



THE GLENDON ASSOCIATION



Helping Clients Overcome Depression

with Lisa Firestone, Ph.D.





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**THE GLENDON
ASSOCIATION**

(For Professionals)
www.glendon.org

PSYCHALIVE

(For the Public)
www.psychalive.org

Part One: Facts About Depression





FACTS ABOUT DEPRESSION



- An estimated 1 in 10 U.S. adults report depression .(CDC)
- Major depression affects approximately 15 million American adults or about 8 percent of the U.S. population age 18 and older in a given year. (PBS)
- Depression is one of the top three reasons Americans seek medical treatment.
- The prevalence of depression for women is roughly twice that for men. (PBS)
- Depression is the leading cause of disability and the fourth leading contributor to the global burden of disease worldwide. (WHO)

Sources: CDC- <http://www.cdc.gov/Features/dsDepression/>

WHO - http://www.who.int/mental_health/management/depression/definition/en/

PBS - http://www.pbs.org/wgbh/takeonestep/depression/pdf/dep_stats.pdf



FACTS ABOUT DEPRESSION



- Persons 45-64 years of age have been found to be more likely to meet criteria for major depression. (CDC)
- By age 18, nearly 25 percent of all youth in the U.S. will have experienced a depressive disorder (Melissa Institute)
- By the year 2020, depression will be the 2nd most common health problem in the world. (PBS).
- Depression is one of the most treatable illnesses: 80-90% find relief. (PBS)

Sources: CDC- <http://www.cdc.gov/Features/dsDepression/>

PBS - http://www.pbs.org/wgbh/takeonestep/depression/pdf/dep_stats.pdf

Melissa Institute -

http://www.melissainstitute.org/melissainstitute/documents/Conf2010_Adolescent_Depression.pdf



“ The madness of depression is the antithesis of violence. It is a storm indeed, but a storm of murk. Soon evident are the slowed-down responses, near paralysis, psychic energy throttled back close to zero. Ultimately, the body is affected and feels sapped, drained. ”

- William Styron, Writer



FACTS ABOUT DEPRESSION TREATMENT



- It is critical for people who are suffering from depression to seek care from a licensed mental health professional who has training and experience in helping people recover from depression. Several approaches to psychotherapy, including cognitive-behavioral, interpersonal, and psychodynamic, help depressed people recover. Psychotherapy offers people the opportunity to identify the factors that contribute to their depression and to deal effectively with the psychological, behavioral, interpersonal, and situational causes. (APA)
- Medications can be very helpful for reducing the symptoms of depression in some people, particularly in cases of moderate to severe depression. Often a combination of psychotherapy and medications is the best course of treatment. However, given the potential side effects, any use of medication requires close monitoring by the physician who prescribes the drugs. (APA)

Sources: APA - <http://www.apa.org/topics/depress/recover.aspx#>
NIMH - <http://www.nimh.nih.gov/health/publications/depression/complete-index.shtml>



FACTS ABOUT DEPRESSION TREATMENT



- In 2004, the Food and Drug Administration (FDA) conducted a thorough review of published and unpublished controlled clinical trials of antidepressants that involved nearly 4,400 children and adolescents. The review revealed that 4 percent of those taking antidepressants thought about or attempted suicide (although no suicides occurred), compared to 2 percent of those receiving placebos. (NIMH)
- The support and involvement of family and friends can play a crucial role in helping someone who is depressed. The “support system” can help by encouraging a depressed loved one to stick with treatment and practice coping techniques and problem-solving skills he or she is learning in treatment.

Sources: APA - <http://www.apa.org/topics/depress/recover.aspx#>
NIMH - <http://www.nimh.nih.gov/health/publications/depression/complete-index.shtml>



FACTS ABOUT DEPRESSION TREATMENT



- Based on study published by APA, researchers concluded that when therapists can help guide patients through treatment, using specific psychotherapeutic strategies, as many as 50 to 80 percent will respond within 8 to 16 weeks of treatment without drugs and without the associated medical risks. (Study Published by APA)
- In a study in which 681 patients with chronic forms of major depression were treated with antidepressants alone or psychotherapy alone, those with a history of early childhood trauma (loss of parents at an early age, physical or sexual abuse, or neglect), responded better to psychotherapy alone than to antidepressant monotherapy. Moreover, the combination of psychotherapy and pharmacotherapy was only marginally superior to psychotherapy alone among the childhood abuse cohort. (Study Published by APA)
- Of the roughly 15.6 million Americans who have major depression, only 21 percent receive minimally adequate care. (Study Published by APA)

Sources: APA - <http://www.apa.org/monitor/2010/02/depression.aspx>
<http://www.apa.org/topics/depress/recover.aspx#>



SIGNS AND SYMPTOMS OF DEPRESSION

- Persistent sad, anxious, or "empty" feelings
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness, or helplessness
- Irritability, restlessness
- Loss of interest in activities or hobbies once pleasurable, including sex
- Fatigue and decreased energy
- Difficulty concentrating, remembering details, and making decisions
- Insomnia, early-morning wakefulness, or excessive sleeping
- Overeating, or appetite loss
- Thoughts of suicide, suicide attempts
- Aches or pains, headaches, cramps, or digestive problems that do not ease even with treatment.

Source: NIMH - <http://www.nimh.nih.gov/health/publications/depression/complete-index.shtml>

POLL #1

What percentage of people you work with are depressed?

- 75% - 100%**
- 50% - 75%**
- 25% - 50%**
- less than 25%**



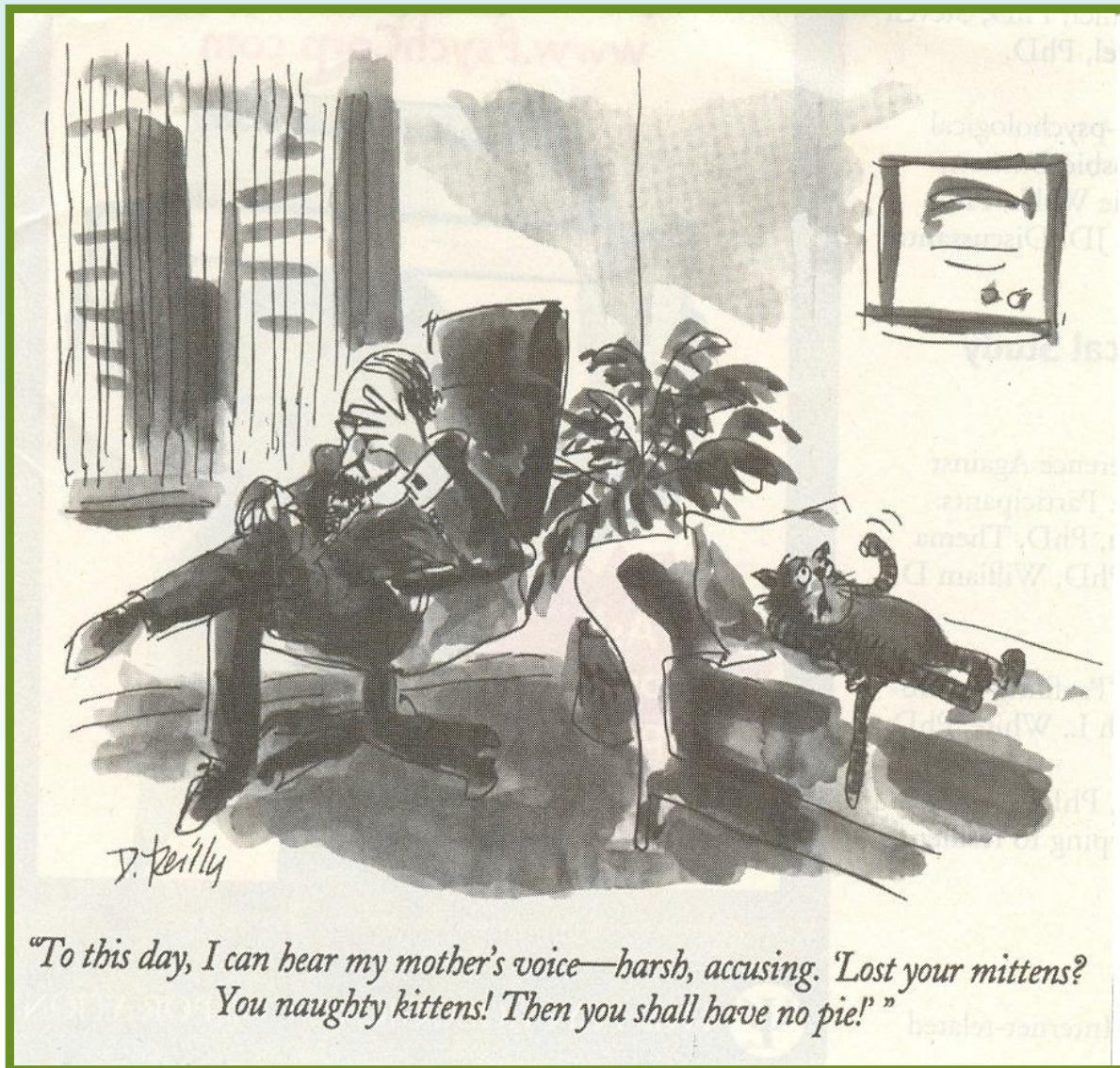
“When you're depressed, it's as though this committee has taken over your mind, leaving you one depressing thought after the other. Part of the depression is as though you're punishing yourself for something... Your sense of self, your appreciation for yourself, your respect for yourself, disappears completely. It certainly isn't that your mind goes blank. On the contrary, when you're depressed, your mind beats you to death with thoughts. It never stops.”

- Rod Steiger, Actor

Definition of the Voice

The critical inner voice refers to a well-integrated pattern of destructive thoughts toward our selves and others. The “voices” that make up this internalized dialogue are at the root of much of our maladaptive behavior. This internal enemy fosters inwardness, distrust, self-criticism, self-denial, addictions and a retreat from goal-directed activities. The critical inner voice effects every aspect of our lives: our self-esteem and confidence, our personal and intimate relationships, and our performance and accomplishments at school and work.

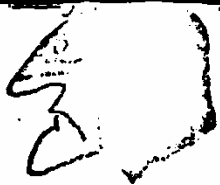




FEIFFER

by JULES FEIFFER

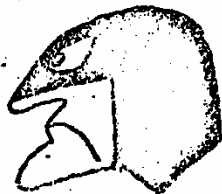
I AM A CRITIC.



I AM NOT A BOOK, ART
THEATRE, FILM, MUSIC
OR DANCE CRITIC.



I AM A
BERNARD
CRITIC.



A RESIDENT CRITIC WORKING
INSIDE THE HEAD OF A BERNARD.



HE WAKES UP I TELL HIM,
"YOU'RE LATE." AT THE OF-
FICE I TELL HIM "YOU'RE
BEHIND." AT DINNER PARTIES
I TELL HIM,
"YOU'RE
BORING."



WHEN HE FALLS IN
LOVE I TELL HIM,
"YOU'RE NOT GOOD
ENOUGH."



ON OCCASION HE CAN'T
TAKE ANY MORE RE-
VIEWS AND ORDERS
ME OUT OF HIS HEAD.



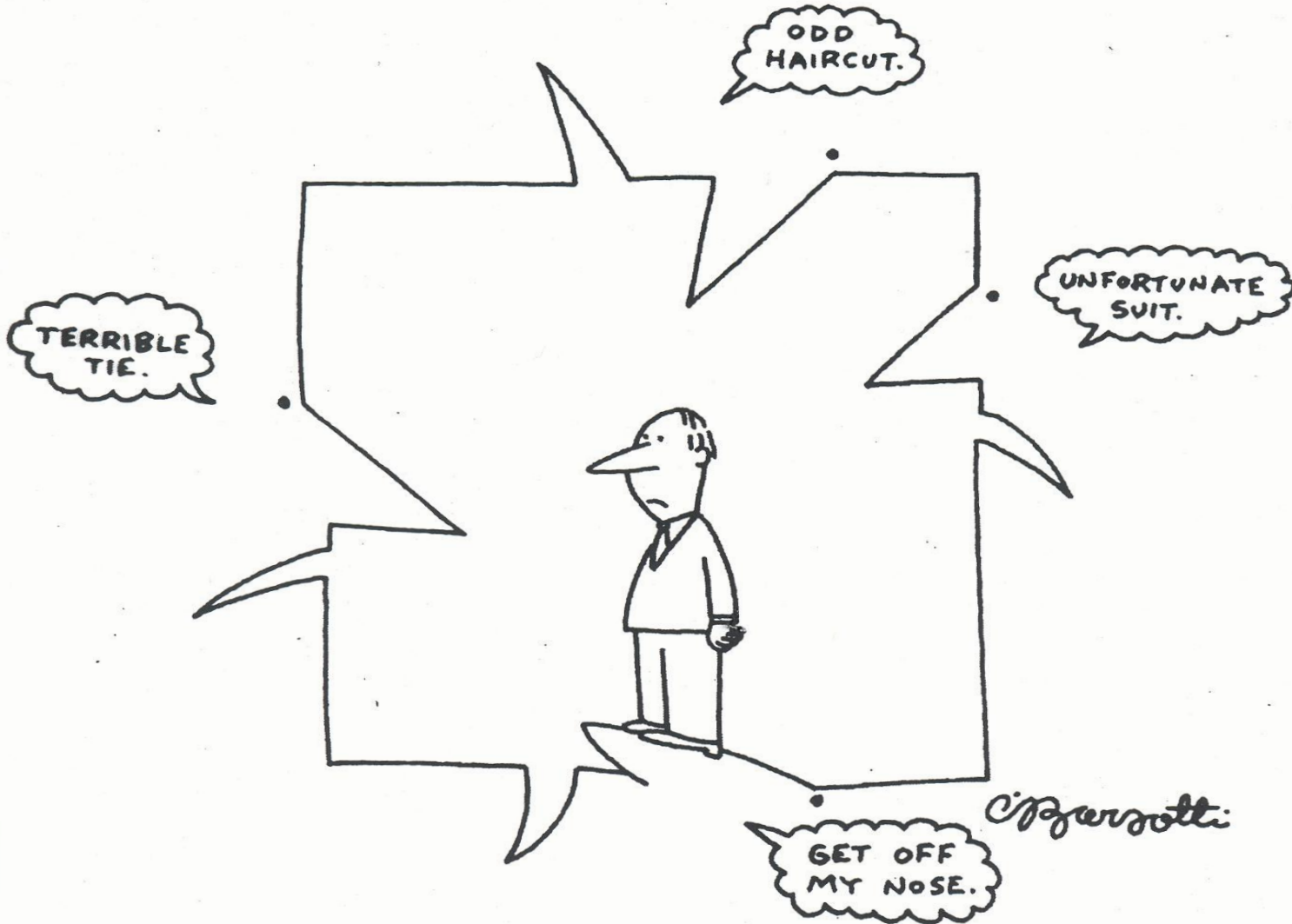
SO I RIP OFF MY
MASK AND SAY,
"IS THAT THE WAY TO
TALK TO YOUR
MOTHER?"



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CARTOON PANEL DISCUSSION



Common “Voices” in Depression



- ❖ You just don't belong anywhere.
- ❖ You're a horrible person! You don't deserve anything
- ❖ Just look at yourself in the mirror! You're so ugly. No one can stand you!
- ❖ The world is a real mess. Why should you care about anything?
- ❖ Your friends really hate you.
- ❖ Your life is so boring and empty.
- ❖ Don't ever get too happy because the ax is bound to fall.
- ❖ You should just smash your hand, you creep! You deserve everything that happens to you.
- ❖ Nobody really likes you. You're an unlovable person.



Common “Voices” in Depression

- ❖ You deserve all the bad things that are happening to you.
- ❖ Don't you see what effect you have on your family?
Can't you see how you make them feel?
- ❖ You're always stirring up trouble, bothering people.
Why can't you just stay away?
- ❖ You don't care for anybody. You've never cared for
anybody in your whole life!
- ❖ Don't show anybody how bad you feel.
- ❖ Who do you think you are anyway? You're nothing!
- ❖ Who could love you? You have nothing to offer.
- ❖ You don't deserve anything.
- ❖ Your family would be better off without you. Just stay
away, it's the only decent thing to do.



POLL #2

Do your depressed patients experience these types of voices?

- Most
- Some
- None



“I could not sleep, although tired. And lay feeling my nerves shaved to pain and the groaning inner voice: oh, you can't teach, can't do anything. Can't write, can't think...I have a good self, that loves skies, hills, ideas, tasty meals, bright colors. My demon would murder this self by demanding that it be a paragon, and saying it should run away if it is anything less.”

- Sylvia Plath, Poet

Part Two:

Where Does the Critical Inner Voice That Causes Depression Come From?



How Voices Pass From Generation to Generation

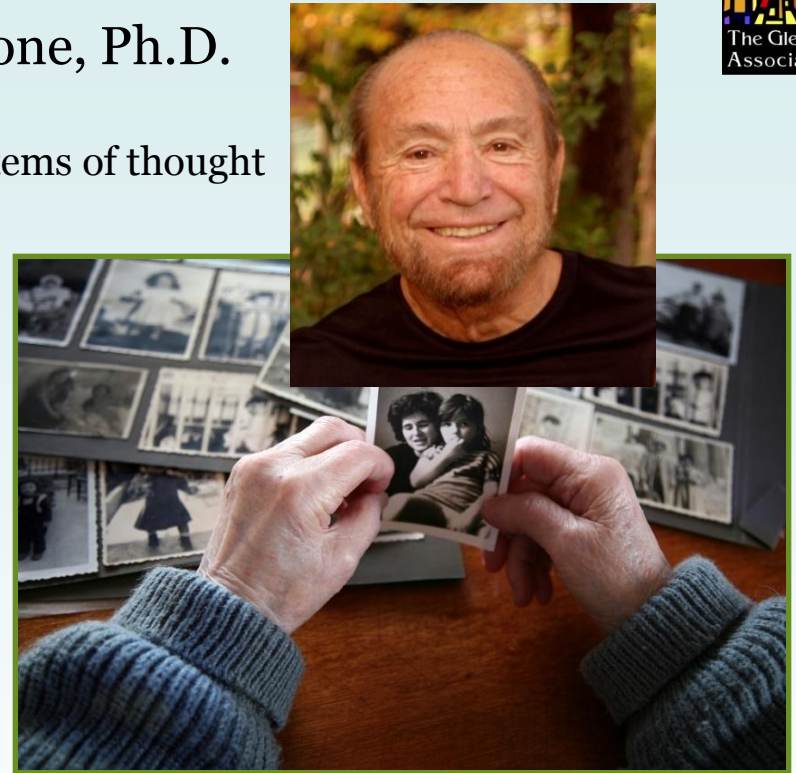


Separation Theory

Robert W. Firestone, Ph.D.



- ❖ Integrates psychoanalytic and existential systems of thought
- ❖ Two kinds of emotional pain:
 - Interpersonal
 - Existential
- ❖ The core conflict
- ❖ Defended versus undefended lifestyles
- ❖ Formation of defenses in childhood
- ❖ The concept of the **Fantasy Bond**
- ❖ The concept of the **Critical Inner Voice**



POLL #3

Are you familiar with Attachment Theory?

- Trained in Attachment Theory
- Some knowledge
- Not familiar

Attachment Theory



Sir John Bowlby, Ph.D.

Harry Harlow, Ph.D.

Rene Spitz, M.D

Mary Ainsworth, Ph.D.

Mary Main, Ph.D.

Erik Hesse, Ph.D.

Adult Attachment Interview:

predicts the baby's attachment to
the parent with 80% accuracy before
the baby is even born

Where do voices come from?

Patterns of Attachment in Children

Category of Attachment

- ❖ Secure
- ❖ Insecure – avoidant
- ❖ Insecure- anxious/ambivalent
- ❖ Insecure - disorganized

Parental Interactive Pattern

- ❖ Emotionally available, perceptive, responsive
- ❖ Emotionally unavailable, imperceptive, unresponsive and rejecting
- ❖ Inconsistently available, perceptive and responsive and intrusive
- ❖ Frightening, frightened, disorienting, alarming



Attachment Figures

- Low Risk Non-Clinical Populations
 - ❖ Secure 55-65%
 - ❖ Ambivalent 5-15%
 - ❖ Avoidant 20-30%
 - ❖ Disorganized 20-40%
 - (Given a Best Fit Alternative)
- High Risk, Parentally maltreated
 - ❖ Disorganized 80%

What causes insecure attachment?

- ❖ Unresolved trauma/loss in the life of the parents statistically predict attachment style far more than:

- Maternal Sensitivity
- Child Temperament
- Social Status
- Culture



Implicit Versus Explicit Memory

❖ Implicit Memory



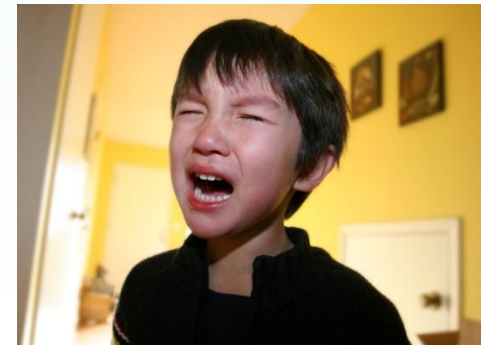
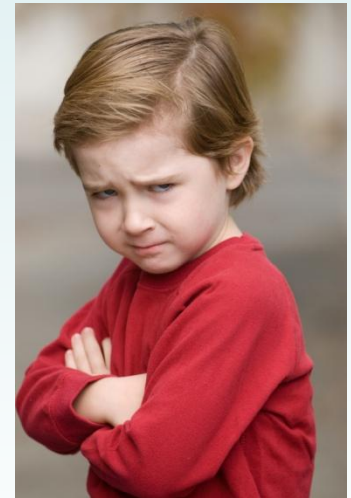
❖ Explicit Memory



How does disorganized attachment pass from generation to generation?

❖ Implicit memory of terrifying experiences may create:

- Impulsive behaviors
- Distorted perceptions
- Rigid thoughts and impaired decision making patterns
- Difficulty tolerating a range of emotions



POLL #4

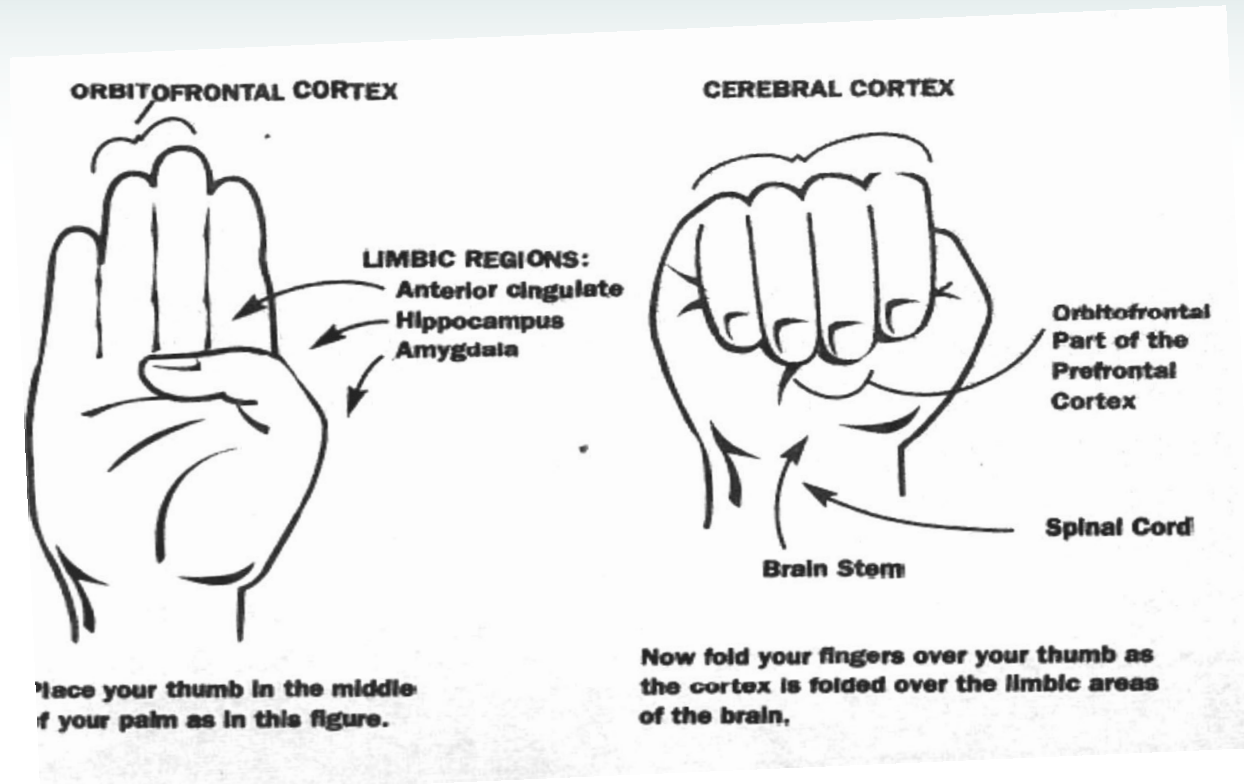
Are you familiar with Interpersonal Neurobiology and the work of Dan Siegel?

- Very familiar
- Some experience
- Not familiar

The Brain in the Palm of Your Hand



Daniel Siegel, M.D. – Interpersonal Neurobiology



Learn more from Dr. Daniel Siegel in our recorded CE Webinar
“Relationships and the Roots of Resilience”

<http://www.glendon.org/resource/ce-webinar-relationships-and-the-roots-of-resilience/>

9 Important Functions of the Pre-Frontal Cortex

1. Body Regulation
2. Attunement
3. Emotional Balance
4. Response Flexibility
5. Empathy
6. Self-Knowing Awareness (Insight)
7. Fear Modulation
8. Intuition
9. Morality



Division of the Mind

Parental Ambivalence

Parents both love and hate themselves and extend both reactions to their productions, i.e., their children.

Parental Nurturance



Parental Rejection, Neglect Hostility



Prenatal Influences

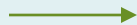
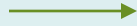
Disease Trauma



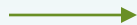
Substance Abuse/ Domestic Violence



Birth Trauma



Baby



Genetic
Structure
Temperament
Physicality
Sex



Self-System

Parental Nurturance



Unique make-up of the individual (genetic predisposition and temperament); harmonious identification and incorporation of parent's positive attitudes and traits and parents positive behaviors: attunement, affection, control, nurturance; and the effect of other nurturing experience and education on the maturing self-system resulting in a sense of self and a greater degree of differentiation from parents and early caretakers.

Personal Attitudes/Goals/Conscience

Realistic, Positive Attitudes Towards Self

Realistic evaluation of talents, abilities, etc...with generally positive/ compassionate attitude towards self and others.

Goals

Needs, wants, search for meaning in life

Moral Principles



Behavior

Ethical behavior towards self and others

Goal Directed Behavior



Acting with Integrity



Anti-Self System

Unique vulnerability: genetic predisposition and temperament

Destructive parental behavior: misattunement, lack of affection, rejection, neglect, hostility, over permissiveness

Other Factors: accidents, illnesses, traumatic separation, death anxiety



The Fantasy Bond (core defense) is a self-parenting process made up of two elements: the helpless, needy child, and the self-punishing, self-nurturing parent. Either aspect may be extended to relationships. The degree of defense is proportional to the amount of damage sustained while growing up.

Anti-Self System

Self-Punishing Voice Process



Voice Process

1. Critical thoughts toward self



2. Micro-suicidal injunctions



3. Suicidal injunctions – suicidal ideation



Behaviors

Verbal self-attacks – a generally negative attitude toward self and others predisposing alienation

Addictive patterns. Self-punitive thoughts after indulging

Actions that jeopardize, such as carelessness with one's body, physical attacks on the self, and actual suicide

Anti-Self System

Self- Soothing Voice Process

Voice Process



**1. Self Soothing
Attitudes**



**2. Aggrandizing
thoughts toward self**



**3. Suspicious paranoid
thoughts towards
others**



**4. Micro-suicidal
Injunctions**



**5. Overtly Violent
thoughts**

Behaviors

**Self-limiting or self-
protective lifestyles,
Inwardness**

**Verbal build up toward
self**

**Alienation from others,
destructive behavior
towards others**

**Addictive patterns.
Thoughts luring the
person into indulging**

**Aggressive actions,
actual violence**



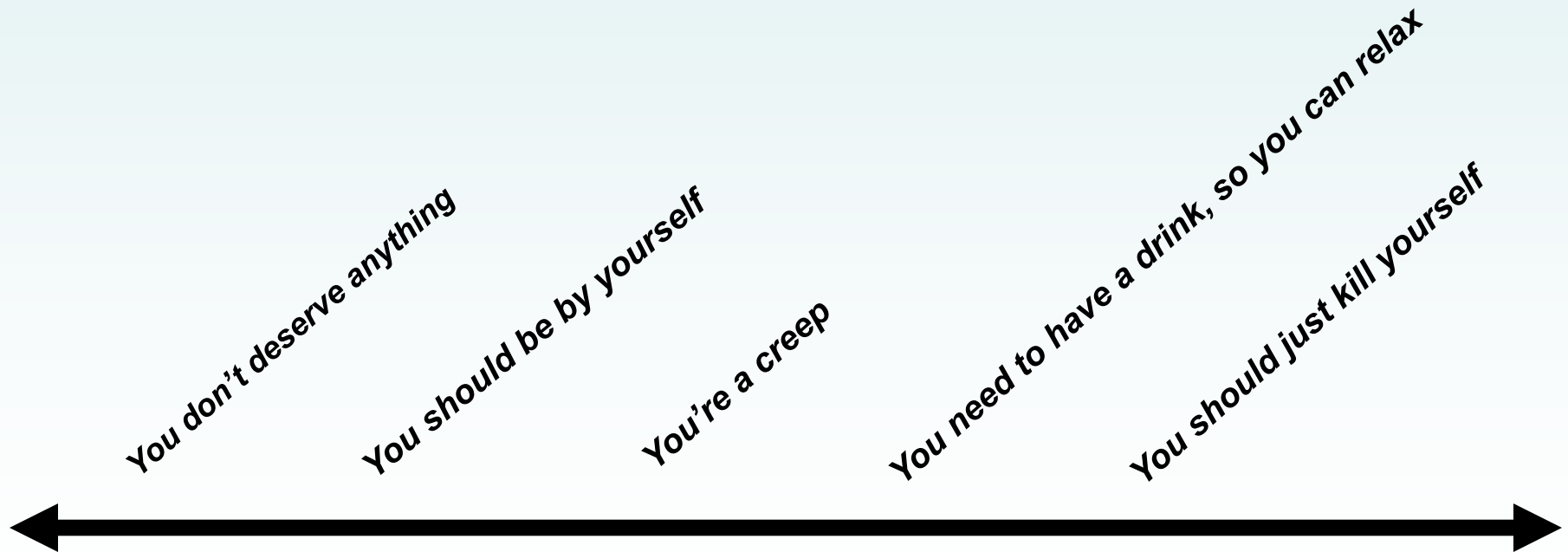
POLL #5

Have you had clients who are suicidal or have had a history of suicide attempts?

- Yes**
- No**

Continuum of Self-Destructive Thoughts

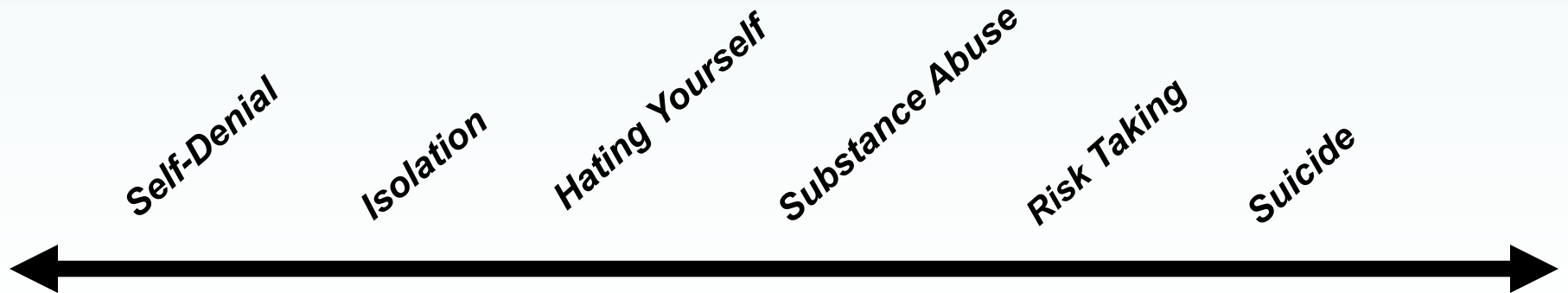
Negative thoughts exist on a continuum, from mild self-critical thoughts to extreme self-hatred to thoughts about suicide



Continuum of Self-Destructive Behavior



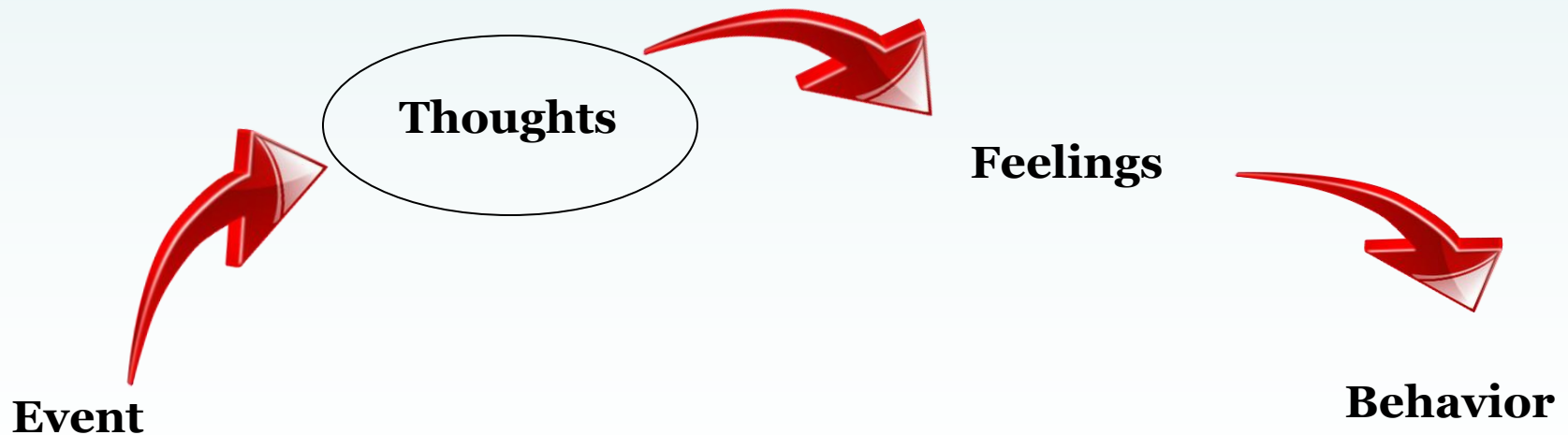
Self-destructive behaviors exist on a continuum from self-denial to substance abuse to actual suicide.



Our Approach to Self-Destructive Behavior



There is a relationship between these two continuums. How a person is thinking is predictive of how he or she is likely to behave.



Helping Your Clients Identify Their Critical Inner Voice



Help Clients:

1. Recognize the events that trigger their Critical Inner Voice
2. Recognize the specific outside criticisms that support their Critical Inner Voice
3. Become aware of times they may be projecting their self-attacks onto other people
4. Notice changes in their mood



POLL #6

Do you use psychological assessments for:

- Treatment planning?
- Assessing risk?
- Outcome evaluation?
- All of the above?

Assessment Instruments

- ❖ Firestone Assessment of Self-Destructive Thoughts (FAST)
- ❖ Firestone Assessment of Suicidal Intent (FASI)
- ❖ Firestone Assessment of Violent Thoughts
- ❖ Firestone Assessment of Violent Thoughts – Adolescents

Based on Separation Theory developed by Robert W. Firestone, PhD. and represents a broadly based coherent system of concepts and hypothesis that integrates psychoanalytic and existential systems of thought. The theoretical approach focuses on **internal negative thought processes**. These thoughts (i.e. “voices”) actually direct behavior and, thus, are likely to predict how an individual will behave.



Uses for Our Measures

- ⌘ Risk Assessment
- ⌘ Treatment Planning
- ⌘ Targeting Intervention
- ⌘ Outcome Evaluation

Firestone Assessment of Self-Destructive Thoughts



	Never	Rarely	Once In A While	Frequently	Most Of The Time
1. Just stay in the background.	0	1	2	3	4
2. Get them to leave you alone. You don't need them.	0	1	2	3	4
3. You'll save money by staying home. Why do you need to go out anyway?	0	1	2	3	4
4. You better take something so you can relax with those people tonight.	0	1	2	3	4
5. Don't buy that new outfit. Look at all the money you are saving.	0	1	2	3	4

Figure 4.1 Guttman scalogram analysis for the FAST

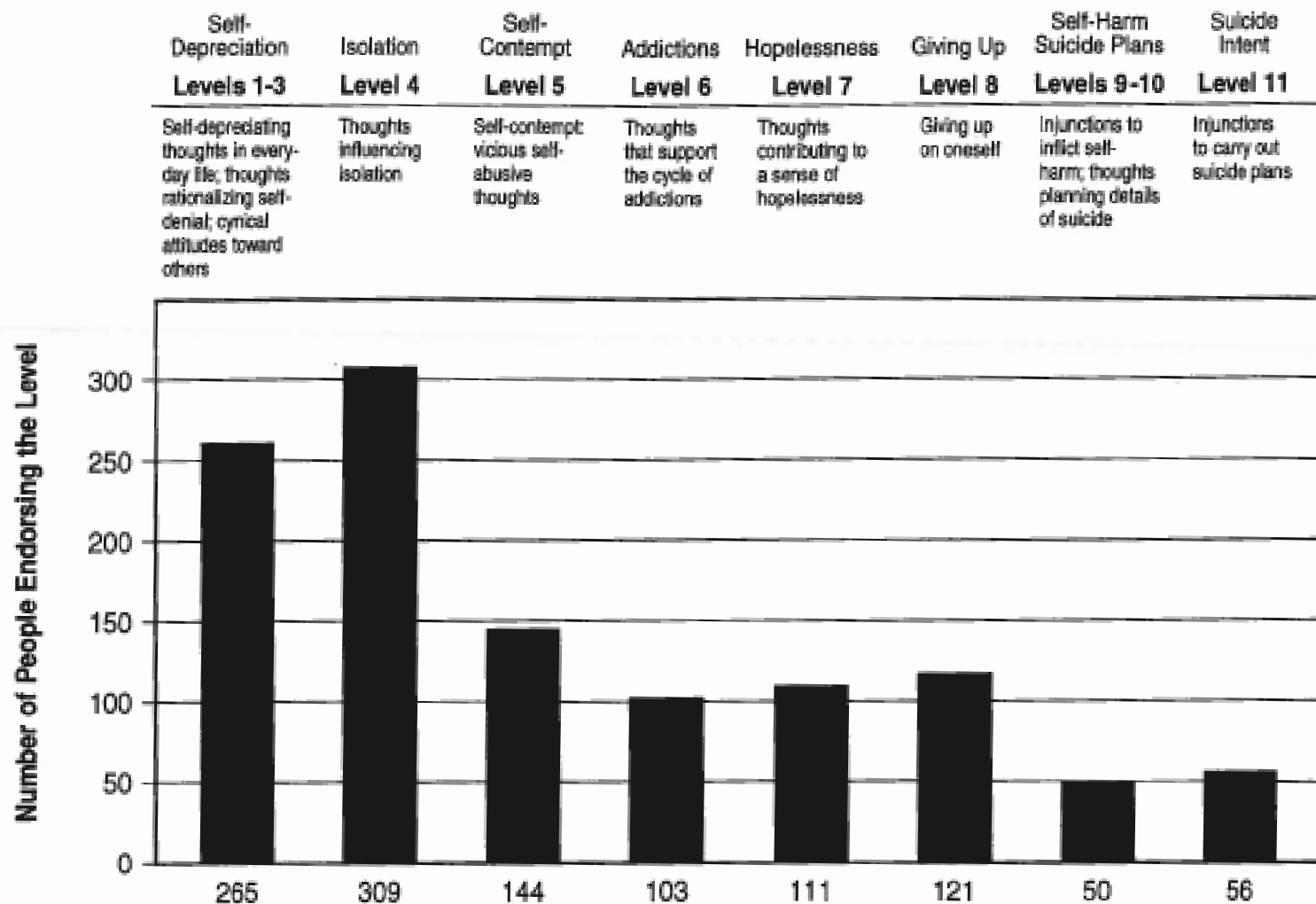


Figure 3. Approximate ROC Curves for the FVSSDB, SPS, and BHS

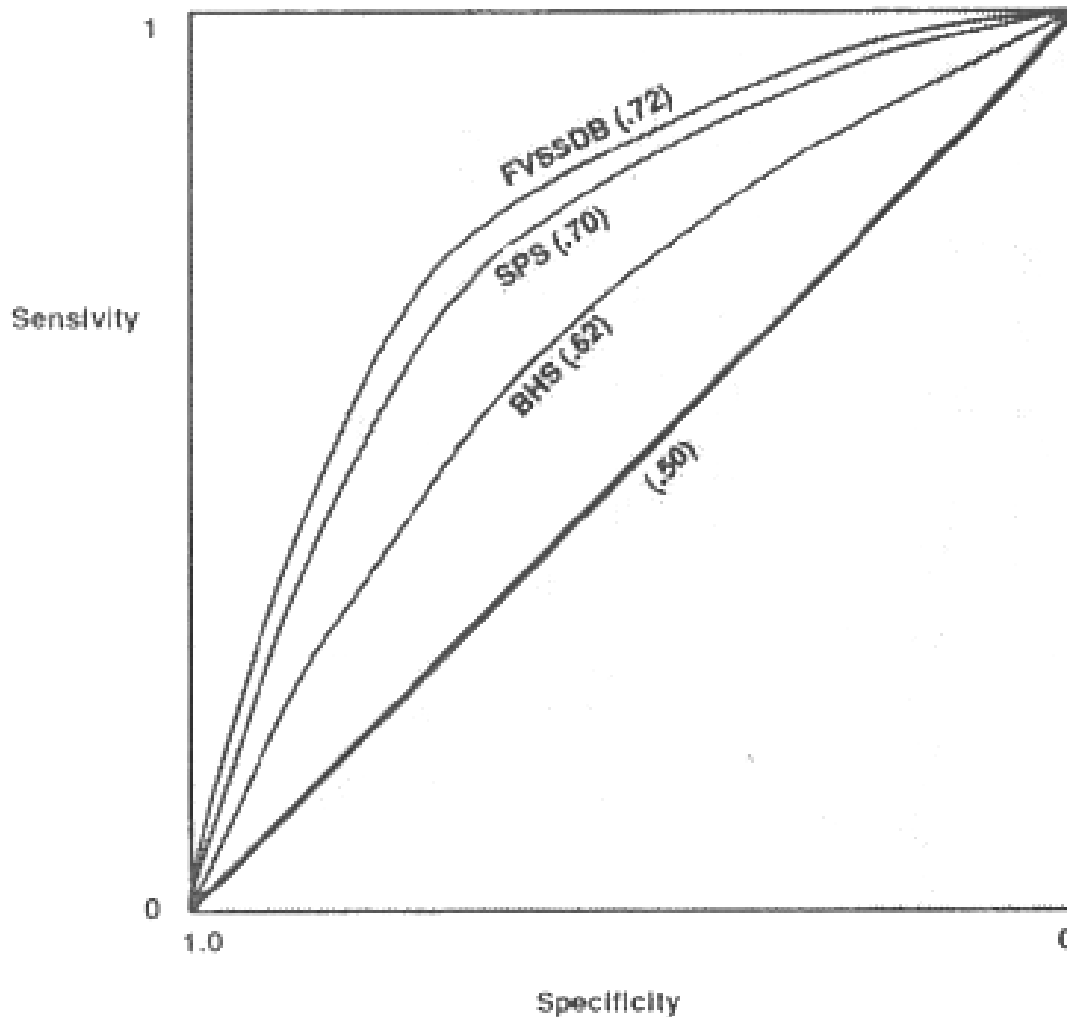


Figure 4.3. Mean T Scores for the Depression Sample: Inpatients and Outpatients—Ideators Versus Nonideators (N = 296)

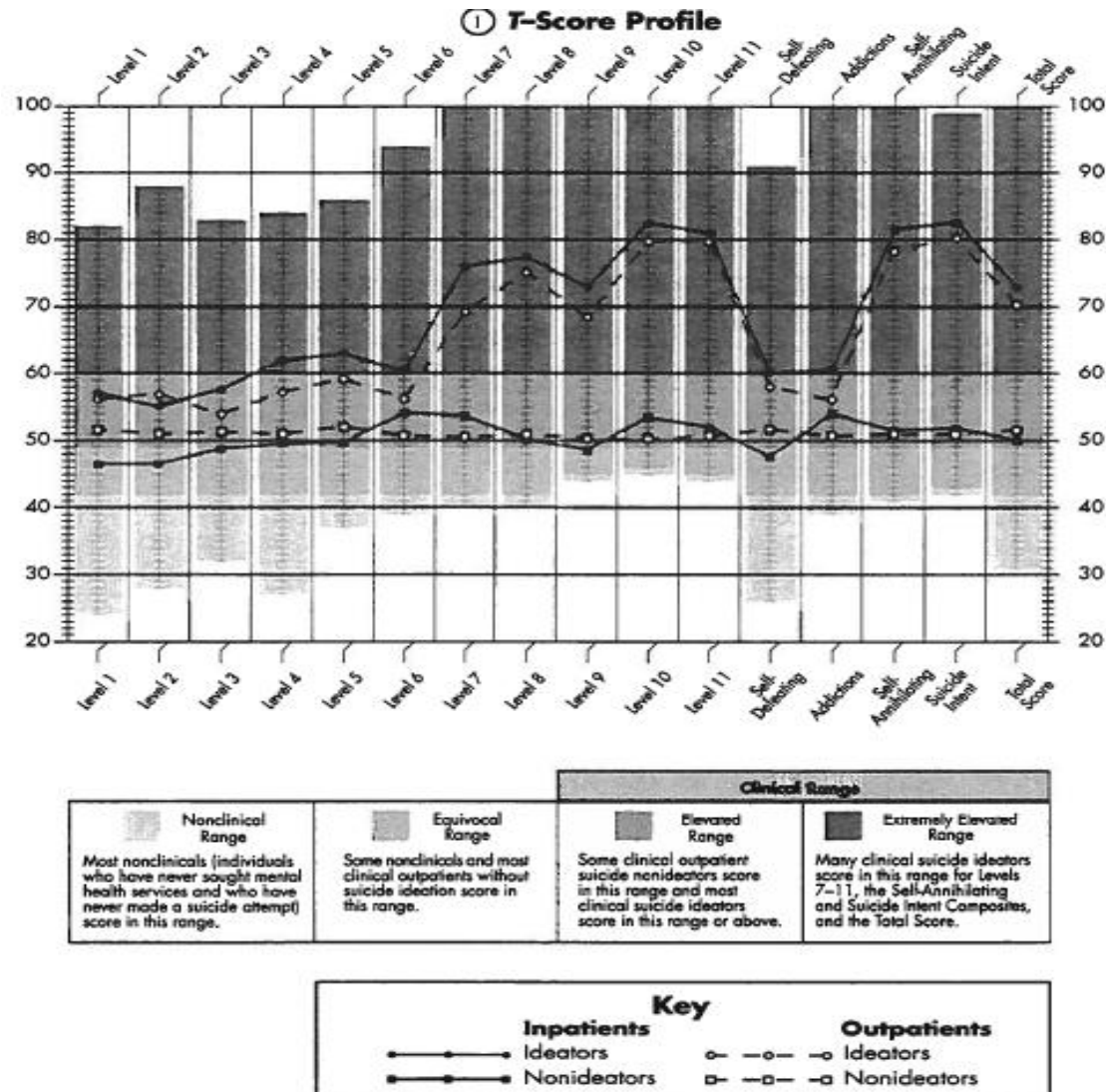
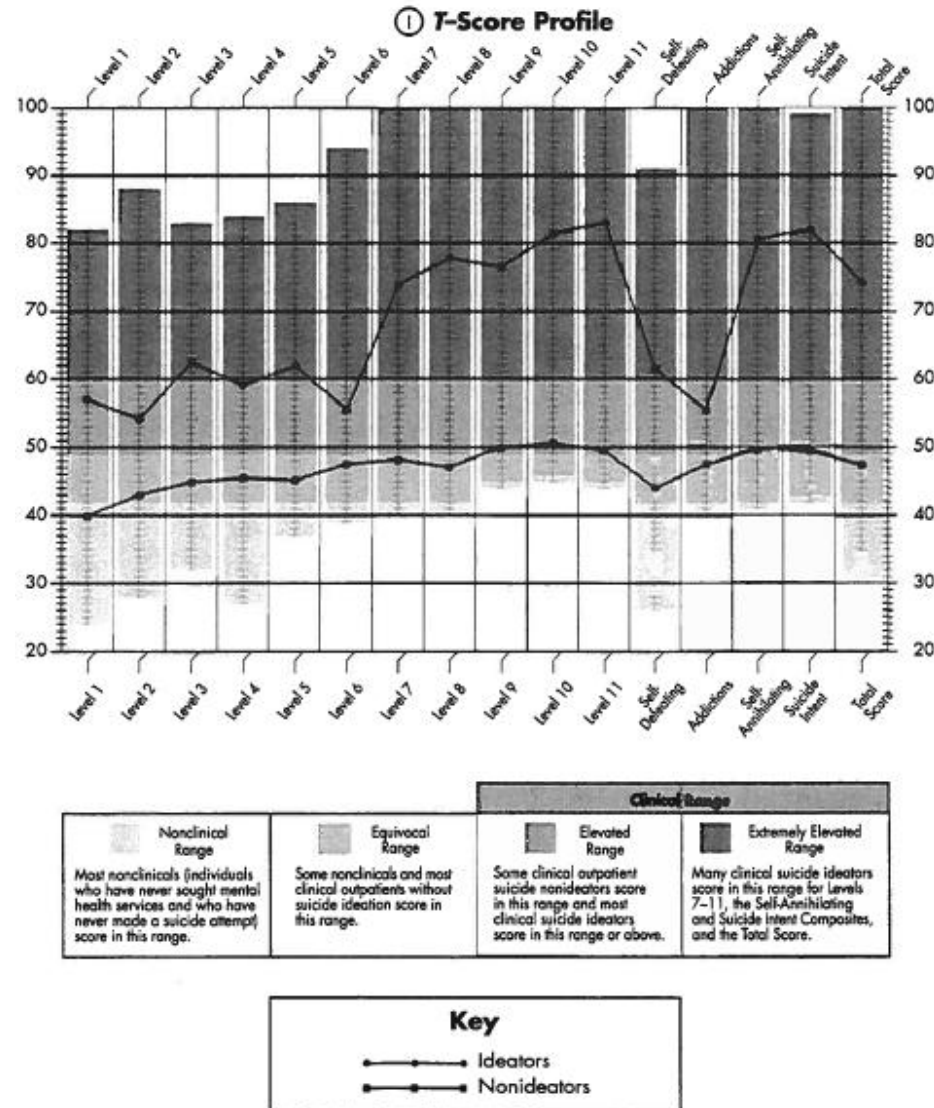


Figure 4.5. Mean T Scores for the Bipolar Disorder Sample—Ideators Versus Nonideators (N = 68)



Part Three: Challenging the Critical Inner Voice



POLL #7

Do you use homework assignments or exercises in treatments?

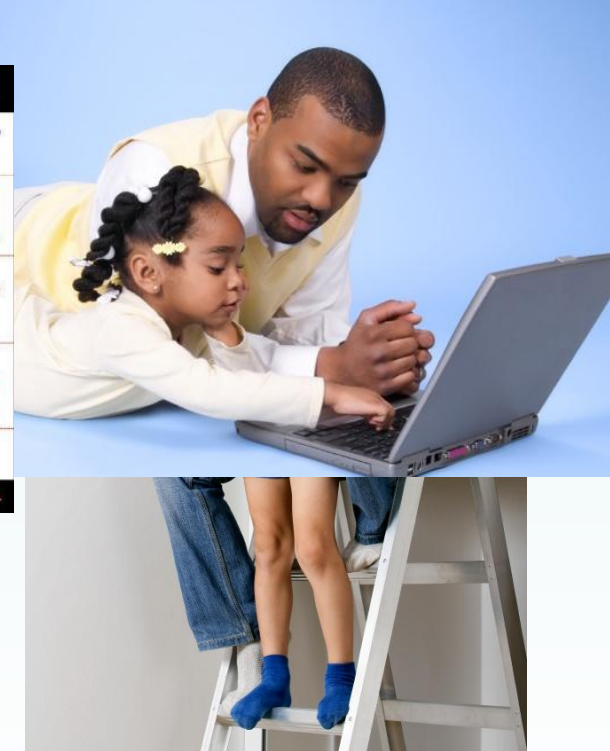
- Yes, often**
- Yes, sometimes**
- No, never**

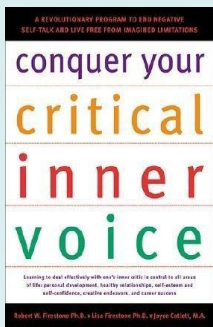
Exercise 1.1:

Visualizing the Real You

All exercises from Conquer Your Critical Inner Voice

- ❖ My physical abilities
- ❖ My positive qualities
- ❖ My interests and activities
- ❖ My long-term goals:
- ❖ My short-term goals:
- ❖ Where do I stand in relation to my goals?





Exercise 1.2:

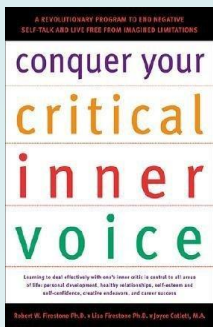
Your Critical Inner Voice Attacks

❖ Self-critical attacks as “I” statements

Example: “I don’t think I’m an attractive person.”

❖ Self-critical attacks as “you” statements

Example: “You’re not attractive.”



Exercise 1.3:

Keeping a Journal:

Your Critical Inner Voice/The Real You

❖ My critical inner voice
as “you” statements

Example: “You’re so stupid.”

❖ The real me
as “I” statements

Example: “Sometimes I struggle
with work, but I catch on quickly
and then usually do a good job.”

PsychAlive Workshop & Journal



Journal on PsychAlive at <http://www.psychalive.org/category/psychalive-workshop/>

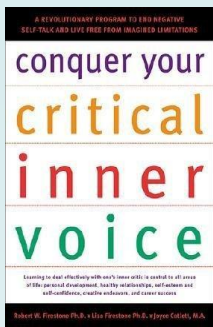


Title /Subject

Text

Write Journal

Cancel, back



Exercise 1.4: A Plan for Action

❖ Actions dictated by my critical inner voice

Examples:

“Have another piece of cake.”

“You should just be on your own.”

“You can’t trust anyone, so don’t get too close.”

❖ Actions to take that reflect the real me

Examples:

“I want to eat healthy and take care of myself.”

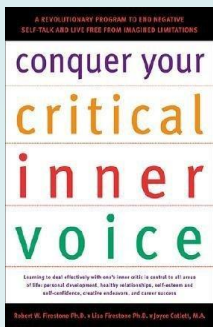
“I don’t want to be isolated and will seek out friends”

“I want to stay vulnerable in my close relationships.”

Exercise 7.1

Depression and Life Events: Your Critical Inner Voice / The Real You

[illegible]



Exercise 7.3

You and the Continuum of Self-Destructive Thoughts



My critical inner voices

Level 1: *Thoughts that lead to low self-esteem and self-defeating behaviors*

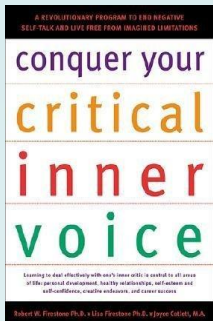
Level 2: *Thoughts that support the cycle of addiction*

Level 3: *Thoughts that lead to Seriously self-destructive behavior*

Behaviors I engage in
Level 1:

Level 2:

Level 3:



Exercise 7.4

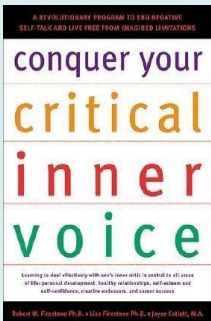
The Firestone Voice Scale for Self-Denying and Giving-Up Thoughts



Circle the frequency with which you experience the following critical inner voices:

0 = Never 1 = Rarely 2 = Once in a While 3 = Frequently 4 = Most of the Time

- | | |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0 1 2 3 4 | You'll save money if you don't take this trip. |
| 0 1 2 3 4 | It's too much trouble to go out to dinner. Just stay home. |
| 0 1 2 3 4 | You don't deserve happiness. You're such a creep! |
| 0 1 2 3 4 | What's so exciting about playing baseball, football, dancing (any activity)? You should just relax and settle down. |
| 0 1 2 3 4 | Look at all the work you have to do. You can't afford to take time off. |
| 0 1 2 3 4 | You've always had problems with sex. You should just give it up. |
| 0 1 2 3 4 | Why bother trying to get a date? If you don't date, you'll have more time to study. |
| 0 1 2 3 4 | Just look at how your friends are acting. They're so immature. They think they're having fun, but they're really just making fools of themselves. Don't be like them! |
| 0 1 2 3 4 | You shouldn't be out having fun with all the misery in the world. |
| 0 1 2 3 4 | You're too old to have romance in your life. |
| 0 1 2 3 4 | What's all this passion in your relationship? You should just settle down. |
| 0 1 2 3 4 | Nothing matters anymore. |
| 0 1 2 3 4 | Why bother even trying? |
| 0 1 2 3 4 | Nothing is any fun anymore. |
| 0 1 2 3 4 | Why bother making friends? |
| 0 1 2 3 4 | What's the use? What's the point of anything really? |
| 0 1 2 3 4 | Your work doesn't matter anymore. Why bother even trying? Nothing matters anyway. |



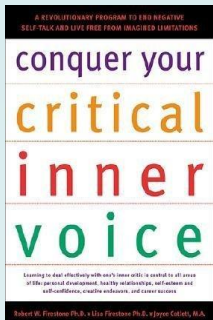
Exercise 7.5

How Your Critical Inner Voice Rationalizes Self-Denial and Giving-Up / What You Realistically Think



What my critical inner voice says

What I realistically think



Exercise 7.6

The Firestone Voice Scale for Isolation

Circle the frequency with which you experience the following critical inner voices:

0 = Never 1 = Rarely 2 = Once in a While 3 = Frequently 4 = Most of the Time

- | | |
|-------------------|----------------------------------------------------------------------------------------------------------------------|
| 0 1 2 3 4 | Wouldn't it be great to go off by yourself and be able to read or watch TV with no one interrupting? |
| 0 1 2 3 4 | It's been so tense at work. You need to go off by yourself. |
| 0 1 2 3 4 | Why go out with your friends tonight? You could just stay at home and relax. |
| 0 1 2 3 4 | You need to get away so you can think about things. |
| 0 1 2 3 4 | It's so irritating to have to be around people all day. |
| 0 1 2 3 4 | The only way you can relax is to be by yourself. |
| 0 1 2 3 4 | You need more space. More time for yourself. |
| 0 1 2 3 4 | These aren't your kind of people. Why don't you go off by yourself? |
| 0 1 2 3 4 | It's such a hassle to go to that party. You have to get dressed up and put up a front. Why don't you just stay home? |
| 0 1 2 3 4 | You're no fun to be around. You should just stay by yourself. |

Exercise 7.8

The Firestone Voice Scale for Depression

Circle the frequency with which you experience the following critical inner voices:

0 = Never 1 = Rarely 2 = Once in a While 3 = Frequently 4 = Most of the Time

0 1 2 3 4

You just don't belong anywhere.

0 1 2 3 4

You're a horrible person! You don't deserve anything.

0 1 2 3 4

Just look at yourself in the mirror! You're so ugly. No one can stand you!

0 1 2 3 4

The world is a real mess. Why should you care about anything?

0 1 2 3 4

Your friends really hate you.

0 1 2 3 4

Your life is so boring and empty.

0 1 2 3 4

Don't ever get too happy because the ax is bound to fall.

0 1 2 3 4

You should just smash your hand, you creep! You deserve everything that happens to you.

0 1 2 3 4

Nobody really likes you. You're an unlovable person.

0 1 2 3 4

You deserve all the bad things that are happening to you.

0 1 2 3 4

Don't you see what effect you have on your family? Can't you see how you make them feel?

0 1 2 3 4

You're always stirring up trouble, bothering people. Why can't you just stay away?

0 1 2 3 4

You don't care for anybody. You've never cared for anybody in your whole life!

0 1 2 3 4

Don't show anybody how bad you feel.

0 1 2 3 4

Who do you think you are anyway? You're nothing!

0 1 2 3 4

Who could love you? You have nothing to offer.

0 1 2 3 4

You don't deserve anything.

0 1 2 3 4

Your family would be better off without you. Just stay away, it's the only decent thing to do.

POLL #8

Do you use a CBT approach to treating depression?

- Yes**
- No**



Emotion Focused Therapy (EFT)

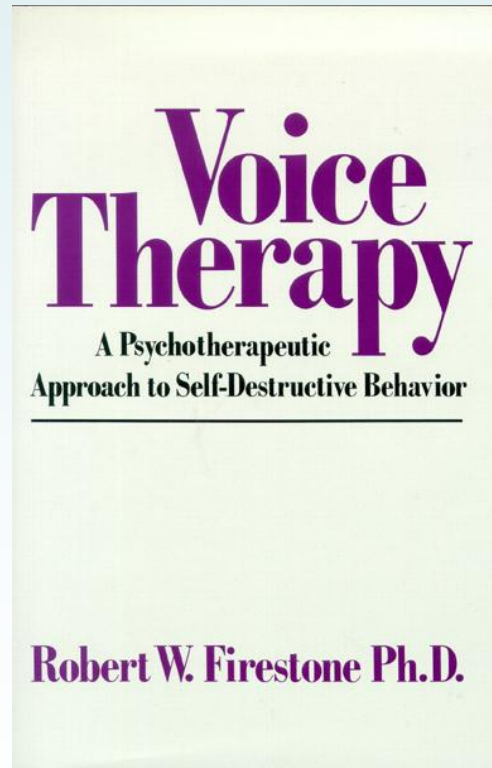
- Cognitive therapist Judith Beck (1995) has emphasized that gaining access to emotions helps in identifying the “hot cognitions” – the core schema or previously unconscious beliefs about self, others and the world.
- “Facilitating Emotional Change: The Moment-by-Moment Process” by L. Greenberg, Rice, and Elliot (1993). Their approach, emotion-focused therapy (EFT), focuses primarily on eliciting emotion by directing the client to amplify his or her self-critical statements.
- For example, if the client says “you’re worthless” or sneers while criticizing, direct the client to “do this again...,” “do this some more...”; “put some words to this...” This operation will intensify the client’s affective arousal and help access core criticisms.
- “It is only then that they become accessible to new input and change”. Greenberg et al. believe that “Affect is thus a core constituent of the human self and establishes links between self and the environment and organizes self-experience. In a sense, feelings are ultimately the meeting place of mind, body, environment, culture, and behavior.”

“It is vital to be alert to both verbal and nonverbal cues from the patient, so as to be able to elicit “hot cognitions.” These hot cognitions may be about the patient herself (“I’m such a failure”), the therapist (“He doesn’t understand me”), or the subject under discussion (“It’s not fair that I have so much to do”). Eliciting the hot cognitions are important because they often have critical importance in conceptualization.”

- Judith S. Beck, *Cognitive Therapy:
Basics and Beyond*

Voice Therapy

Cognitive/ Affective/ Behavioral Approach



The Therapeutic Process in Voice Therapy

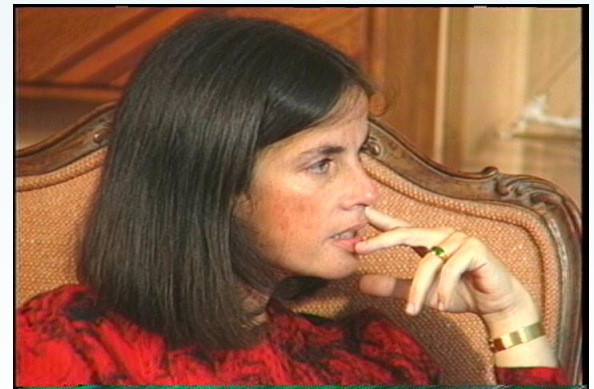
Step I

Identify the content of the person's negative thought process. The person is taught to articulate his or her self-attacks in the second person. The person is encouraged to say the attack as he or she hears it or experiences it. If the person is holding back feelings, he or she is encouraged to express them.



Step II

The person discusses insights and reactions to verbalizing the voice. The person attempts to understand the relationship between voice attacks and early life experience.



The Therapeutic Process in Voice Therapy

Step III

The person answers back to the voice attacks, which is often a cathartic experience. Afterwards, it is important for the person to make a rational statement about how he or she really is, how other people really are, what is true about his or her social world.



Step IV

The person develops insight about how the voice attacks are influencing his or her present-day behaviors.

Step V

The person then collaborates with the therapist to plan changes in these behaviors. The person is encouraged to not engage in self-destructive behavior dictated by his or her negative thoughts and to also increase the positive behaviors these negative thoughts discourage.



If you are interested in attending a voice therapy training or in getting training materials please contact jina@glendon.org or visit www.glendon.org.

Steps in Voice Therapy



<http://www.youtube.com/watch?v=aMlIJwmAmYg>

Self

Anti-Self



Eight Ways to Actively Fight Depression



- Recognize and Conquer Your Critical Self Attacks
- Think About What You Could Be Angry At
- Be Active
- Don't Isolate Yourself
- Do Things You Once Liked to Do ... even if you don't feel like it
- Watch a Funny TV Show or Movie
- Don't Punish Yourself for Feeling Bad
- See a Therapist
- Take Medication if Indicated



Guidelines for Continued Personal Development



- ❖ Be Aware of the Fear That Accompanies Change
- ❖ Realize That Psychological Pain is Valid
- ❖ Develop a More Realistic View of Your Parents
- ❖ Differentiation – Unlearn Old Behaviors, Learn New Behaviors
- ❖ Become More Aware of Specific Defenses Against Feeling
- ❖ Recognize the Value of Friendship
- ❖ Seek Your Own Personal Meaning in Life



Guidelines for Further Developing a Meaningful Life

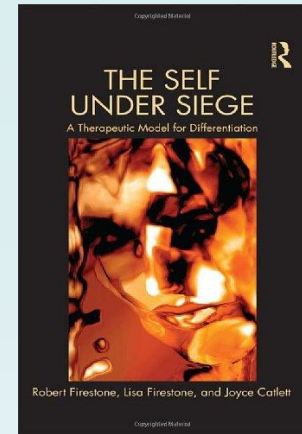


- ❖ Practice Being Generous in All Your Relationships
- ❖ Become Aware of Existential Realities
- ❖ Develop a Spiritual Perspective and Appreciate the Mystery of Existence



Differentiation

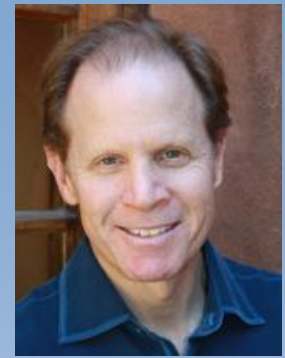
1. Differentiate from self-punishing voices.
2. Differentiate from undesirable traits in your parents that you see in yourself.
3. Differentiate from the defensive reactions you had (as a child self) and self-soothing voices.
4. Formulating and learning to live by your own values - who do you want to be?



**Learn more about differentiation in our recorded CE Webinar
“The Self Under Siege: A New Model of Differentiation”
<http://www.glendon.org/resource/self-under-siege-ce-webinar/>**



Interpersonal Neurobiology



C urious

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L oving

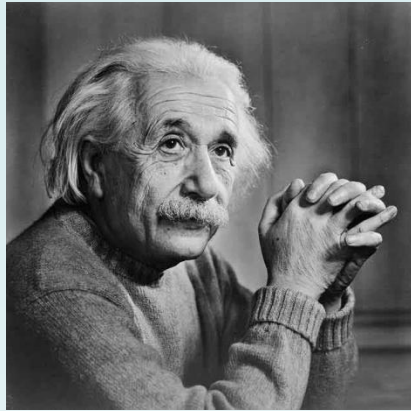


The Healthy Mind Platter



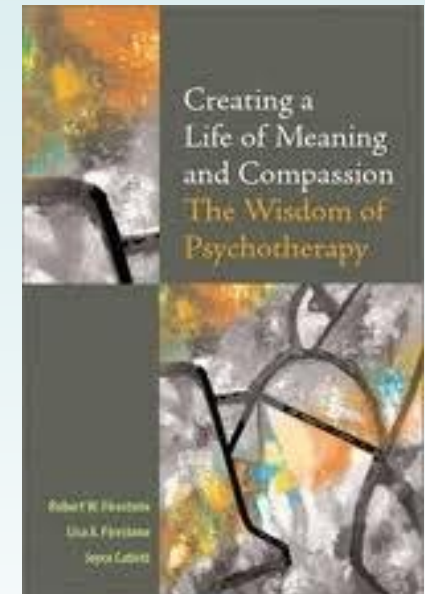
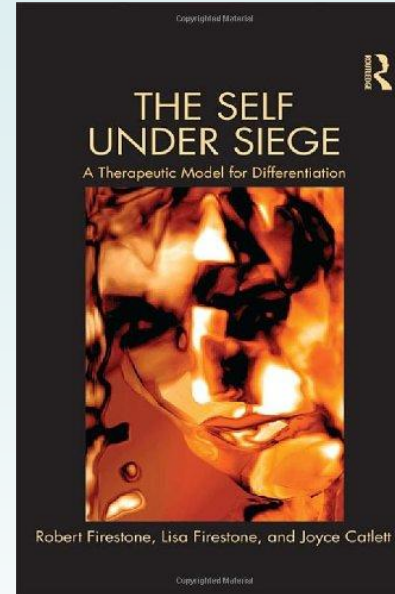
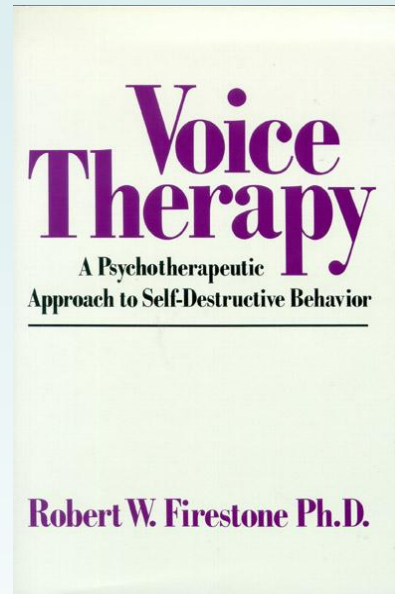
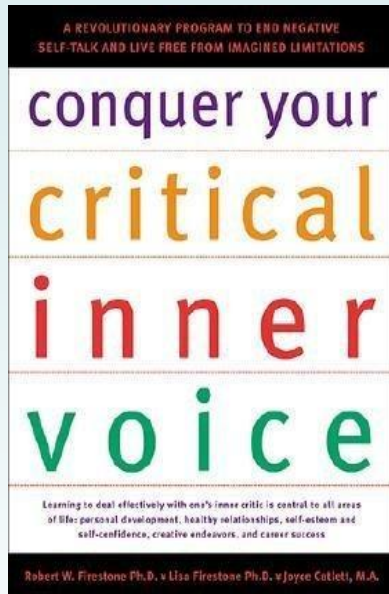
The Healthy Mind Platter, for Optimal Brain Matter

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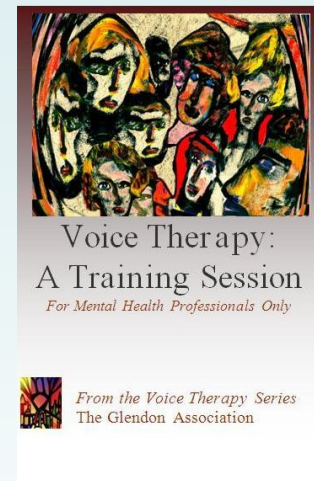
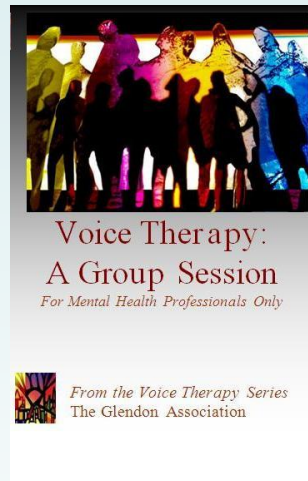
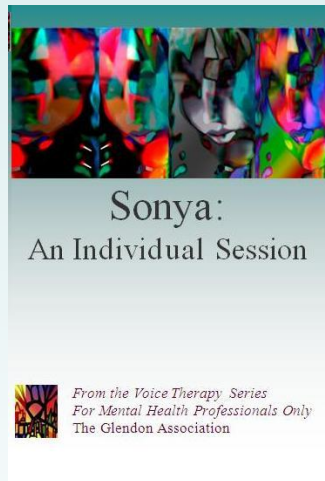
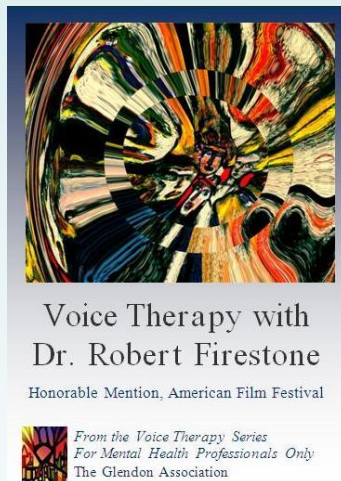
A human being is a part of a whole, called by us 'universe', a part limited in time and space. He experiences himself, his thoughts and feelings as something separated from the rest... a kind of optical delusion of his consciousness. This delusion is a kind of prison for us, restricting us to our personal desires and to affection for a few persons nearest to us. Our task must be to free ourselves from this prison by widening our circle of compassion to embrace all living creatures and the whole of nature in its beauty. Nobody is able to achieve this completely, but the striving for such achievement is in itself a part of the liberation and a foundation for inner security."

Resources: Books



Visit www.psychalive.org for resource links

Resources: Films



Visit www.psychalive.org for resource links



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Nov. 5 - Psychological Hardiness and Mental Health

CE Webinar - 3 CE's

Presenter: Salvatore Maddi, Ph.D.

4pm – 5:30pm PST



Dec. 10 - Psychological Hardiness: The Key to Resilience Under Stress

Free Webinar

Presenter: Salvatore Maddi, Ph.D.

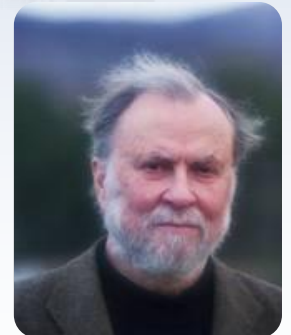
11am – 12pm PST

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