



Multitheoretical Psychotherapy for Depression

Working Interactively and Combining Effective Strategies

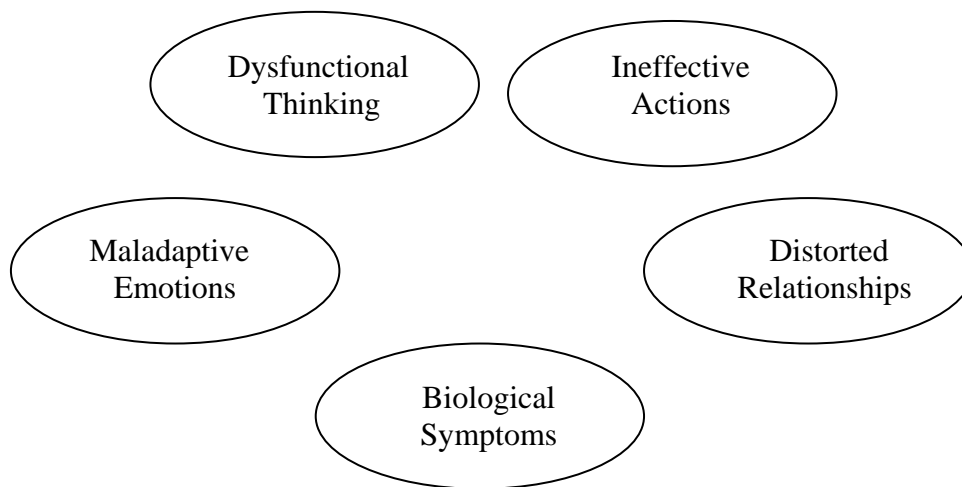
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MTP-D Simpler Version: 4 Approaches / 25 Strategies

(long form: markers and consequences for each strategy)

A Multidimensional Model of Depression



I. COGNITIVE THERAPY FOR DEPRESSION

Ronald Paul

A. Conceptualization of Depression

“In milder depressions the patient is generally able to view his negative thoughts with some objectivity. As the depression worsens, his thinking becomes increasingly dominated by negative ideas, although there may be no logical connection between actual situations and his negative interpretations” (Beck, Rush, Shaw, & Emery, 1979, p.13).

B. Clinical Hypothesis: Negative Interpretations

Depression results from cognitive patterns that include a negative view of oneself, distortions of reality, and illogical thinking.

C. Key Strategies

COG-1. Educating clients about the way thoughts impact mooda. Theoretical Context

“To alter the dysfunctional or distorted ideation associated with the problematic areas, the therapist briefly explains the cognitive model of depression. The explanations include the close relationship between the way a person thinks about himself, his environment, and his future and his feelings, motivations, and behavior” (Beck, Rush, Shaw, & Emery, 1979, p.143).

b. Strategy Marker

When clients are unaware of the impact of their thoughts on depression, then educating them about that connection may be beneficial.

c. Expected Consequences

With practice, clients may become increasingly aware of how their thoughts impact their mood. Once the impact of thoughts on depression is recognized, evaluation and change become possible.

d. Clinical Example

“You’re experiencing some really strong sadness right now. I’m wondering what thoughts you might be having when this sadness is so intense?”

COG-2. Detecting automatic thoughts that may contribute to distressa. Theoretical Context

“The patient is instructed to ‘catch’ as many cognitions as he can and record them in writing. Since a person is rarely, if ever, ‘completely blank,’ the patient can use changes in affect or the experience of dysphoria as a marker or cue to recognize or recall his cognitions” (Beck, Rush, Shaw, & Emery, 1979, p.150).

b. Strategy Maker

Clients may have automatic maladaptive thoughts about themselves or their current situation, which contribute to their depression.

c. Expected Consequence

If automatic thoughts are identified, clients will be more likely to understand how they might be contributing to their depression, as well as develop strategies to replace the maladaptive automatic thoughts with healthier ones.

d. Clinical Example

“What is the first thought that comes to mind when you are feeling depressed? Is there a consistent theme in terms of thoughts that emerge when experiencing the depression?”

COG-3. Testing the validity of automatic thoughts and imagesa. Theoretical Context

“...the therapist should examine a sample of the patient’s thoughts in collaboration with the patient. The basis or evidence for each thought should be subjected to the scrutiny of reality testing with the application of the kind of reasonable standards used by nondepressed people in making judgements” (Beck, Rush, Shaw, & Emery, 1979, p.153).

b. Strategy Marker

If clients display distorted or dysfunctional thoughts, the therapist might want to explore the validity and function of thoughts and the relationship to depression.

c. Expected Consequence

If clients recognize distortions in their thinking, then they can begin to modify those beliefs and initiate more realistic ways of thinking.

d. Clinical Example

“You have indicated several times that you think your depression will never get any better. Can you recall times when your depression was not overwhelming?”

COG-4. Searching for alternative explanations for distorted conclusionsa. Theoretical Context

“Problems which were previously perceived as insoluble may be reconceptualized. At this point, the ‘search for alternatives’ may prove useful. This technique simply involves the active investigation of other interpretations or solutions of the patient’s problems” (Beck, Rush, Shaw, & Emery, 1979, p. 159).

b. Strategy Marker

If clients continually use ineffective interpretations that have failed in the past, the therapist may help to generate a variety of more practical and useful explanations.

c. Expected Consequence

When therapists help clients to generate alternative cognitive solutions, the client is more likely to identify helpful ways of thinking they are willing to implement with a greater likelihood of success.

d. Clinical Example

“You indicated that you feel depressed because you are lonely and think no one would enjoy being with you. Would you like to take some time now to identify some of the ways that you might think differently about your situation?”

COG-5. Discovering more functional ways of thinkinga. Theoretical Context

“The therapist’s goal is to increase the patient’s objectivity about his cognitions, to demonstrate the relationship between negative cognitions, unpleasant affect, and unproductive behavior and, most important, to differentiate between a realistic accounting of events and an accounting distorted by idiosyncratic meanings” (Beck, Rush, Shaw, & Emery, 1979, p 164).

b. Strategy Marker

If clients discover healthier and alternative ways of thinking about their depression, they can formulate more effective and beneficial solutions.

c. Expected Consequence

Clients who learn to engage in more functional ways of thinking are likely to experience decreased symptoms of depression.

d. Clinical Example

“When we began our work together, you had a very different set of thoughts about your depression. After the work we have done, could you describe the new thoughts that you have about it?”

II. BEHAVIORAL ACTIVATION FOR DEPRESSION

Nicole Roblyer

A. Conceptualization of Depression

“Negative life events result in low levels of positive reinforcement and narrowing repertoires. The resulting symptoms trigger secondary maladaptive coping efforts, which maintain the depression” (Martel, Addis, and Jacobson, 2001, p. 61)

B. Clinical Hypotheses: Behavioral Avoidance and/or Unrewarding Actions

1. Depression often involves avoiding unpleasant situations resulting in isolation, inactivity, and rumination.
2. Depressed people often have a limited range of responses resulting in few behaviors that are positively reinforced.

C. Key Strategies**BHV-1. Monitoring the connection between behavior and mood**a. Theoretical Context

“Clients are taught to assess what they are doing and to try to gauge their current mood, the current context, if they are engaging in avoidance, and what’s going on around them.” (Martel, Addis, & Jacobson, 2001, p. 102)

b. Strategy Marker

When clients do not understand the impact of their behavior on depression, then behavior monitoring may be helpful.

- c. Expected Consequence
If behavioral monitoring is used, clients will be better able to identify actions that may improve their mood.
- d. Clinical Example
“This week, I’d like you to keep track of what you are doing throughout the day and how you are feeling. I’d like you to use this worksheet...”

BHV-2. Identifying triggers that frequently result in patterns of avoidance

- a. Theoretical Context
“[A] cue that avoidance is operating is the concomitant anxiety and rumination that people experience when they avoid an anticipated aversive situation or task.” (Martel, Addis, & Jacobson, 2001, p. 103)
- b. Strategy Marker
When clients engage in avoidance behavior, it may be helpful to identify the environmental stimuli that precede the avoidance behavior.
- c. Expected Consequence
If environmental triggers are identified, clients will be more likely to understand and then break patterns of avoidance.
- d. Clinical Example
“Yesterday, when you were feeling so anxious, was there anything you may have been avoiding?”

BHV-3. Exploring the function of a particular action and encouraging clients to decide whether to avoid or activate

- a. Theoretical Context
“Even when clients know that engaging in their avoidance behavior may lead to further depression they have a right to choose if they want to continue to stay depressed or take time off from activating themselves.” (Martel, Addis, & Jacobson, 2001, p. 103)
- b. Strategy Marker
If clients are not aware of how their behavior serves them, it may be helpful to explore the function of their actions. When analyzing the consequences of their behavior, clients are encouraged to choose action or inaction in an intentional manner.
- c. Expected Consequence
If clients become aware of how their behavior is impacting them, they are better equipped to make informed choices about whether or not to activate.
- d. Clinical Example
“Do you think watching TV is a way to avoid interacting with others, or does it seem like a useful way to reduce your stress? Would you like to use TV as a way of rewarding yourself after calling your friend or going for a walk?”

BHV-4. Identifying specific behaviors likely to result in experiences of mastery, pleasure, or positive reinforcementa. Theoretical Context

“Clients...need to *try* behavior that will potentially improve their mood.” (Martel, Addis, & Jacobson, 2001, p. 104)

“The goal is to provide the client with opportunities to engage in activities that will be positively reinforced in their environment.” (Martel, Addis, & Jacobson, 2001, p. 108)

b. Strategy Marker

When planning for activation, it will be helpful to explore a variety of actions clients might like to try and then choose those that are most likely to result in positive consequences.

c. Expected Consequence

If clients are able identify which behaviors are most likely to provide a sense of mastery or pleasure, then they will be more motivated to activate.

d. Clinical Example

“Now that we’ve seen that hanging out at home all the time feels depressing, what are some things you could try that would get you out of the house?”

BHV-5. Modeling and rehearsing target actions verbally, imaginally, or using role playsa. Theoretical Context

“Verbal, or imagined, rehearsal in BA consists of the therapist asking the client to describe the task they are to perform, the setting that it is to be performed in, and the steps that will be taken to perform the task.” (Martel, Addis, & Jacobson, 2001, p. 111)

b. Strategy Marker

When clients wish to activate, using modeling or verbal rehearsal techniques may help them prepare to take action.

c. Expected Consequence

If modeling and rehearsal are used in a psychotherapy session, clients will be more likely to successfully make changes outside of therapy.

d. Clinical Example

“Close your eyes and visualize what it would be like to take a walk around the neighborhood. Can you imagine smiling and saying hi to someone you pass on the sidewalk?”

BHV-6. Assigning homework that clients are likely to accomplish and encouraging them to reward their own efforts

a. Theoretical Context

“Experimenting with new behaviors is an essential element of BA. If clients do not try new activities, the therapy will be of little use.” (Martel, Addis, & Jacobson, 2001, p. 112)

“Therapists need to caution clients not to go too far beyond assigned tasks...because it is common for clients to take on too much at one time, conk out afterward, and then fall back into the cycle of inactivity.” (Martel, Addis, & Jacobson, 2001, p. 110)

b. Strategy Marker

When clients decide to activate behavior, it may be helpful to develop homework assignments that can be broken down into smaller steps and to identify appropriate rewards for attempting the chosen tasks.

c. Expected Consequence

If clients are able to break down tasks into smaller steps and determine which rewards work best for them, then they will be more likely to complete homework assignments successfully.

d. Clinical Example

“If you are able to meet your goal and take a walk each day, how would you like to reward yourself? Would you like to stop at the store and buy yourself a snack?”

BHV-7. Training to overcome skills deficits

a. Theoretical Context

“The BA therapist helps the client to clarify a specific goal, propose steps to attain that goal, try them out, and then observe the outcome and find alternative behaviors if necessary.” (Martel, Addis, & Jacobson, 2001, p. 126)

b. Strategy Marker

When clients do not possess appropriate skills, direct training may be helpful.

c. Expected Consequence

If clients are able to learn new skills, they will be better able to achieve their goals and overcome depression.

d. Clinical Example

“It sounds like you don’t know how to initiate a conversation with an acquaintance. Would you like me to give you some suggestions?”

III. EMOTION FOCUSED THERAPY FOR DEPRESSION

Leslie Kelley

A. Conceptualization of Depression

“People who are depressed experience not only a loss of ability to feel interest, pleasure and joy, but also an increase in sadness, anger, anxiety, and shame” (Greenberg & Watson, 2006, p. 4).

B. Clinical Hypothesis: Maladaptive Emotions

Depression is characterized by an increase in maladaptive emotions—such as sadness, anger, anxiety, and shame—as well as a decrease of adaptive emotions.

C. Key Strategies**EXP-1. Encouraging emotional awareness in order to distinguish between adaptive and maladaptive feelings****a. Theoretical Context**

“Clients may need to learn skills to identify, label, and differentiate among different emotional states. Primary emotional reactions are biologically adaptive emotional responses that provide information about action tendencies, associated meanings, and motivations for behavior.” (Greenberg & Watson, 2006, p. 178)

b. Strategy Marker

When clients are unable to differentiate their healthy and unhealthy emotional responses, it is important to help them identify and express these feelings.

c. Expected Consequence

Clients who become more aware of their emotions and responses to situations are better able to reflect upon these reactions and adapt to their environments.

d. Clinical Example

“You feel that your emotional reaction did not quite fit the situation. I wonder if there are any other feelings going on under the surface?”

EXP-2. Evoking clients’ emotional experience to facilitate the expression of feelings**a. Theoretical Context**

“Emotion-focused therapy (EFT) works to evoke clients’ experience of their emotions viscerally and to help them express these emotions in session. Emotion, when evoked, becomes accessible to new input; clients must feel the painful emotion in order to transform it.” (Greenberg & Watson, 2006, p. 201)

b. Strategy Marker

Clients avoid thinking and talking about difficult experiences in an attempt to evade the overwhelming emotions that these events evoke.

c. Expected Consequence

Clients who are able to confront difficult life events and express their emotions surrounding these events become more able to transform these emotions.

d. Clinical Examples

“Can you give me a better sense of what it was like for you to be in that house after your brother was gone?”

“I’ve noticed that you have a difficult time speaking every time you mention your father.”

EXP-3. Focusing attention on the body in order to clarify feelings and deepen experiencea. Theoretical Context

“Typically therapists use focusing when clients are willing to explore their inner experience but are unclear about what they are feeling. There is a sense of feeling foggy or uncertain or otherwise out of touch with their subjective experience.” (Greenberg & Watson, 2006., p. 184)

b. Strategy Marker

Clients experience their emotions as unclear or vague which may lead to an inability to live in an authentic and adaptive manner.

c. Expected Consequence

Clients who become more aware of their own body signals can better articulate the emotions which accompany these signals.

d. Clinical Example

“Are you aware of any place in your body that you are experiencing this vague feeling?”

“Can you try to describe this feeling that is in your throat?”

EXP-4. Resolving splits by helping clients accept parts of themselves that have become disconnecteda. Theoretical Context

“In the treatment of depression, an intervention that specifically targets the self-criticism and self-contempt so prevalent in low self-worth and hopelessness is the two-chair dialogue. This dialogue is used to bring the whole process of depression and hopelessness alive in the session to make these states amenable to in-session transformation.” (Greenberg & Watson, 2006, p. 226)

b. Strategy Marker

Clients who are depressed often experience a split when they criticize themselves or try to disown aspects of experience with which they are uncomfortable.

c. Expected Consequence

Clients who resolve patterns of self-criticism are better able to express themselves and reduce feelings of hopelessness.

d. Clinical Example

“What did you feel toward the part of yourself that said you are a failure?”

“What would you like to say to the scared child inside of you?”

EXP-5. Helping clients overcome emotional blocks related to painful past experiencesa. Theoretical Context

“Unfinished business and unresolved grief from the past often appear to be more distal causes of depression, which is triggered by a current failure, abandonment, or loss. The unfinished business often is further from the clients’ awareness than their presenting problems but more basic.” (Greenberg & Watson, 2006, p. 265-6)

- b. Strategy Marker
Clients may feel as if they are rejected and unworthy of love, which can be manifested directly or indirectly through complaining or blaming.
- c. Expected Consequence
Clients who overcome emotional blocks are capable of accessing new emotions toward past events thereby changing their current experience of these events.
- d. Clinical Example
“What would you have wanted your mother to know about that situation?”
“How do you feel about your brother leaving so soon?”

EXP-6. Generating new, more resilient responses as alternatives to problematic emotional patterns

- a. Theoretical Context
“Once clients have accessed core dysfunctional emotion schemes at the base of the depression, such as feeling shamefully worthless or helplessly insecure, the scene is set for mobilizing alternative emotional responses based on adaptive needs and goals to expand clients’ repertoire and transform the maladaptive state.” (Greenberg & Watson, 2006, p. 281)
- b. Strategy Marker
Clients who come to recognize that they emotionally respond to situations in a maladaptive way may be ready to explore more helpful alternatives.
- c. Expected Consequence
Clients who access dysfunctional emotion schemes and generate adaptive responses may become capable of putting their maladaptive emotional states behind them and moving forward.
- d. Clinical Example
“As you were telling me how angry you were, I noticed that you started to cry. Would it be okay if we explored the sadness that might be underneath your anger?”

EXP-7. Reflecting on emotional experience in order to consolidate meaning and identity

- a. Theoretical Context
“When clients reflect on their experiences, they make connections between different elements of their lives, begin to posit alternative explanations for their experiences, revise their views of themselves or their history, and develop new narratives. This process is often accompanied by a sense of greater connectedness and mastery of their lives.” (Greenberg & Watson, 2006, p. 303)
- b. Strategy Marker
Clients who have discovered new adaptive patterns of emotional experience may be ready to make changes related to thoughts and actions.

- c. Expected Consequence
Clients who consolidate emotional experience with other areas of functioning may become better able to experience their lives in a holistic way.
- d. Clinical Example
“When you finally told your father you had been angry, how did that change the way you view yourself? How has it impacted you since then?”

IV. INTERPERSONAL PSYCHOTHERAPY FOR DEPRESSION

Jeff Brooks-Harris

- A. Theoretical Context
“Disrupted interpersonal relations often result in mood changes. And although disruptions of interpersonal relationships are not in themselves ‘necessary and sufficient’ to produce clinical depressions, interpersonal difficulties are usually associated with clinical depression.” (Klerman, Weissman, Rounsaville, & Chevron, 1984. p. 51).
- B. Clinical Hypothesis: Disrupted Relationships
Depression is related to disrupted interpersonal relationships in the form of grief, interpersonal disputes, role transitions, or interpersonal deficits.
- C. Key Strategies

INT-1. Relating depression to the interpersonal context and identifying a major problem area

- a. Theoretical Context
“Having completed the review of depressive symptoms, the therapist should direct the patient’s attention to the onset of the symptoms and to the reason(s) for seeking treatment. What has been going on in the patient’s social and interpersonal life that might be associated with the onset of symptoms?” (Weissman, Markowitz, & Klerman, 2000, p.45-46)
- b. Strategy Marker
At the beginning of treatment, it is often helpful to explore interpersonal stressors associated with depression and to identify a specific problem area such as grief, role disputes, role transitions, or interpersonal deficits.
- c. Expected Consequence
After relating the depression to specific interpersonal problems, clients may feel less overwhelmed by their symptoms and more motivated and hopeful about moving toward specific solutions.
- d. Clinical Examples
“What was going on in your social life at the time you started feeling depressed?”
“What were some of the challenges you faced when you moved here to start this new job?”

INT-2. Resolving grief reactions by developing a more realistic picture of the lost relationship

a. Theoretical Context

“Depressed patients suffering from complicated bereavement tend to have low self-esteem while often idealizing the lost other or their lost relationship. Such a polarized, two-dimensional description should alert the clinician to the possibility of complicated bereavement. An aim of treatment is then to help the patient develop a clearer, more complex, and more realistic picture of the totality of his or her relationship with the lost person.” (Weissman, Markowitz, & Klerman, 2000, p.62-63)

b. Strategy Marker

When depression is related to grief, it may be helpful to actively facilitate the grieving process by exploring the lost relationship in order to help the client let go of the past.

c. Expected Consequence

When clients are allowed to explore a lost relationship within the context of psychotherapy, they may be more likely to remember the past in a more balanced manner that is less likely to trigger depression.

d. Clinical Example

“I know you had a pretty rocky relationship with your father and have felt angry since he died. I wonder if there were ever parts of the relationship that felt more positive.”

INT-3. Identifying interpersonal role disputes and helping clients create a plan of action to modify maladaptive communication patterns

a. Theoretical Context

An interpersonal dispute is a situation in which the patient and at least one significant other person have nonreciprocal expectations about their relationship....The general goals for treatment of interpersonal role disputes are to help the patient first identify the dispute, then make choices about a plan of action, and finally modify maladaptive communication patterns or reassess expectations, or both, for a satisfactory resolution of the interpersonal disputes.” (Weissman, Markowitz, & Klerman, 2000, p.75-76)

b. Strategy Marker

When clients feel conflicted about a relationship because of divergent expectations, it may be helpful to explore the relationship and plan for changes that may include adjusting patterns of communication.

c. Expected Consequence

If clients discuss interpersonal conflicts with a therapist, they will be better able to resolve impasses, renegotiate differences, or dissolve unsatisfying relationships.

d. Clinical Example

“I know you and your friend have been arguing a lot for the last few months. At this point, do you want to try to repair the relationship or are you ready to think about letting go?”

INT-4. Supporting positive coping mechanisms necessary to navigate role transitions that occur throughout life

a. Theoretical Context

Depression associated with role transitions occurs when a person has difficulty coping with life changes....The most frequently encountered role transitions occur with the progression to another part of the human life cycle. (Weissman, Markowitz, & Klerman, 2000, p.89)

b. Strategy Marker

When depression is associated with significant life changes, it may be helpful to explore these transitions and plan for proactive adaptation.

c. Expected Consequence

When clients explore life transitions in psychotherapy, they will be more likely to make positive adaptations by acquiring new skills and developing social support.

d. Clinical Example

“I know you have been feeling lonely since the divorce. Are there any new activities you might want to try or friends you should reach out to?”

INT-5. Promoting the development of meaningful relationships in order to work through interpersonal deficits and reduce social isolation

a. Theoretical Context

“For patients with interpersonal deficits, it may be useful to focus on those who are socially isolated. The socially isolated group may lack relationships with either intimates or friends, or may not have a work role. They may have long-standing or temporary deficiencies in social skills.” (Weissman, Markowitz, & Klerman, 2000, p.104)

b. Strategy Marker

If depression is related to poor social functioning, it will be important to help the client improve social skills that will support meaningful and satisfying relationships.

c. Expected Consequence

If social skills are improved and relationships are promoted, clients will feel less isolated and can experience social support that is likely to reduce symptoms of depression.

d. Clinical Example

“You have said it is hard for you to meet new people in social situations. Would it be helpful to identify ways to start conversations and practice these strategies in here with me?”

INT-6. Analyzing communication patterns in order to facilitate more effective interpersonal relationships**a. Theoretical Context**

“Communication analysis is used to examine and identify communication failures in order to help the patient learn to communicate more effectively....Faulty communication may be responsible for interpersonal disputes even if those involved have mutually supportive or noncontradictory expectations of one another.” (Weissman, Markowitz, & Klerman, 2000, p.130)

b. Strategy Marker

When interpersonal problems are related to communication problems, it may be useful to look closely at conversations in order to detect and correct difficulties.

c. Expected Consequence

If clients are able to understand communication difficulties and improve conversational skills, the predicted result is more satisfying interpersonal relationships.

d. Clinical Example

“It sounds like conversations with your husband often end in conflict. Let’s look closely at the argument you had the other day and see if we can figure out what may have gone wrong.”

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