

Lunch – Back at 1:25

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
 - Interpersonal Psychotherapy
 - Cognitive Behavioral Therapy
 - Third-Wave Psychotherapies (DBT, MBCT, ACT)
 - Problem-Solving Therapy

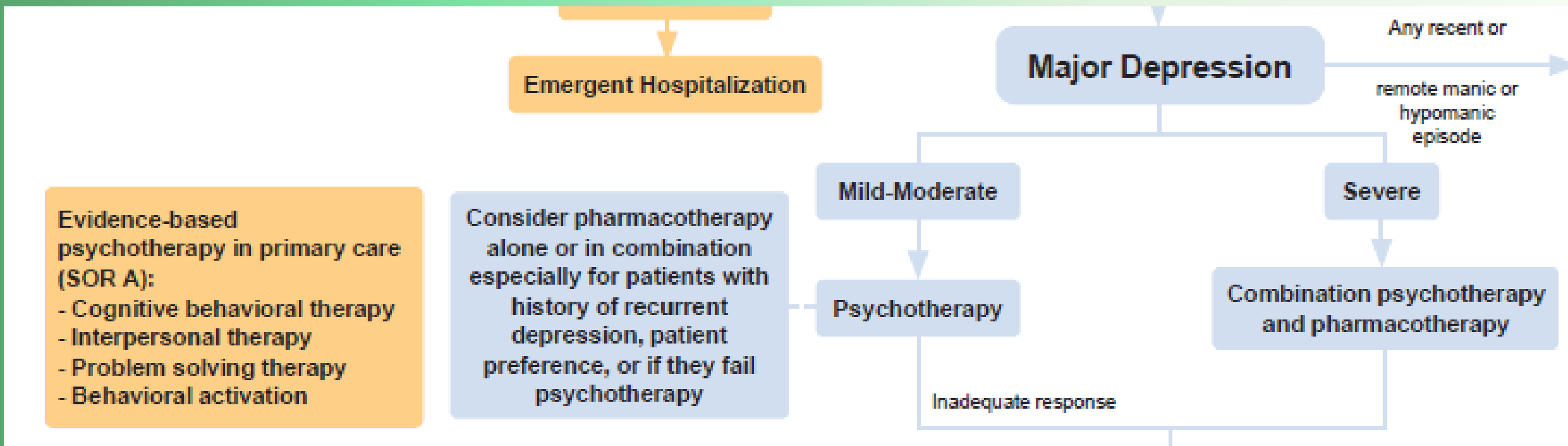


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Therapy Guidelines Snapshot

- 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 Therapy
 - Supportive Therapy
- Recommendation: If considering combined treatment, CBT or IPT plus a second-generation antidepressant

Treatment Guidelines for Adults with Depression



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

Common Factor	Key Role
Therapeutic Alliance	Foundation of trust and collaboration
Empathy	Enhances safety and emotional validation
Patient Expectations	Boosts motivation and commitment
Engagement	Increases active learning and change
Feedback Use	Allows real-time tailoring of treatment
Therapist Competence	Ensures adaptability and appropriate intervention

Supportive Psychotherapy

- Non-directive, relational, problem-focused
- Therapists do not engage in any specific therapeutic strategies
- Emphasis on empathy, active listening, validation
- Enhances resilience through connection and reflection
- Non-directive supportive therapy (NDST) often included in RCTs as control group
- can be useful for individuals mild to moderate distress, those undergoing acute crisis, those with chronic illness, or caregivers

Psychodynamic Psychotherapy

- One of the oldest psychological treatments for depression
- Person oriented (vs. disorder-oriented)
- Insight-oriented (making the unconscious conscious), less structured
- 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

Interpersonal Psychotherapy (IPT)

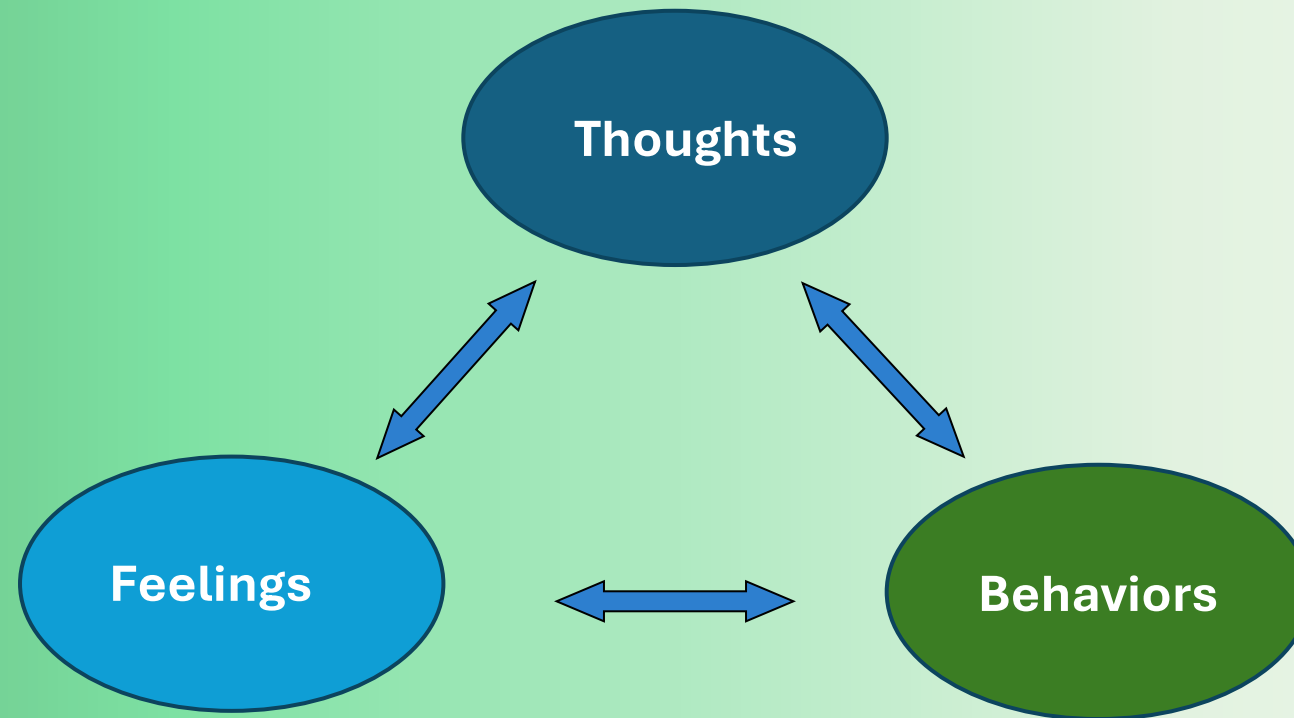
- Structured, time-limited, developed for MDD
- Helps individuals learn how depression can be caused or made worse by life events and issues in relationships
- Focuses on stressful life events of grief, interpersonal disputes, life/role transitions, or social isolation
- Helps people evaluate their social interactions, recognize negative patterns and learn strategies for understanding, interacting positively with others, and improving quality of relationships

Cognitive Behavioral Therapy (CBT)

- 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

CBT Model

How we think affects how we *feel* and *behave*



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

Identifying, challenging, and reframing maladaptive thinking that drives depression

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)	<i>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.</i>	<i>mind reading; overgeneralization fortune telling, mental filter, emotional reasoning</i>	<i>-In same job for 10 years, no promotion -Lived in same apt for 7 years -Still single</i>	<i>-Enrolled in business school -Dated Joe -Stuck is not making moves, and I am making moves!</i>	<i>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.</i>	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

Third-Wave Therapies

- Arrival of third wave of cognitive and behavioral therapies in 2004
- New therapies focused more on a person's relationship to thought and emotion than on their content
 - **DBT**: Manage intense emotions, mindfulness
 - **ACT**: Accept difficult thoughts, commit to values-based actions
 - **MBCT**: Prevent relapse through mindfulness and awareness of cognitive and emotional reactivity

Third Wave Therapies



First Wave



Second Wave



Third Wave



Third Wave Therapies



First Wave



Second Wave



Third Wave

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-based strategies
- Dialectic: change AND acceptance



DBT Skills Training



- **Mindfulness**

Being fully aware and present in the moment

- **Distress Tolerance**

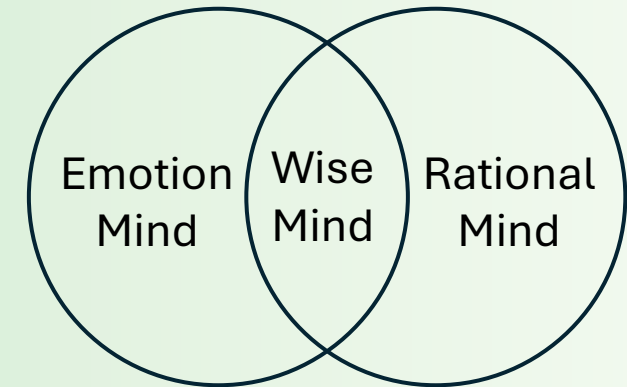
How to survive painful emotions when now's not the time to fix things

- **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)

- Accepting emotions for what they are and choosing behaviors that are values driven



Acceptance and Commitment Therapy (ACT)

- Accepting emotions for what they are and choosing behaviors that are values driven



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/>)

Search Filters

Cost +

Features +

Privacy +

Supported Conditions +

Treatment Approaches +

Interested in adding an app to MIND?

Fill out these questions for our team to review, and we'll get back to you soon! →

App Library

Grid View Table View

Search by name, company, feature or platform

All Platforms

Not sure? Watch this short video!



Serenity: Guided Me...

Olson Meditation and Mindfuln...

Android iOS Web

Multiple Associated Costs

Easy to follow guided meditations for mindfulness, sleep and relaxation! Install now and unlock your potential. Serenity: Guided Meditations allows you to learn a variety of meditation and mindfulness



Mind Care: Thought ...

Aliaksei Prazhenik

iOS

Multiple Associated Costs

Create your diary stories through guided journaling sessions. Just pick your mood and set activity which is most affected your emotional state. Reflect on a few personalized questions and create habit-instruction for



Intellect: Create A B...

The Intellect Company

Android iOS Web

Multiple Associated Costs

If you feel less motivated, mentally burnt out, or want to be more productive, you've come to the right place. Intellect is a leading modern-day mental healthcare solution for everyone. Build healthy habits and boost



Bipolar Test

Inquiry Health LLC

Android iOS

Free to Download | Totally Free

Bipolar Disorder is a mental disorder that causes shifts in a person's mood, energy, and thoughts. People with bipolar disorder experience high and low moods (mania and depression, respectively) that are more

Treatment Selection

Psychotherapy	Individual characteristics/challenges that may be a good fit
Cognitive Behavior Therapy	appreciate structure, find “class-like” settings appealing, open to “homework,” willing to be actively engaged in treatment
Interpersonal Psychotherapy	challenging relationship patterns, grief, life/role transitions
Psychodynamic Psychotherapy	complicated and unresolved early life experiences, ambivalence, challenging relationship patterns or complex psychological issues
Mindfulness-Based Cognitive Therapy	interested in meditation, pattern of symptom fluctuation or relapse, rumination, self-criticism
Acceptance and Commitment Therapy	rigid thinking patterns, thoughts/feelings dominate actions, avoidance, perfectionism, chronic pain
Dialectical Behavior Therapy	emotion dysregulation, destructive behaviors/disorders, benefit from validation and structure
Supportive Therapy	need emotional support for acute life stressor or life transitions

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



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

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BRIDGES TO MENTAL HEALTH