

Overcoming Depression

Session 1

Lisa Firestone, Ph.D.



Welcome!



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4 Parts to This Webinar:

Part 1:
Introduction

Part 2:
Theoretical
Approach

Part 3:
Assessment
& Treatment

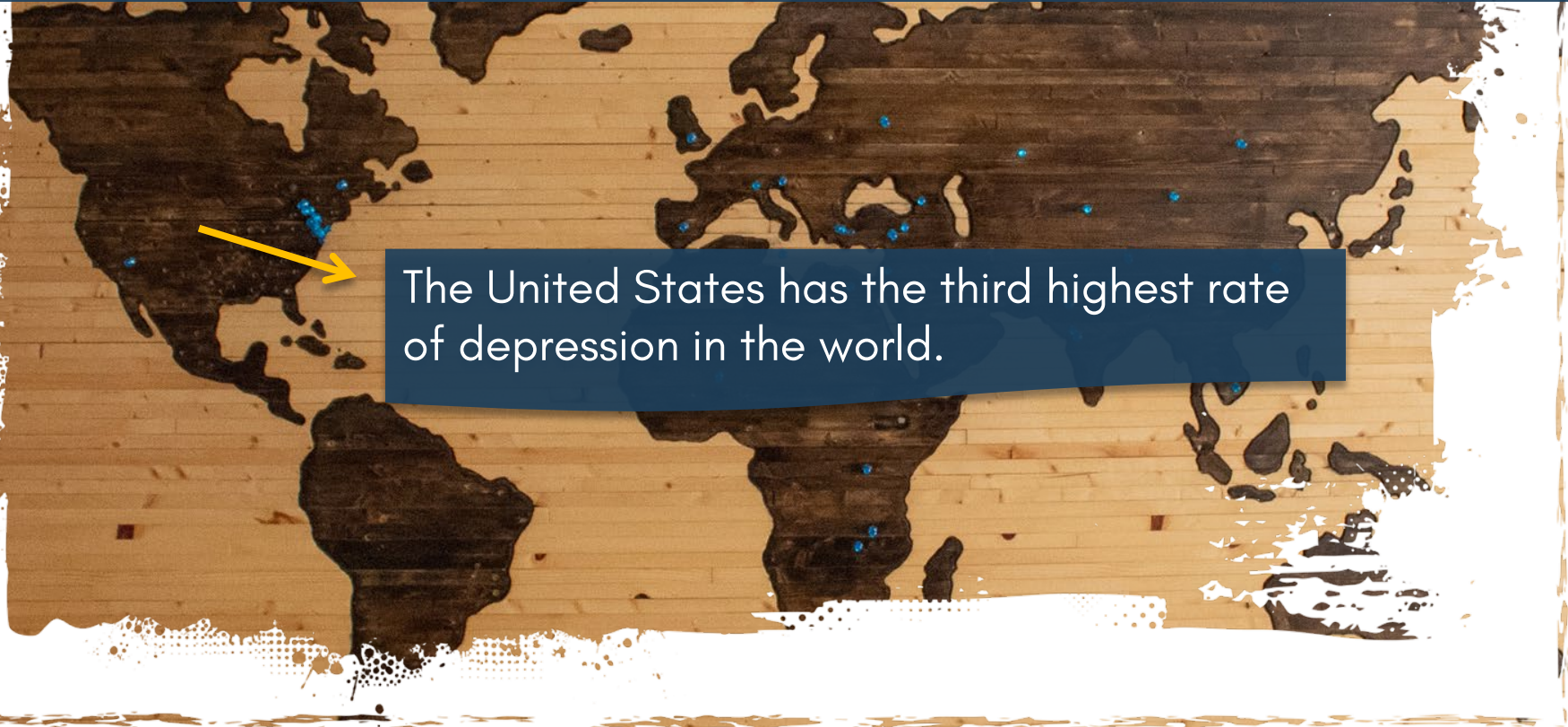
Part 4:
Important
Areas to
Address



Part 1: Introduction



Worldwide, more than 300 million people suffer from depression.



Facts About Depression

- **17.3 million** adults in the United States (7.1%) have experienced a major depressive episode in the past year.
- It's estimated that **15%** of the adult population will experience depression at some point in their lifetime.



The Greening of Depression:

- Percentage of young Americans experiencing certain mental health disorders has risen significantly over the past decade, with no corresponding increase in older adults.
- More U.S. adolescents and young adults in the late 2010s, versus the mid-2000s, experienced serious psychological distress, major depression or suicidal thoughts, and more attempted suicide.
- The prevalence of adults with a major depressive episode is highest among individuals between **18 and 25**.

Sources: <https://www.sciencedaily.com/releases/2019/03/190315110908.htm>
<https://www.verywellmind.com/depression-statistics-everyone-should-know-4159056>
<https://www.chconline.org/the-state-of-mental-health-in-america-2020/>



The Greening of Depression:

- From 2012 to 2017, the prevalence of past-year Major Depressive Episode (MDE) increased from 8.66 percent to **13.01%** of youth ages 12-17.
- **20%** of adolescent girls have experienced a major depressive episode.
- **60%** of children and adolescents with depression are not getting any type of treatment.

Sources: <https://www.sciencedaily.com/releases/2019/03/190315110908.htm>
<https://www.verywellmind.com/depression-statistics-everyone-should-know-4159056>
<https://www.chconline.org/the-state-of-mental-health-in-america-2020/>





J.K. Rowling
Author

Depression is the most unpleasant thing I have ever experienced. . . It is that absence of being able to envisage that you will ever be cheerful again. The absence of hope. That very deadened feeling, which is so very different from feeling sad. Sad hurts but it's a healthy feeling. It is a necessary thing to feel. Depression is very different... Depression isn't just being a bit sad. It's feeling nothing. It's not wanting to be alive anymore.

Two Kinds of Depression

DSMV

Major Depressive Disorder

- Can be a single episode or recurrent
- More severe symptoms



Dysthymia

- Less severe but persistent and pervasive
- Symptoms are similar but less intense



Signs and Symptoms of Depression

- Persistent sad, anxious or "empty" feelings
- Feelings of hopelessness, pessimism, or helplessness
- Feelings of guilt or worthlessness
- Irritability or anger
- Restlessness
- Loss of interest in once pleasurable activities or hobbies, including sex
- Fatigue and decreased energy
- Difficulty concentrating, remembering details and making decisions



Signs and Symptoms of Depression

- Changes in sleep pattern (insomnia, early-morning wakefulness or excessive sleeping)
- Appetite changes – overeating, appetite loss, weight loss
- Thoughts of death, suicide, suicide attempts
- Aches or pains, headaches, cramps or digestive problems that do not ease with treatment
- Withdrawal from friends and family
- Noticeably physically agitated or slowed down



A man with short dark hair and a light beard, wearing a light blue button-down shirt, is seated and gesturing with his right hand while speaking. In the foreground, a clipboard with papers is visible. The background is slightly blurred, showing what appears to be an office or clinical setting. The entire image is framed with a white, distressed, hand-painted border. A semi-transparent grey box on the right side contains the title text.

Psychotherapy and Depression

Facts About Depression Treatment

- Depression is very treatable.
- About half of Americans diagnosed in a given year get treatment.
- Those who do wait months or years to get help.
- Of the roughly 15.6 million who have major depression, only 21 percent receive minimally adequate care.
- 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.



Facts About Depression Treatment

- 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)



Facts About Depression Treatment

Changes in Prefrontal-Limbic Function in Major Depression after 15 Months of Long-Term Psychotherapy

- Patients showed a higher activation in the left anterior hippocampus/amygdala, subgenual cingulate, and medial prefrontal cortex before treatment and a reduction in these areas after 15 months.
- This reduction was associated with improvement in depressiveness specifically, and in the medial prefrontal cortex with symptom improvement more generally.



How does psychotherapy help people recover?

- Pinpoint life problems that contribute and help them understand which aspects of those problems they may be able to solve or improve
- Identify negative or distorted thinking patterns that contribute to feelings of hopelessness and helplessness
- Explore other learned thoughts and behaviors that create problems
- Help people regain a sense of control and pleasure in life





Causes of Depression

Causes of Depression

Does not have a single cause and can be triggered by a life crisis, physical illness or something else but can also occur spontaneously. Scientists believe several factors can contribute to depression:

- **Trauma**
- **Genetics**
- **Life circumstances**
- **Brain changes**
- **Other medical conditions** – history of sleep disturbances, medical illness, chronic pain, anxiety and ADHD, some medical syndromes like hypothyroidism, and some medications
- **Drug and alcohol misuse** – 21% of adults with a substance use disorder also experienced a major depressive episode in 2018.





Interesting Findings: **Biological**

Neurological:

- × Hippocampus is smaller in some depressed people.
- × Possible links between sluggish production of new neurons in the hippocampus and low moods
- × Neurotransmitters that affect mood: “system gone awry”

Genetic:

- × Runs in families
- × Genes influence stress response: more or less likely to become depressed in response to trouble.

Medical:

- × Illnesses or medications may be at the root of up to 10%–15% of all depressions.



Interesting Findings: Environmental

Stressful Life Events:

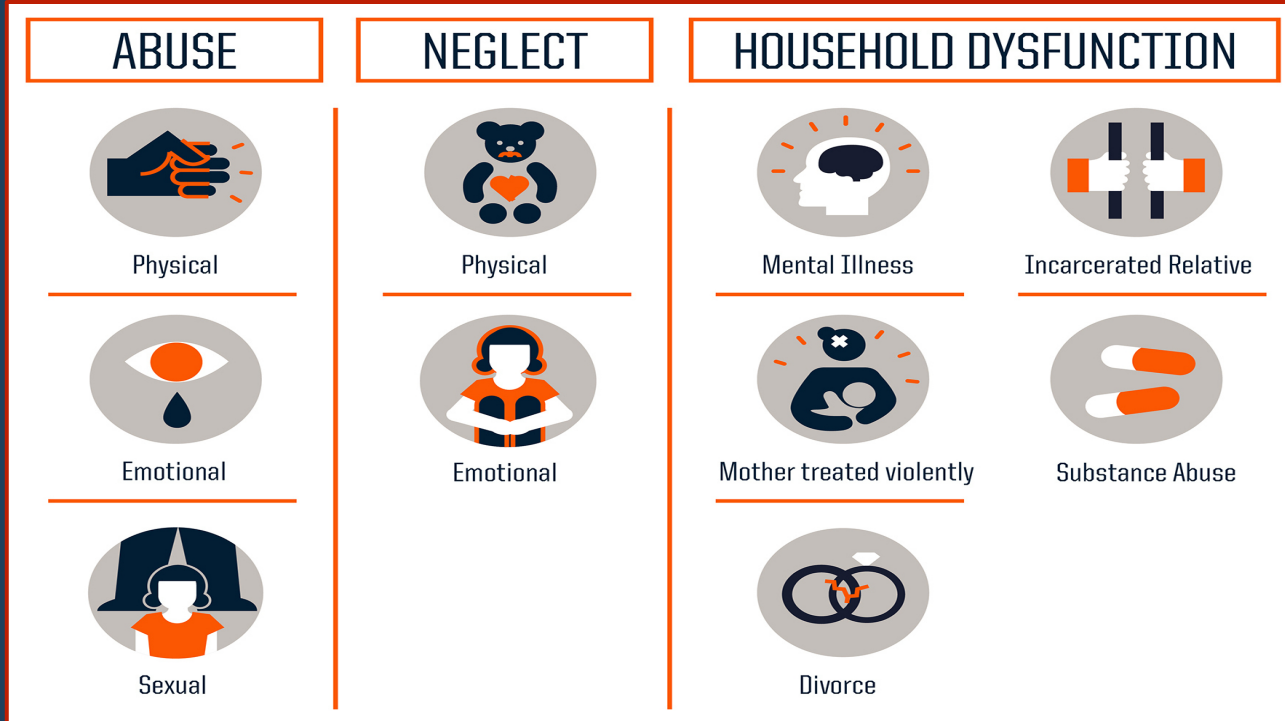
- × Genetic makeup influences sensitivity to stressful life events.
- × “When genetics, biology, and stressful life situations come together, depression can result.”
- × Studies have shown that people who are depressed or have dysthymia typically have increased levels of corticotropin-releasing hormone (CRH).

Early Losses and Trauma:

- × May leave individuals more vulnerable to depression
- × Many researchers believe that early trauma causes subtle changes in brain function that account for symptoms of depression and anxiety.

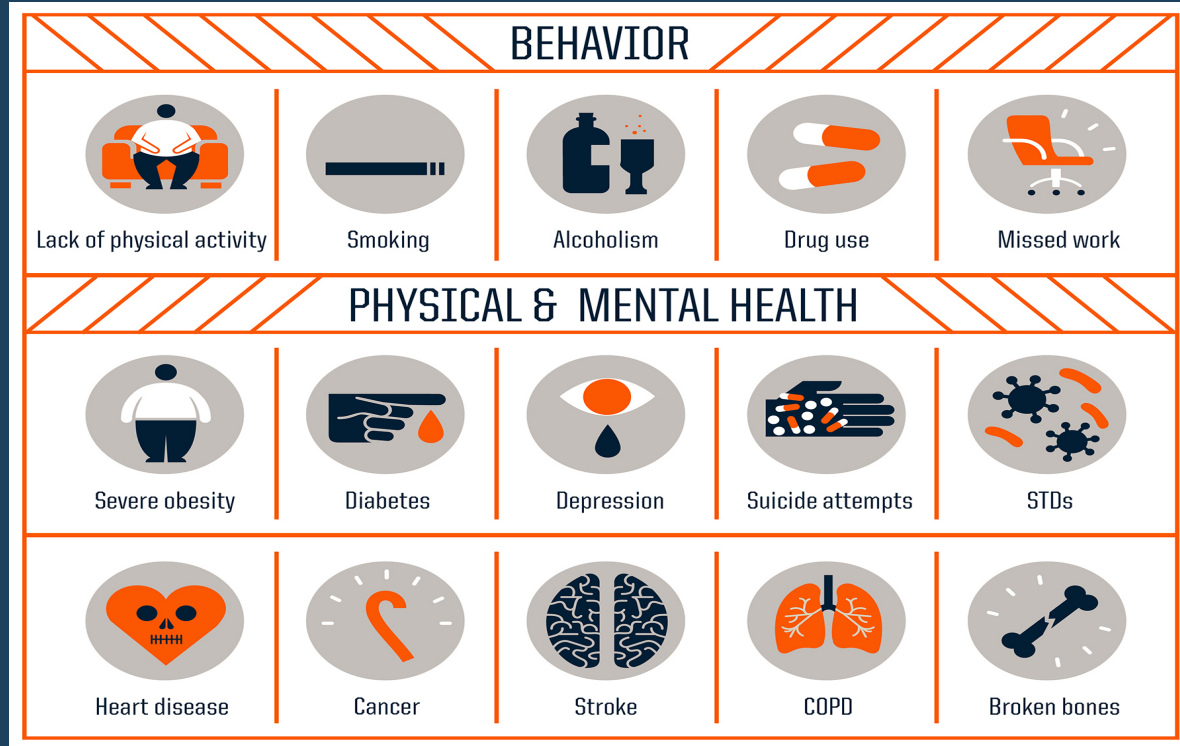
Adverse Childhood Experiences

Three Types of ACEs



Adverse Childhood Experiences

Results of ACEs



Attachment and Depression

- Dimensions of insecure attachment contribute to later emotional distress through direct pathways
- Anxious and avoidant attachment predict depressive symptoms.
- “Evidence that both cognitive and interpersonal factors contribute to the developmental pathways that lead to symptoms of depression



Depression: A Cognitive Perspective

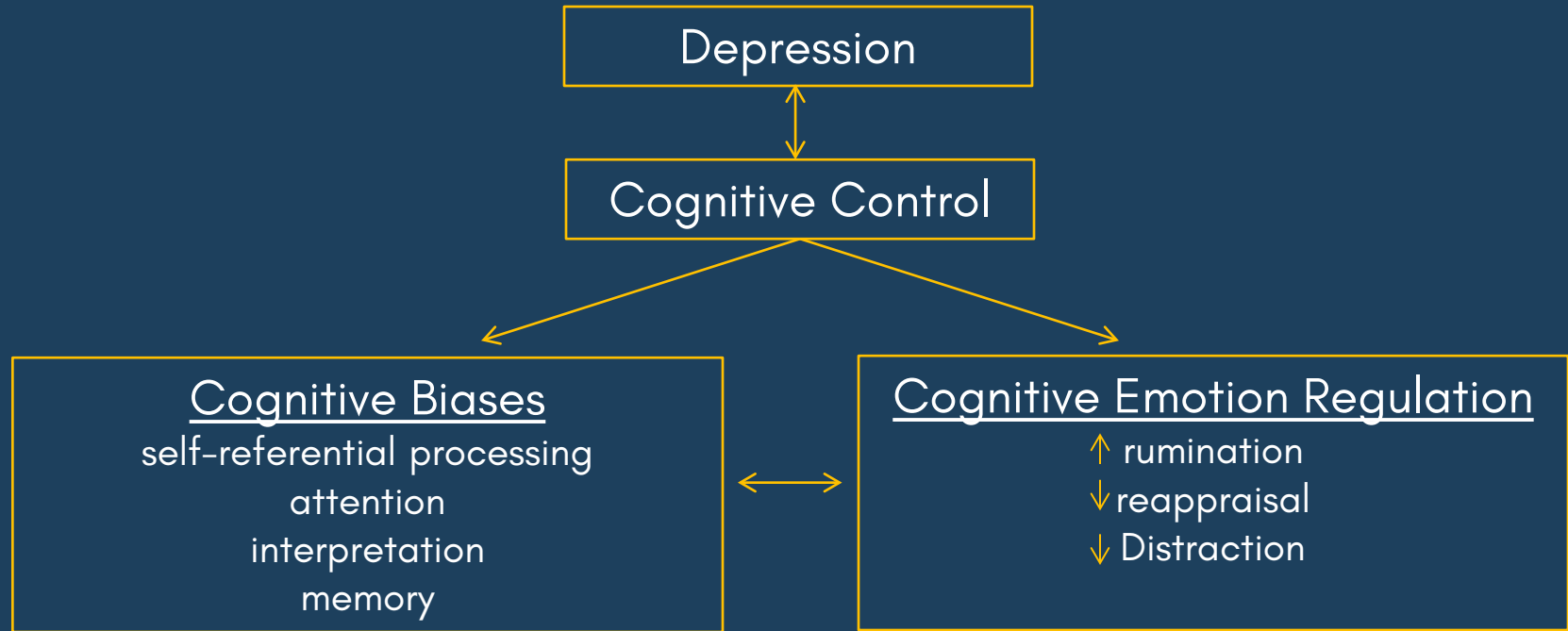


Fig.1. Depression is associated with (1) cognitive biases in self-referential processing, attention, interpretation, and memory; (2) the use of maladaptive versus adaptive cognitive emotion regulation strategies; and (3) deficits in cognitive control over mood-congruent material, which in turn, contributes to cognitive biases and the use of maladaptive emotion regulation strategies, all of which exacerbate and sustain symptoms of depression.

Depression: A Cognitive Perspective



- Depression is characterized by negatively biased interpretation of ambiguous information, difficulty disengaging from negative material that has captured their attention or has entered working memory, and overgeneral positive autobiographical memories that interfere with depressed persons' ability to use positive memories to repair negative mood states.
- Rumination contributes to the onset and maintenance of depressive episodes.
- Both theoretical models of depression and empirical findings suggest that ameliorating maladaptive cognition can reduce depressive symptomatology.
- Research suggests that depression is characterized by:
 1. Increased use of maladaptive emotion regulation strategies (e.g., rumination)
 2. Decreased use of adaptive emotion regulation strategies (e.g., reappraisal)
 3. Decreased flexibility in the selection and implementation of emotion regulation strategies
- Increasing evidence documents the benefits of mindfulness-based cognitive therapy (MBCT).

Self-Concept and Depression

- Negative self-concept has been found to be associated with depression in toddlers.
- Low self-esteem and depression are strongly related.
- Scar model (depression erodes self-esteem) versus vulnerability model (low self-esteem contributes to depression).
- Study on low self-esteem and depression findings supported vulnerability model: the effect of self-esteem on depression was significantly stronger than the effect of depression on self-esteem.

Sources: <https://www.ncbi.nlm.nih.gov/pubmed/22730921> and
<https://www.frontiersin.org/articles/10.3389/fpsyg.2019.00543/full>





Part 2: Theoretical Approach



Separation Theory

Robert W. Firestone, Ph.D.

Integrates psychoanalytic and existential systems of thought

Core Conflict:

Two kinds of emotional pain:

UNDEFENDED



DEFENDED



INTERPERSONAL



EXISTENTIAL



FANTASY BOND



CRITICAL INNER VOICE

Our Theory

Each person is divided:

- One part wants to live and is goal-directed and life-affirming.
- One part is self-critical, self-hating and even self-destructive.
- The nature and degree of this division varies for each person.

Real Self
Positive



Anti-Self
Critical



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
 - 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



Goals

Needs, wants, search for meaning in life



Behavior

Ethical behavior toward self and others



Moral Principles

Realistic, Positive Attitudes Towards Self

Realistic evaluation of talents, abilities, etc. with generally positive/compassionate attitude 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

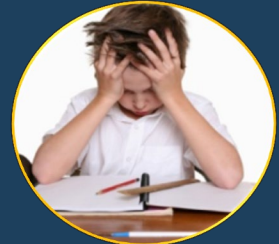
1. Critical thoughts toward self
2. Micro-suicidal injunctions
3. Suicidal injunctions – suicidal ideation

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

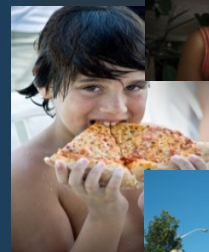
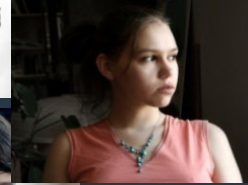
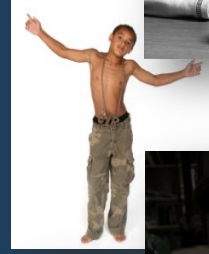
Self-limiting or self-protective lifestyles,
Inwardness

Verbal build up toward self

Alienation from others, destructive
behavior towards others

Addictive patterns. Thoughts luring
the person into indulging

Aggressive actions, actual violence



Depression in Children



- Lack of parental nurturing is a risk factor for depression recurrence in young children.
- 51% of the 74 children diagnosed with depression in preschool (ages 3-5) were later depressed in school (ages 9-12).
- Later depression symptoms were associated with non-supportive parental behavior.


(Report from APA Monitor)

Parental Rejection

A young boy with dark hair, wearing a blue and white plaid shirt, is sitting on the ground with his back to the camera. He is looking out at a bright, hazy landscape that appears to be a body of water or a very bright, open area. The image has a soft, painterly quality with some white splatters or brushstrokes around the edges.

Recollections of parental rejections are significantly associated with depression, self-criticism and suicidality.

Source: Rui C. Campos, Avi Besser, and Sidney J. Blatt. (2013) Recollections of Parental Rejection, Self-Criticism and Depression in Suicidality. Archives of Suicide Research, 17:58-74.

A man with short brown hair and a light beard, wearing a light blue button-down shirt and a dark blue tie. He is looking down with a distressed expression, his right hand resting on his forehead. The background is blurred, suggesting an office setting. The image is framed with a white border that has a splatter or paint-like texture.

Critical Inner Voice and Depression



Rod Steiger
Actor

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.

FEIFFER

by JULES FEIFFER

I AM A CRITIC.



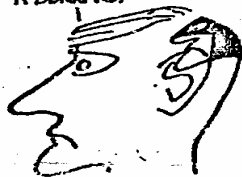
I AM NOT A BOOK, ART
THEATRE, FILM, MUSIC
OR DANCE CRITIC.



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?"



© 1971 JULES FEIFFER

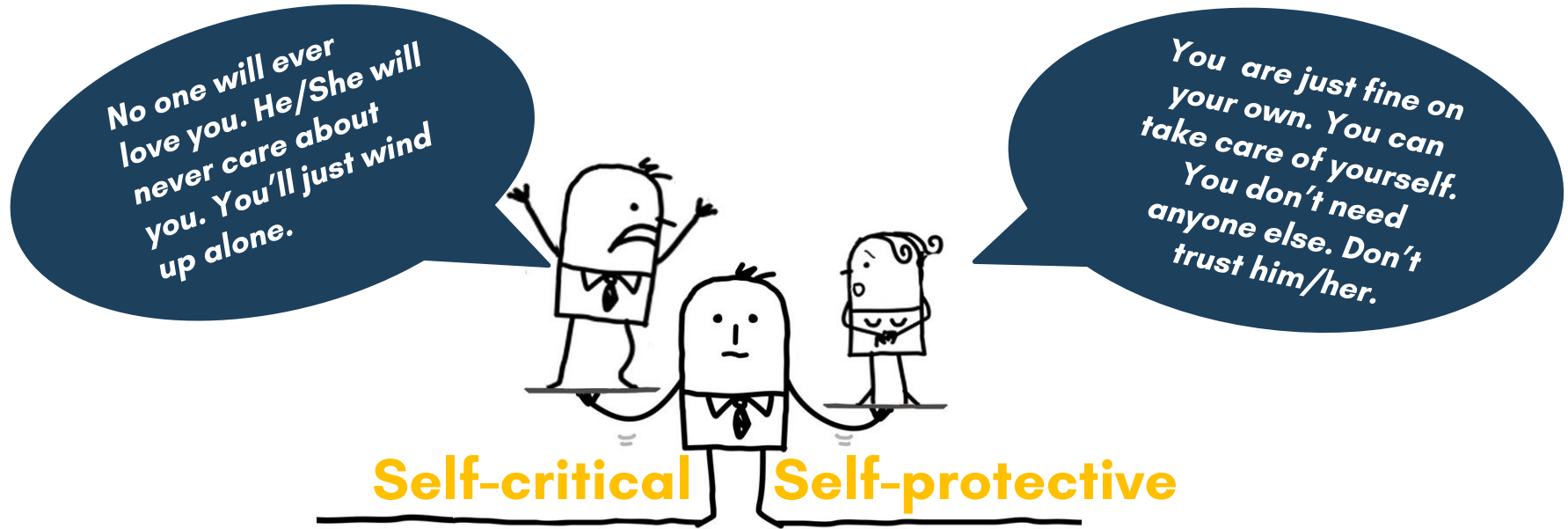
THE NEW YORK TIMES MAGAZINE 1971

What is the Critical Inner Voice?

- The critical inner voice is a well-integrated pattern of destructive thoughts toward ourselves and others.
- The nagging “voices” that make up this internalized dialogue are at the root of much of our self-destructive and maladaptive behavior.
- The critical inner voice is not an auditory hallucination; it is experienced as thoughts within your head.
- This stream of destructive thoughts forms an anti-self that discourages individuals from acting in their best interest.



Critical Inner Voice



How does the critical inner voice affect us?

- The critical inner voice is an internal enemy that can affect every aspect of our lives, including our self-esteem and confidence, our personal and intimate relationships and our performance and accomplishments at school and work.
- These negative thoughts affect us by undermining our positive feelings about ourselves and others and fostering self-criticism, inwardness, distrust, self-denial, addictions and a retreat from goal-directed activities.



Self-criticism and Depression

- Self-criticism internalized growing up and the negative ways one compares themselves to others contributes to depression
- Depressed individuals showed a fear of being compassionate toward themselves and feelings of being unimportant to others

Source: Joeng, J. R., & Turner, S. L. (2015, March 23). Mediators Between Self-Criticism and Depression: Fear of Compassion, Self-Compassion, and Importance to Others. *Journal of Counseling Psychology*. Advance online publication. <http://dx.doi.org/10.1037/cou0000071>



Common Voices in Depression

- You just don't belong anywhere.
- You're a horrible person!
- Your life is so boring and empty.
- Don't ever get too happy because the ax is bound to fall.
- Nobody really likes you. You're unlovable.
- You deserve all the bad things that are happening to you.
- Don't show anybody how bad you feel.
- Who do you think you are anyway?
You're nothing!
- You don't deserve anything.



Rumination

- A 2013 study of more than 30,000 people showed that harping on negative life events (particularly through rumination and self-blame) can be the prime predictor of some of today's most common mental health problems like anxiety and depression.
- Limit the time you allow yourself to think about negative thoughts or worries.



Continuum of Self-Destructive Thoughts

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

You don't deserve anything.

You should be by yourself.

You're a creep.

You need to have a drink, so you can relax.

You should just kill yourself.



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.





Sylvia Plath
Poet

*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.*

Self-criticism, Insecure Attachment, and Suicide

- Insecure attachment is associated with suicidal behavior.
- Self-criticism mediates the link between insecure attachment (anxiety and avoidance) and suicide-related behaviors.

Sources: Falgares Giorgio, Marchetti Daniela. (2017) Attachment Styles and Suicide-Related Behaviors in Adolescence: The Mediating Role of Self-Criticism and Dependency. *Frontiers in Psychiatry* 8 , pages 36.

Li S, Galynker II, Briggs J, Duffy M. (2017) Attachment style and suicide behaviors in high risk psychiatric inpatients following hospital discharge: The mediating role of entrapment. *Psychiatry Res.*





Part 3: Assessment & Treatment

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.

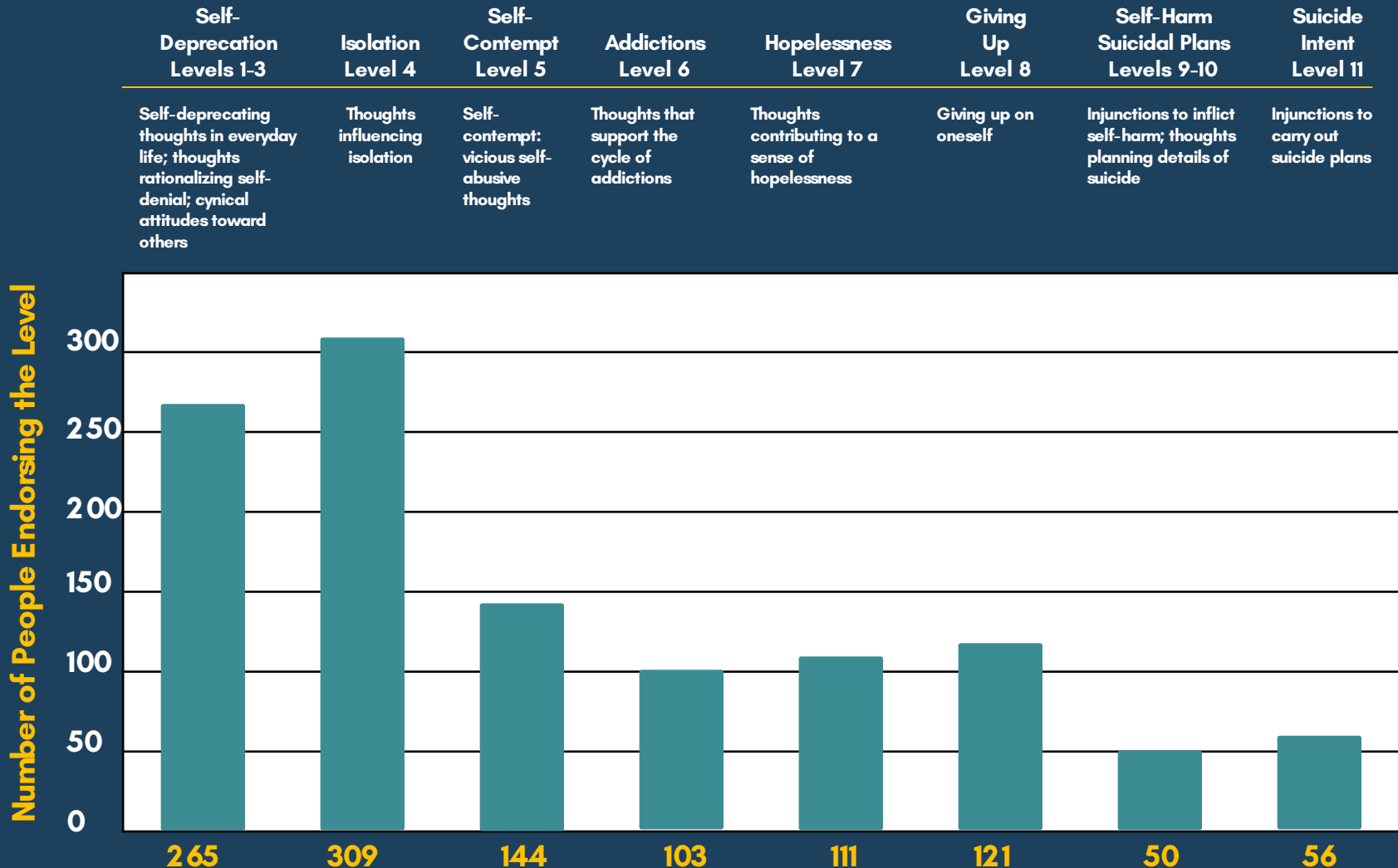


Uses for Our Measures

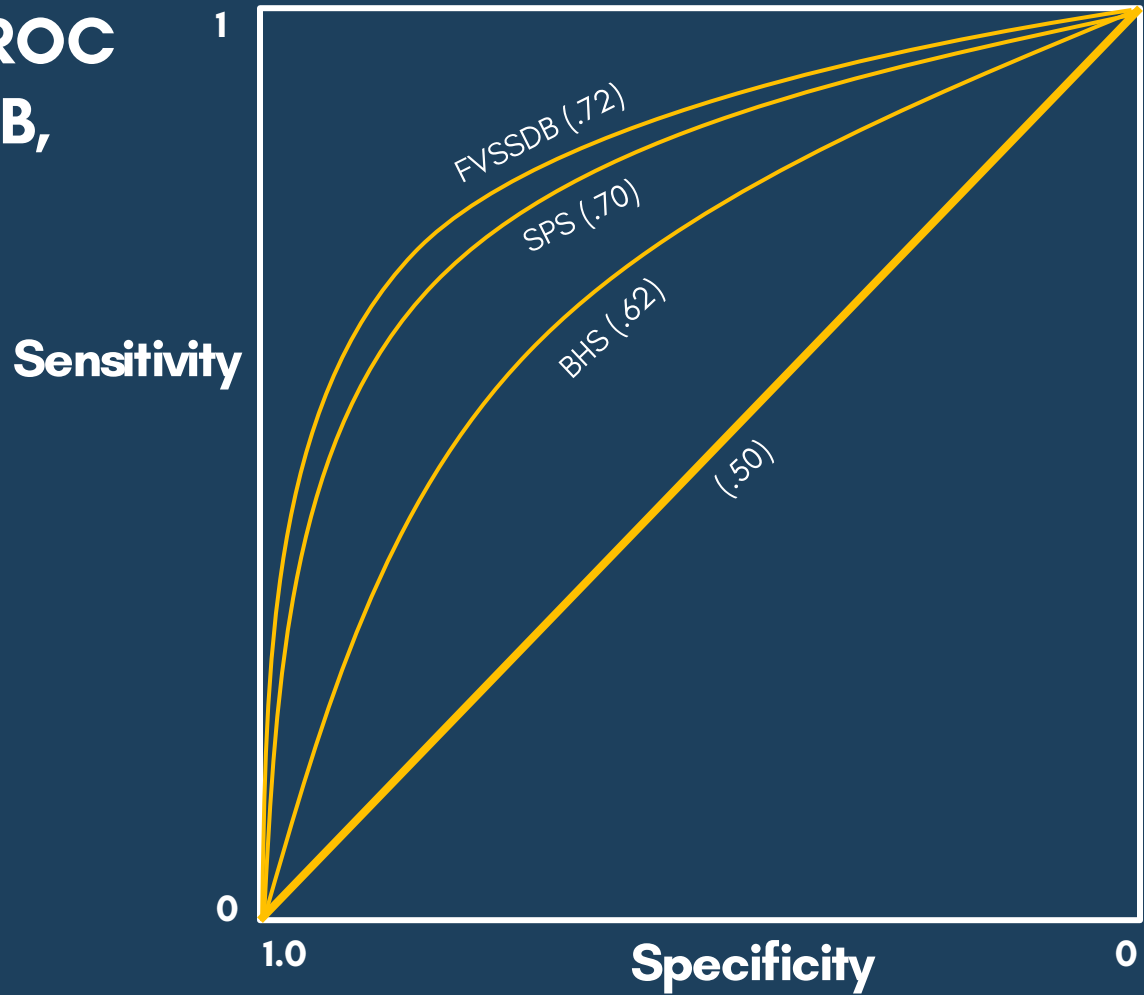
- Risk Assessment
- Treatment Planning
- Targeting Intervention
- Outcome Evaluation



Figure 4.1 Guttman scalogram analysis for the FAST

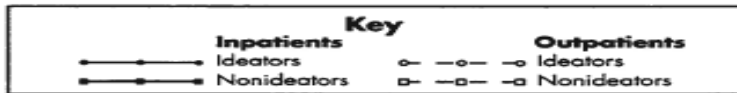
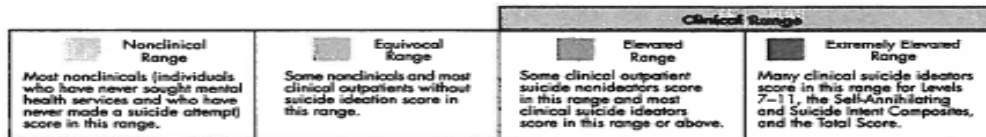
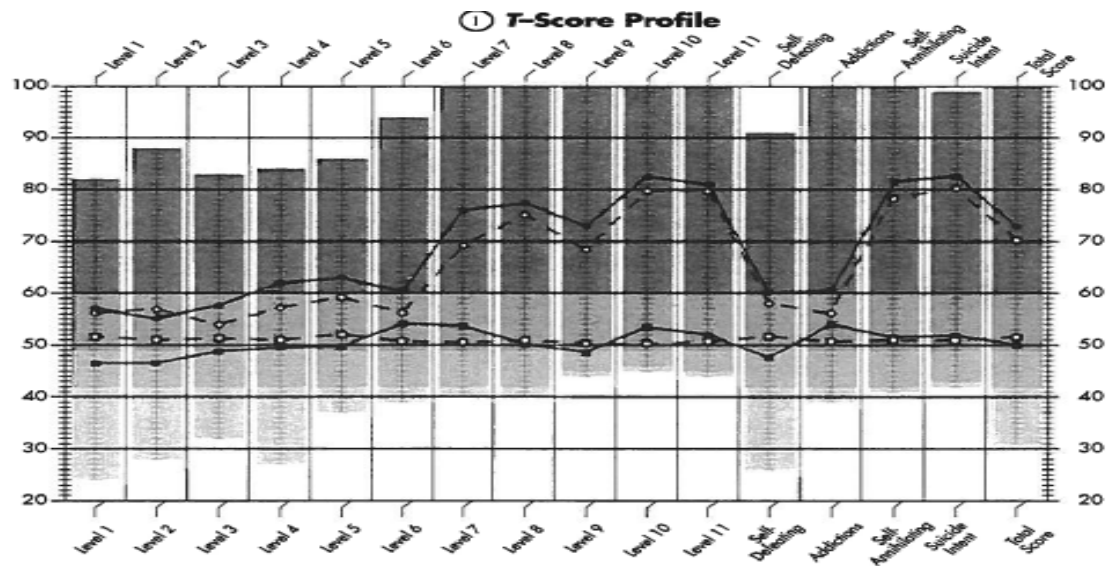


**Figure 3. Approximate ROC
Curves for the FVSSDB,
SPS, and BHS**



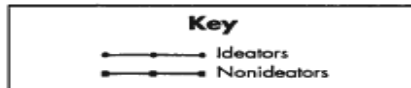
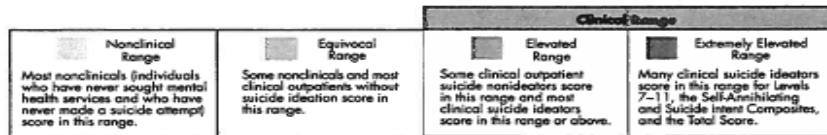
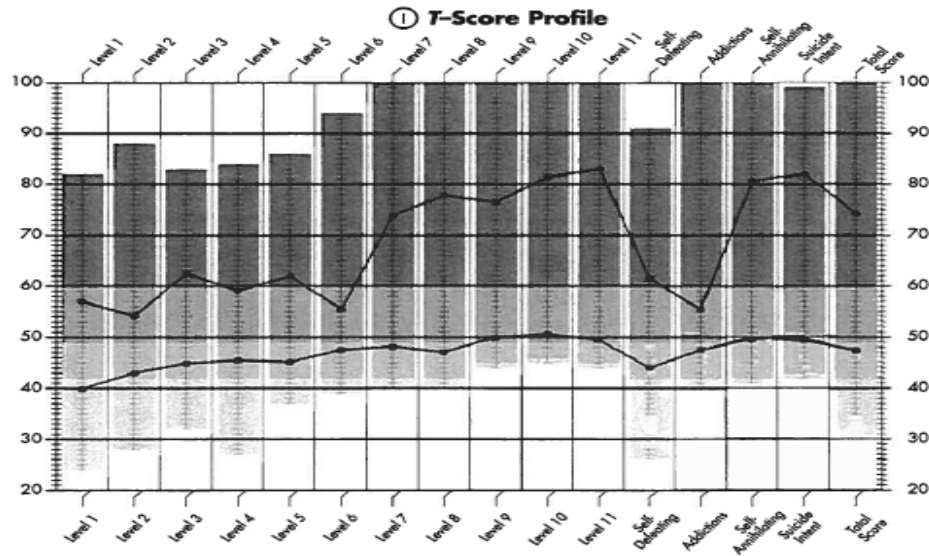
Mean T Scores for the Depression Sample

Inpatients and Outpatients – Ideators VS Nonideators (N=296)



Mean T Scores for the Bipolar Disorder Sample

Ideators VS Nonideators (N= 68)



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

Other Measures

- Beck Depression Inventory-II (BDI-II)
- Clinically Useful Depression Outcome Scale (CUDOS)
- Patient Health Questionnaire (PHQ-9)
- Quick Inventory of Depressive Symptomatology (QIDS)



Therapies for Depression

- [Acceptance and Commitment Therapy for Depression](#)
- [Behavioral Activation for Depression](#)
- [Cognitive Behavioral Analysis System of Psychotherapy for Depression](#)
- [Cognitive Therapy for Depression](#)
- [Emotion Focused Therapy for Depression](#)
- [Interpersonal Psychotherapy for Depression](#)
- [Self-Management/Self-Control Therapy for Depression](#)
- [Problem-Solving Therapy for Depression](#)
- [Rational Emotive Behavioral Therapy for Depression](#)
- [Reminiscence/Life Review Therapy for Depression](#)
- [Self-System Therapy for Depression](#)
- [Short-Term Psychodynamic Therapy for Depression](#)
- [Cognitive-Behavioral Therapy for Depression in People with Diabetes](#)



Emotion-Focused Therapy

- Evidence based treatment
- Aims within an affectively attuned empathic relationship to access and transform habitual maladaptive emotional schematic memories that are seen as the source of the depression
- Adaptive emotions are accessed to transform maladaptive emotions and to organize the person for adaptive responses.

Importance of Emotion and Thought

- “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.



Importance of Emotion and Thought

- 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.”





Judith Beck

Hot cognitions:
the core schema
or previously
unconscious
beliefs about
self, others and
the world

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.

- Cognitive Therapy: Basics and Beyond

Helping Your Clients Identify Their Critical Inner Voice

Help Clients:

1. Recognize the positive or negative 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.



Voice Therapy

Cognitive/ Affective/ Behavioral Approach



Voice Therapy

A Psychotherapeutic
Approach to Self-Destructive Behavior

Robert W. Firestone Ph.D.



The Therapeutic Process in Voice Therapy

Step I

The person articulates his or her self-attacks in the second person and expresses any feelings that arise.



The Therapeutic Process in Voice Therapy

Step II

- The person discusses reactions to saying their voices.
- The person tries to understand the relationship between these attacks and early life experiences.



The Therapeutic Process in Voice Therapy

Step III

- The person answers back to the voice attacks.
- The person makes a rational statement about how he or she really is.



The Therapeutic Process in Voice Therapy

Step IV

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



The Therapeutic Process in Voice Therapy

Step V

- The person collaborates with the therapist to plan changes in these behaviors.
- The person is encouraged to not engage in self-destructive behaviors and to increase the positive behaviors these negative thoughts discourage.

If you're interested in attending a voice therapy training please
contact jina@glendon.org or visit www.glendon.org.



Self

Anti-Self



Self-criticism and Emotion

Working on self-criticism
decreased shame, fear, distress
and increased assertive anger



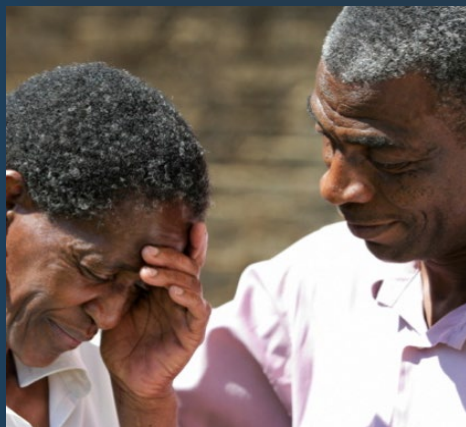
Source: Antonio Pascual-Leone. (2016) The role of maladaptive anger in self-criticism: A quasi-experimental study on emotional processes. *Counselling Psychology Quarterly* 29:3

Curious

Open

Accepting

Loving



Embrace self-compassion



Self-Compassion vs Self-Esteem

Research from Dr. Kristin Neff:

Self-Esteem

- Self-esteem refers to our sense of self-worth, perceived value or how much we like ourselves.
- Low self-esteem is problematic, however trying to have higher self-esteem can also be problematic.
- The need for high self-esteem may encourage us to ignore, distort or hide personal shortcomings so that we can't see ourselves accurately.
- Our self-esteem is often contingent on our latest success or failure, meaning that our self-esteem fluctuates.

SOURCE: <http://www.self-compassion.org/>



Self-Compassion vs Self-Esteem

Research from Dr. Kristin Neff:

Self-Compassion

Unlike self-esteem, self-compassion is not based on self-evaluation. It is not a way of judging ourselves positively; it is a way of relating to ourselves kindly.

Three Elements of Self-Compassion

1. **Self-kindness:** Treating ourselves with kindness, as you would treat a friend, versus harsh self-judgment
2. **Common humanity:** How am I the same as others?
Recognizing that suffering and personal inadequacy is part of the shared human experience
3. **Mindfulness:** Being with what is in the present moment
Taking a balanced approach to our negative emotions so that feelings are neither suppressed nor exaggerated

SOURCE: <http://www.self-compassion.org/>



Studies show that self-compassion has a significant positive association with:

- Happiness
- Optimism
- Positive affect
- Wisdom
- Personal initiative
- Curiosity and exploration
- Agreeableness
- Extroversion
- Conscientiousness

SOURCE: <http://www.self-compassion.org/>



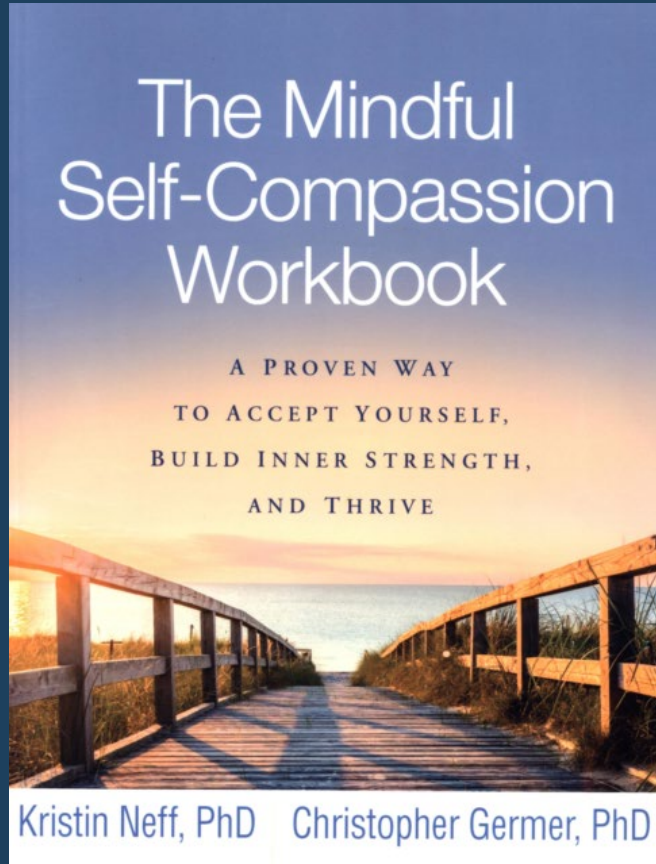
Loving-Kindness Meditation

- Self-criticism predicted poor response to psychological and pharmacological treatments.
- Increased self-compassion reduced depressive symptoms and increased positive emotions

Source: Ben Shahar, Ohad Szsepsenwol, Sigal Zilcha-Mano. (2014) A Wait-List Randomized Controlled Trial of Loving-Kindness Meditation Programme for Self-Criticism. *Clinical Psychology and Psychotherapy*



Self-Compassion Exercises





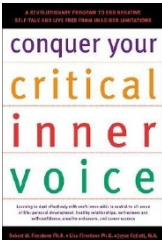
Our Exercises

Exercise: Who is the Real You?

Write down:

- Times when you notice you feel the conquer your critical inner voice yourself.
- Times when you notice yourself following the footsteps of others (i.e. of parents or other influential figures).
- What are the things that light you up?
- What are the things you do to please or conform to the standards of others?
- Are there areas of your life in which you act either childish or parental?
- At what times do you lose your own point of view?



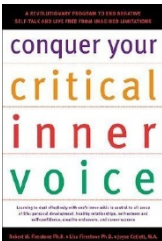


Think of Your Inner Critic as an External Enemy

- Change “I” statements to “you” statements.
- This will help separate your inner critic from your real point of view.
- Do your self-critical thoughts remind you of a point of view of someone in your past?

Example:

“I don’t feel like I’m an attractive person.”  “You’re not attractive.”



Exercise 1.2:

Your Critical Inner Voice Attacks

Self-critical attacks as “I” statements

Example:

I’m not attractive.

I’m such a loser.

I can’t get anything right.

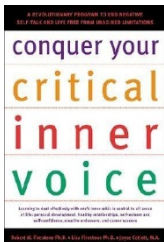
Self-critical attacks as “you” statements

Example:

You’re not attractive.

You’re such a loser.

You can’t get anything right.



Exercise 1.3: Keeping a Journal: Your Critical Inner Voice/The Real You

Self-critical attacks
as “you” statements

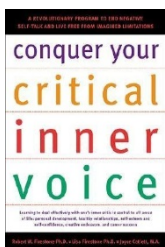
Example:

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.*



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.

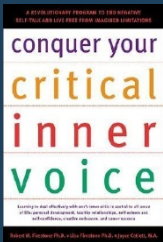
Actions to take that reflect the real me

Examples:

I want to feel 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.



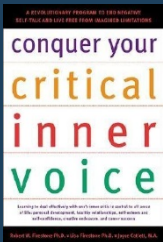
Exercise 7.1

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

Triggering event

**Critical inner voices I recall
experiencing at the time of the event**

**My realistic thoughts about
the event *now***

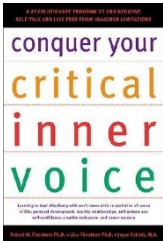


Exercise 7.2

Depression: Your Critical Inner Voices and Your Feelings

My critical inner voices
contributing to depression

How these voices left me feeling



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

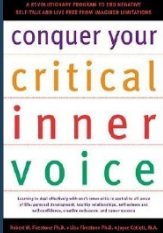
Behaviors I engage in

Level 1:

Level 2:

Level 3:





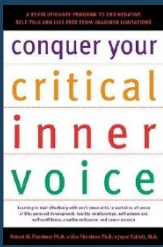
Exercise 7.4

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. |

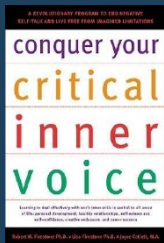


Exercise 7.5

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

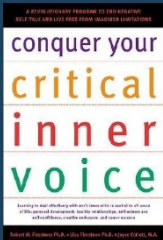
These aren't your kind of people. Why don't you go off by yourself?

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.

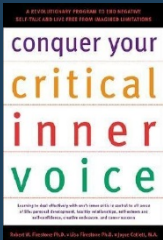


Exercise 7.7

How Your Critical Inner Voice Influences Isolation/ What You Realistically Think

What my critical inner voice says

What I realistically think



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

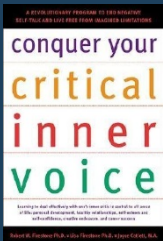
Who could love you? You have nothing to offer.

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.



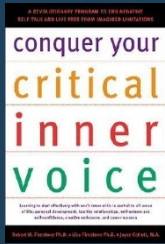
Exercise 7.9

Critical Inner Voices of Depression

Your Critical Inner Voice/ The Real You

What my critical inner voice says

What I realistically think



Exercise 7.10

Plan of Pleasurable Activities

Describe the activities
I plan to engage in

A weekly report of my critical
inner voices about my plan

TOOLKIT

- Name It to Tame It
- Wheel of Awareness
- RAIN Approach
- Balancing the Mind

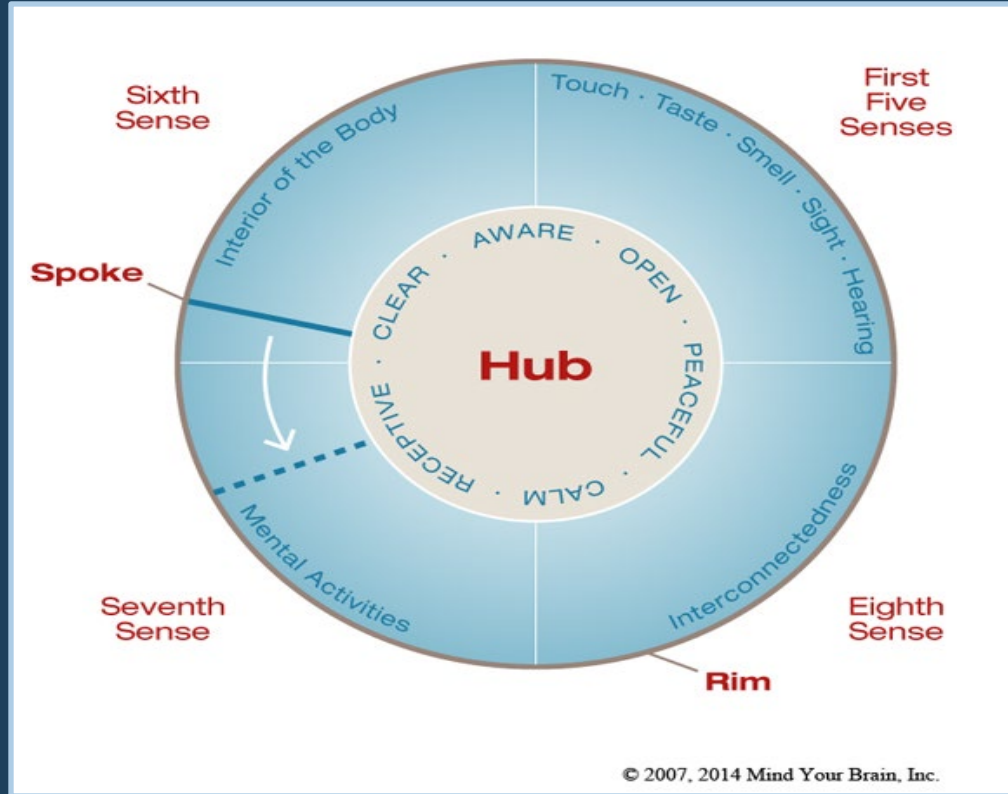


The RAIN Approach

- **R**ecognize
- **A**ccept/Acknowledge/Allow
- **I**nvestigate
- **N**on-Identification



Wheel of Awareness



A woman is shown from the side, writing on a large sheet of paper with a white marker. She is wearing a light-colored, long-sleeved shirt. On the desk in front of her are several items: a silver tablet with a blank screen, a spiral-bound notebook with a red cover, a pink cup on a matching saucer, a pair of purple-rimmed glasses, a black smartphone, and a wooden ruler. The desk has a blue and green patterned cloth. The entire scene is framed by a white border with a splatter effect.

Part 4: Important Areas to Address

Anger

- Going inward and turning anger on oneself contributes to the severity of depression.
- Studies suggest that anger suppression, but not anger expression, is associated with mood, i.e. depression and anxiety.
- You can recognize and accept your anger in a healthy way that releases the emotion without allowing it to fester or be turned into an attack on yourself.

Sources: Rudy Abi-Habib, Patrick Luyten, The role of Dependency and Self-Criticism in the relationship between anger and depression, In Personality and Individual Differences, Volume 55, Issue 8, 2013, Pages 921-925, ISSN 0191-8869
http://media.leidenuniv.nl/legacy/martin___dahlen_2005.pdf



Mindfulness

- Mindfulness practices don't change our feelings or thoughts, but they do change our relationship to our feelings and thoughts.
- Mindfulness skills can benefit people struggling with depression by helping them to be better able to regulate and tolerate emotion.



Mindfulness-Based Therapy for Depression

- Mindfulness-Based Cognitive Therapy is an effective and efficient way to prevent relapse/ recurrence in recovered depressed patients with 3 or more previous episodes
- Findings support the use of MBT for anxiety and depression in clinical populations.



Sources: Ma, S. H., & Teasdale, J. D. (2004). Mindfulness-Based Cognitive Therapy for Depression: Replication and Exploration of Differential Relapse Prevention Effects. *Journal of Consulting and Clinical Psychology*, 72(1), 31-40.
Hofmann, S. G., Sawyer, A. T., Witt, A. A., & Oh, D. (2010). The Effect of Mindfulness-Based Therapy on Anxiety and Depression: A Meta-Analytic Review. *Journal of Consulting and Clinical Psychology*, 78(2), 169-183.
<http://doi.org/10.1037/a0018555>

Activity

2017 study concluded there should be a greater emphasis on physical activity in depression treatment guidelines



Source: Hallgren, M. et al. Treatment guidelines for depression: Greater emphasis on physical activity is needed. *European Psychiatry*, Volume 40 , 1 - 3

Exercise and Depression

Penny McCullagh, Ph.D.

- Beneficial antidepressant both immediately and long term
- Although exercise significantly decreased depression across all ages, the older people were, the greater the decrease.
- Most powerful antidepressant effect occurred with the combination of exercise and psychotherapy.



Diet & Nutrition

- Mediterranean-style dietary intervention supplemented with fish oil can improve mental health in people with depression.
- Robust association between both higher adherence to a Mediterranean diet and lower adherence to a pro-inflammatory diet and a lower risk of depression.
- Dietary interventions significantly reduced depressive symptoms, hold promise as a novel intervention for reducing symptoms of depression across the population.



Sources: <https://www.tandfonline.com/doi/full/10.1080/1028415X.2017.1411320?af=R&https://www.nature.com/articles/s41380-018-0237-8>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6455094/>

Connectedness

- Protective factor against anxiety and depression
- Limited face-to-face social contact nearly doubles risk of having depression in older adults. Those who met in person regularly with family and friends were less likely to report symptoms of depression.
- Building a strong connection to a social group helps clinically depressed patients recover and helps prevent relapse.

Sources: <https://www.sciencedaily.com/releases/2014/03/140319143938.htm>
<https://www.ncbi.nlm.nih.gov/pubmed/26437566>



Sleep Problems

- Sleep strongly influences both the development and trajectory of depression
- Impacts episode frequency, severity, and duration
- Depressed patients who continue to experience insomnia are less likely to respond to treatment.
- Sleep-related symptoms may be important and modifiable risk factors to prevent depression and/or achieve and maintain depression remission
- Evidence suggests that interventions for insomnia, which include both behavioral and psychological treatments and pharmacotherapy, may be helpful in depression.

Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3108260/>
https://www.health.harvard.edu/newsletter_article/sleep-and-mental-health



Tips from the National Sleep Foundation

- Keep a regular sleep/wake schedule
- Get into bright light soon after waking in the morning
- Get some form of exercise every day
- Avoid afternoon naps if you have nighttime insomnia
- Limit caffeine and alcohol
- Ask loved ones for help – you should not face depression alone

Source: <https://www.sleepfoundation.org/articles/depression-and-sleep>



Activities

The importance of engaging
in activities you once
enjoyed

...even when you don't feel like it



Watch a funny show or movie

...but avoid too much screen time

- 2017 study found significant association between TV watching/computer uses with moderate or severe level of depression after controlling all potential confounders.
- Binge-watching may affect mental health – related to fatigability, poor quality of sleep, insomnia, and some mood disturbance – possible association with depression, loneliness, and deficient self-regulation.

Sources: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5574844/> and <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6436420/#ref6>



Rumination

- A 2013 study of more than 30,000 people showed that harping on negative life events (particularly through rumination and self-blame) can be the prime predictor of some of today's most common mental health problems like anxiety and depression.
- Self-blame, rumination, catastrophizing and reduced positive reappraisal were among the most valuable predictors of negative emotions, including anger and depression.
- Limit the time you allow yourself to think about negative thoughts or worries.

Source: Rudy Abi-Habib, Patrick Luyten, The role of Dependency and Self-Criticism in the relationship between anger and depression, In Personality and Individual Differences, Volume 55, Issue 8, 2013, Pages 921-925, ISSN 0191-8869



Social Media

Studies from 2018:

- Found social media use increases depression and loneliness
- People who limited their social media use felt significantly better, reporting reduced depression and loneliness



Medication and Newer Treatment Options



Newer Medical Treatments

Ketamine

- Statistically significant improvement over placebo or midazolam in major depressive disorder
- Statistically significant improvement over placebo in bipolar depression
- Shown promise in quickly reducing symptoms in patients with treatment resistant depression and bipolar depression
- May be helpful for patients that have exhausted other therapeutic options

Repetitive Transcranial Magnetic Stimulation (rTMS)

- Meta-analyses have shown that high-frequency (HF) rTMS has antidepressant properties when compared with sham rTMS.
- HF-rTMS seems to be associated with clinically relevant antidepressant effects and with a benign tolerability

Psilocybin??

Sources: Sarah E. Grady, Travis A. Marsh, Allison Tenhouse, and Kelsey Klein (2017) Ketamine for the treatment of major depressive disorder and bipolar depression: A review of the literature. *Mental Health Clinician*: January 2017, Vol. 7, No. 1, pp. 16-23.
Berlim, Marcelo & Eynde, Frederique & Tovar-Perdomo, Santiago & Daskalakis, Zafiris. (2013). Response, remission and drop-out rates following high-frequency repetitive transcranial magnetic stimulation (rTMS) for treating major depression: A systematic review and meta-analysis of randomized, double-blind and sham-controlled trials. *Psychological medicine*. 44. 1-15. 10.1017/S0035291713000512.



Old Treatments that are Still Important:

- Lithium
- ECT



TIPS to Fight Depression

- Challenge your inner critic.
- Embrace self-compassion.
- Identify anger.
- Practice mindfulness.
- Be active.
- Consider diet.
- Increase connectedness.
- Address sleep problems.
- Do things you've enjoyed.
- Watch a funny show/movie.
- Avoid rumination.
- Take a social media break.
- Take medication, if indicated.
- Consider treatments new and old.



The Healthy Mind Platter



The Healthy Mind Platter, for Optimal Brain Matter

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SUICIDE:

Effective Risk Assessment and Intervention

COMPREHENSIVE ONLINE SUICIDE
PREVENTION TRAINING

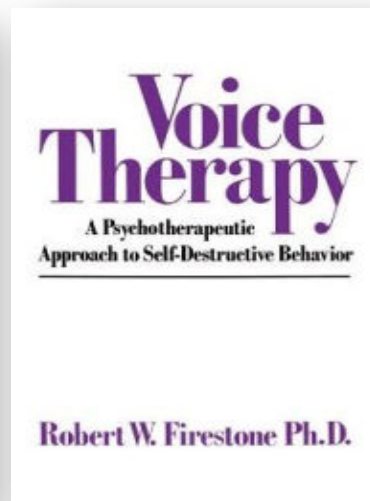
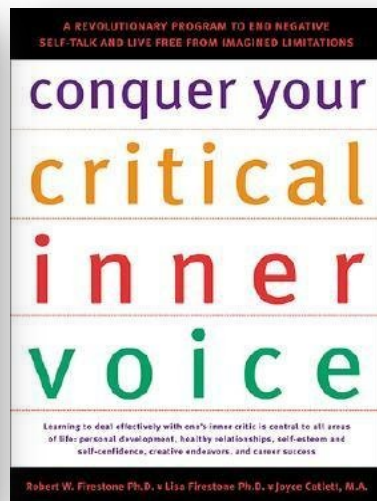
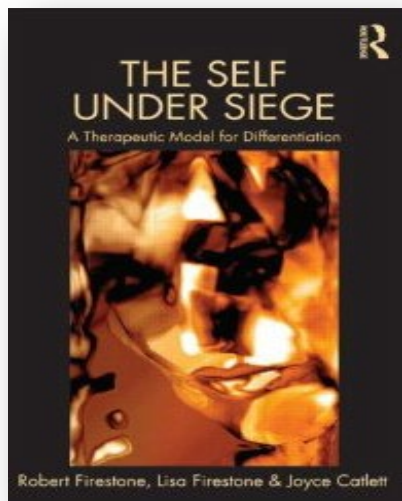
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Thanks!

Any questions?



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