adults with Depression

American Psychological Association Clinical Practice Guideline for the Treatment of Depression (2019)

- **Recommendation:** Psychotherapy or second-generation antidepressant for *initial* treatment of adults with depression
There is no recommendation for a specific therapy among the following:
 - Behavioral Therapy
 - Cognitive, Cognitive Behavioral Therapy (CBT), and Mindfulness-Based Cognitive Therapy
 - Interpersonal Psychotherapy (IPT)
 - Psychodynamic Therapies
 - Supportive Therapy
- **Recommendation:** If considering combined treatment, CBT or IPT plus a second-generation antidepressant

Canadian Network for Mood and Anxiety Treatments (CANMAT) Recommendations for Acute Treatment (2016)



First-line treatments:

- Cognitive Behavioral Therapy (CBT)
- Interpersonal Therapy (IPT)
- Behavioral Activation

Second-line treatments:

- Mindfulness-Based Cognitive Therapy
- Cognitive-Behavioral Analysis System of Psychotherapy
- Problem Solving Therapy
- Short-term Psychodynamic Psychotherapy
- Telephone-delivered CBT and IPT
- Internet and computer-assisted psychotherapy

Evidence-Based Common Factors

Evidence-Based Common Factors



Therapeutic Alliance

A collaborative stance affirmed by agreement on goals, therapeutic tasks, and an emotional bond

Facilitated by genuine respect, interest in well-being and safety



Empathy



Collecting Feedback

Tracks symptoms, experience of treatment, and functioning with validated scales that can guide treatment

(Norcross, 2011)

Psychodynamic Psychotherapy



One of the oldest psychological treatments for depression

Person oriented (vs. disorder-oriented)

Emphasizes importance of a developmental perspective and insight into the past

Goal is to identify unconscious patterns of negative feelings and behaviors that are rooted in past experiences and resolve them

Uses open-ended questions and free association

Uses the therapist/patient interaction with interpretation of transference and resistance

Cognitive Behavioral Therapy

CBT developed in the late 1970s by Aaron Beck, MD

Gold standard psychological treatment for depression

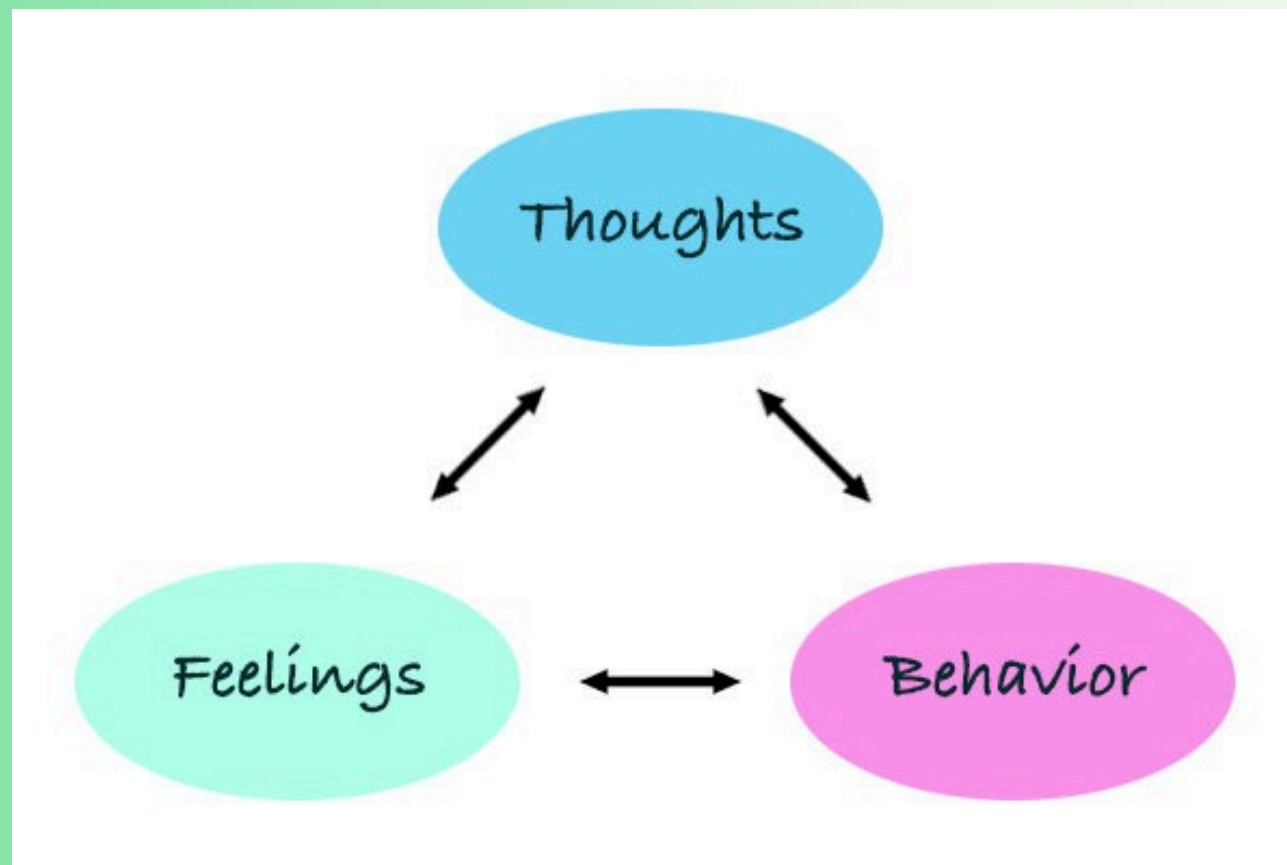
Problem-solving and goal oriented

Present-focused (vs. past) – insight is helpful, but not sufficient

Time-limited, active, collaborative, skills-based treatment

How we think affects how we feel and behave

CBT Model



How we feel affects how we think and behave

How we behave affects how we think and feel

Core Components of CBT

Cognitive Restructuring – Catch / Check/Change

Identify



Challenge



Reframe

Thought Record



Situation (Stick to the facts!)	Emotion(s) Rate intensity of each mood (0-100)	Automatic Thought(s)	What kind of thought is this? (cognitive distortion)	Evidence supporting this thought	Evidence against this thought	More balanced, adaptive thought	Rate your emotion(s) (0-100)
8:30am, at work, my boss told me that I need to start coming to work promptly every day	Depressed (75) Hopeless (85)	He hates me. I <u>never</u> get to work on time. I'm <u>never</u> going to get promoted. I hate this job. I hate this career. I feel so stuck, I'm <u>never</u> going to be happy.	mind reading; overgeneralization fortune telling mental filter fortune telling; mental filter; emotional reasoning	-In same job for 10 years, no promotion -Lived in same apt for 7 years -Still single	-Enrolled in business school -Dated Joe -Stuck is not making moves, and I am making moves!	Although I don't feel happy now, I have been very happy in the past. I am taking steps towards my goals and making progress with time.	Depressed (40) Hopeless (20)

Core Components of CBT



Behavioral Activation – Fake it ‘til you make it

Increase engagement in activities/increase sense of mastery/decrease avoidance and isolation

- Daily activity and mood monitoring
- Goal setting (using specific, measurable, actionable goals)
- Identifying pleasurable activities
- Approaching tasks that have been avoided

Daily Activity Record

Please keep a detailed record (hour by hour) of all the activities you engage in, including those that may seem insignificant (such as watching tv or sleeping). In addition, for every activity you record, rate your mood (0 = worst, 10 = best).

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6-7 AM	sleeping	sleeping	sleeping	sleeping	sleeping	sleeping	sleeping
7-8 AM	Reading - 7	sleeping	Eat breakfast - 6	sleeping	Reading	sleeping	sleeping
8-9 AM	Eat breakfast - 6	sleeping	Work on paper - 4	Eat breakfast - 7	Eat breakfast - 6	sleeping	Eat breakfast - 5
9-10 AM	Computer, email - 4	Woke up late - 2	Work on paper - 5	Help Sue with project - 8	Grocery shopping - 5	sleeping	Go to the gym - 7
10-11 AM	Shower, get dressed - 6	Shower, get dressed - 4	Break - 5	Help Sue with project - 8	Unpack groceries - 5	sleeping	Go to the gym - 7
11-12 AM	Get ride to restaurant - 5	Get ride to Dr. - 6	Work on paper - 6	Help Sue with project - 8	Clean apartment - 6	Didn't want to get up - 2	Lunch with a friend - 8
12-1 PM	Lunch with Sue - 8	Appointment with Dr. S - 7	Lunch - 6	Lunch - 7	Lunch - 6	Ate junk food - 4	Shower - 7
1-2 PM	Get ride home then nap - 8	Get ride home - 8	Lunch - 6	Nap	Rest	Laid on couch - 3	Work on home project - 8
2-3 PM	Nap	Visit from John - 9	Nap	Emails - 5	Clothes shopping - 8	Phone call from cousin - 6	Work on home project - 8
3-4 PM	Watch tv - 6	Snack - 6	Go to gym - 8	Go for walk - 7	Clothes shopping - 8	Went for walk - 7	Work on home project - 6

Dialectical Behavior Therapy (DBT)

- Developed by Marsha Linehan (1993) to treat chronically suicidal individuals with borderline personality disorder
- Can be helpful for people having difficulty with emotion regulation/ “super-sensors” or are demonstrating self-destructive behaviors (e.g., non-suicidal self-injury, eating disorders, substance use disorders)
- Adapted standard CBT by adding acceptance-b
- Dialectic: change AND acceptance



DBT Skills Training



- **Mindfulness**

Being fully aware and present in the moment

- **Distress Tolerance**

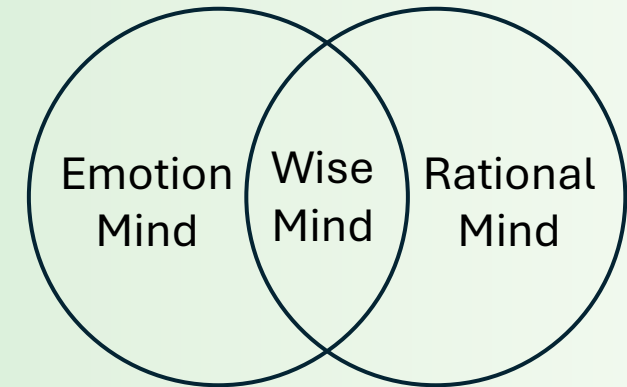
How to survive painful emotions when now's not the time to fix things

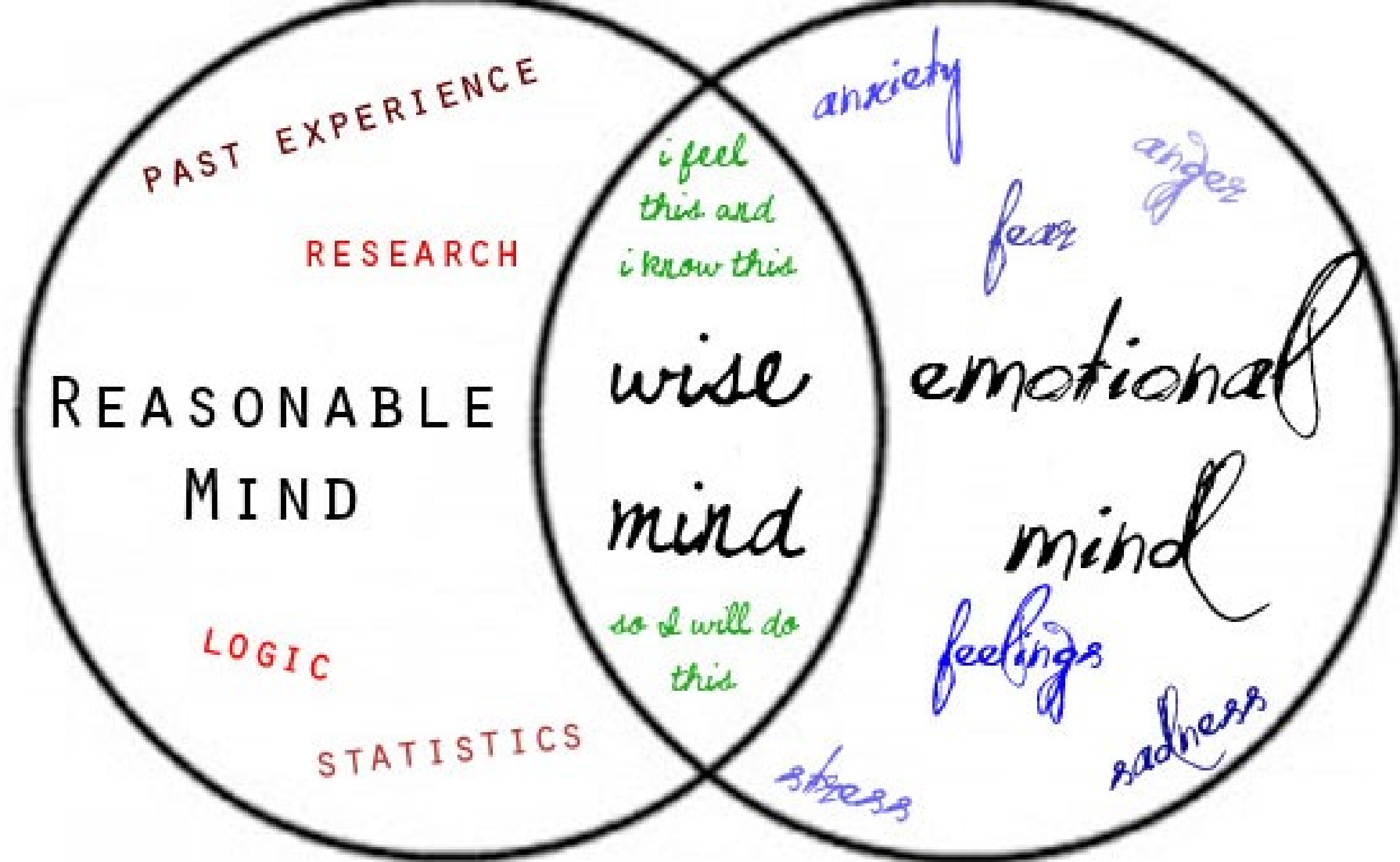
- **Emotion Regulation**

How to manage emotions rather than emotions managing you

- **Interpersonal effectiveness**

How to ask for what you want and say no while maintaining self-respect and relationships with others





Acceptance and Commitment Therapy (ACT)



Third wave therapy: accepting emotions for what they are and choosing behaviors that are values driven



<https://www.youtube.com/watch?v=EVsZfqylkOQ>

Treatment Considerations

Barriers to Accessing Care

Structural	Financial needs (e.g., providers don't accept insurance, high out of pocket costs)
	Time needs (e.g., time off work, childcare)
	Transportation needs
	Treatment availability
	Treatment compatibility (e.g., interpersonal style, cultural background)
	Awareness of resources
Attitudinal	Perceived need
	Treatment alienation and dissatisfaction
	Negative Associations
	Stigma

Psychotherapies for Depression: Future Directions



Transdiagnostic Approaches

- Reduced focus on disorders
- Target constructs central to development and maintenance of psychopathology (e.g., emotion regulation, repetitive negative thinking)
- Example: Unified Protocol for Emotional Disorders (Barlow et al., 2018)

Digital Health

- Self-guided, internet delivered (evidence for CBT)
- Telehealth, telephone-delivered
- Smart-phone applications (<https://mindapps.org/>)

Thank You!

The 5-4-3-2-1 Grounding Technique

Ease your state of mind in stressful moments.

Acknowledge **5** things that you can see around you.



Acknowledge **4** things that you can touch around you.



Acknowledge **3** things that you can hear around you.



Acknowledge **1** thing that you can taste around you.



Acknowledge **2** things that you can smell around you.



#DeStressMonday DeStressMonday.org **DeStress MONDAY**



Unhelpful Thoughts

- Two most common in anxiety disorders
 - **Catastrophizing**
 - **Overgeneralizing**