

Overcoming Depression

Session 1

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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



1





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/2019/05/19/0519100908.htm>
<https://www.verywellmind.com/depression-statistics-everyone-should-know-4159056>
<https://www.dccollege.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/2019/05/19/0519100908.htm>
<https://www.verywellmind.com/depression-statistics-everyone-should-know-4159056>
<https://www.dccollege.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





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.

Source: APA - <http://www.apa.org/topics/depression/recover.aspx#8> and <http://www.apa.org/monitor/2010/02/depression.aspx>



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)

Source: APA - <http://www.apa.org/topics/depression/recover.aspx#8>



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.

Source: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0203745>



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

Source: American Psychological Association - <http://apa.org/topics/depress/recover.aspx>



Causes of Depression



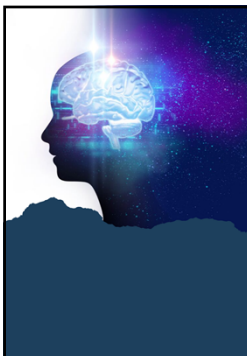
Causes of Depression

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.

Source: APA - <http://www.apa.org/topics/depression/recovery.aspx>





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.

SOURCE: <https://www.health.harvard.edu/mind-and-mood/what-causes-depression>



Interesting Findings: **Environmental**

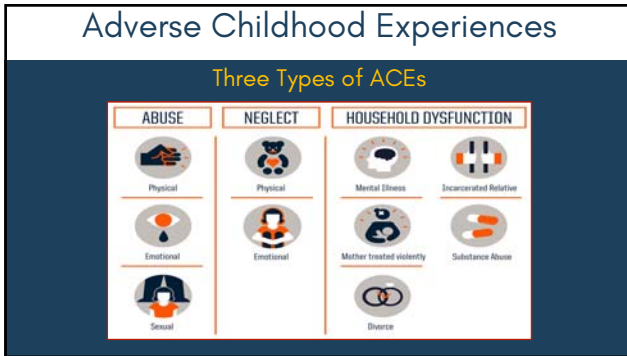
Stressful Life Events:

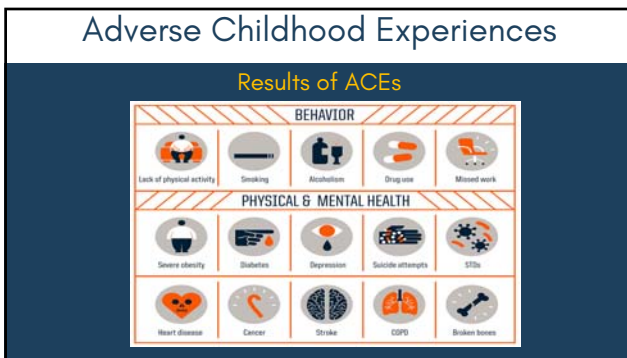
- Genetic makeup influences sensitivity to stressful life events.
- "When genetics, biology, and stressful life situations come together, depression can result."
- Studies have shown that people who are depressed or have dysthymia typically have increased levels of corticotropin-releasing hormone (CRH).

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.


SOURCE: <https://www.health.harvard.edu/mind-and-mood/what-causes-depression>



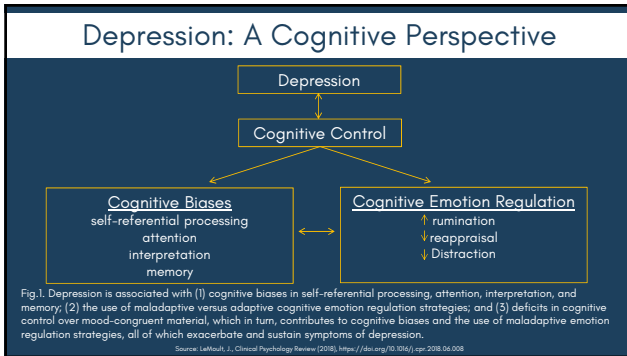


Attachment and Depression


- 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"



Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC274157/>



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:
 - Increased use of maladaptive emotion regulation strategies (e.g., rumination)
 - Decreased use of adaptive emotion regulation strategies (e.g., reappraisal)
 - Decreased flexibility in the selection and implementation of emotion regulation strategies
- Increasing evidence documents the benefits of mindfulness-based cognitive therapy (MBCT).

Source: LeMoult, J., *Clinical Psychology Review* (2018). <https://doi.org/10.1016/j.cpr.2018.06.008>

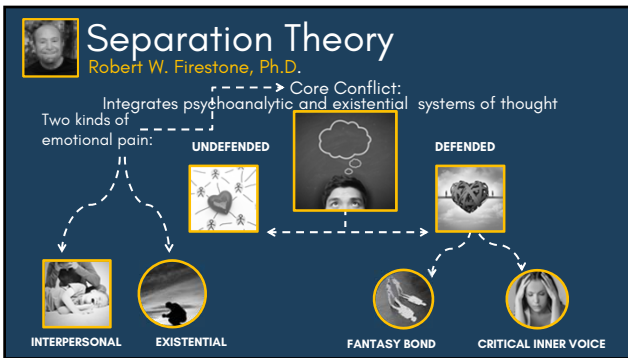
Self-Concept and Depression

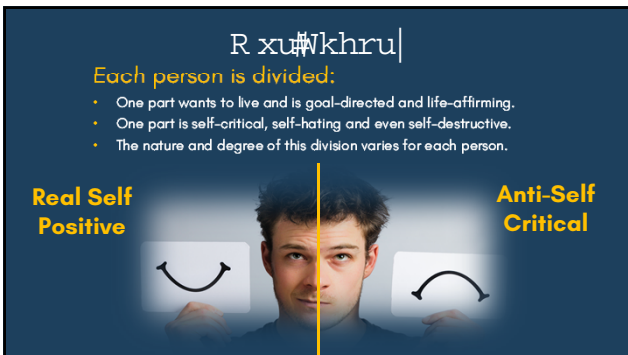


- Negative self-concept has been found to be associated with depression in toddlers.
- Low self-esteem and depression are strongly related.
- Scar model (depression erodes self-esteem) versus vulnerability model (low self-esteem contributes to depression).
- Study on low self-esteem and depression findings 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/22730991> and <https://www.frontiersin.org/articles/10.3389/fpsyg.2019.00443/full>







Division of the Mind

Parental Ambivalence

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

Parental Nurture



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


<u>Voice Process</u>	<u>Behaviors</u>
1. Critical thoughts toward self	Verbal self-attacks - a generally negative attitude toward self and others predisposing alienation 
2. Micro-suicidal injunctions	Addictive patterns. Self-punitive thoughts after indulging 
3. Suicidal injunctions - suicidal ideation	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

<u>Voice Process</u>	<u>Behaviors</u>
1. Self-soothing attitudes	Self-limiting or self-protective lifestyles, Inwardness 
2. Aggrandizing thoughts toward self	Verbal build up toward self 
3. Suspicious paranoid thoughts towards others	Alienation from others, destructive behavior towards others 
4. Micro-suicidal injunctions	Addictive patterns. Thoughts luring the person into indulging 
5. Overtly violent thoughts	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




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

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

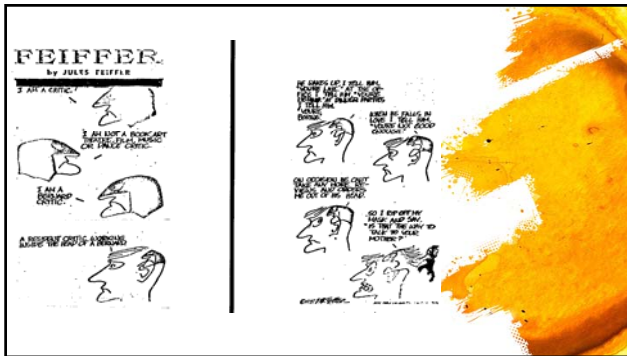
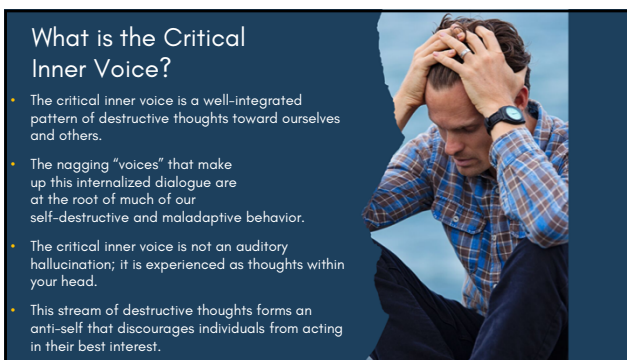


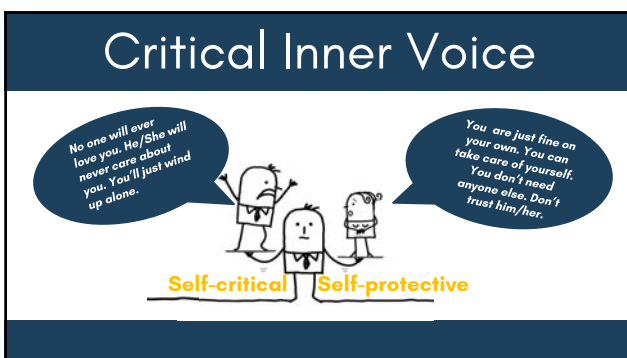
Critical Inner Voice and Depression



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.

[illegible]



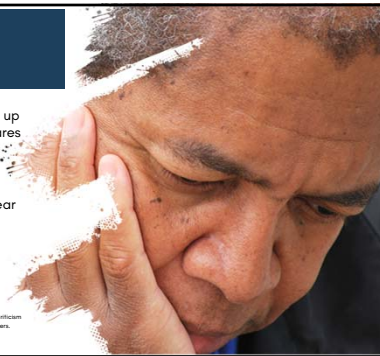
How does the critical inner voice affect us?

- 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 25). 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/cou0000001>

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.

Self-Denial
Isolation
Hating Yourself
Substance Abuse
Risk Taking
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: Figueira, Giorgio, Marchetti, Daniela. (2007) Attachment Styles and Suicide-Related Behaviors in Adolescence: The Mediating Role of Self-Criticism and Dependency. *Frontiers in Psychology* 8, pages 54.
Li, S., Gidycz, I., Briggs, J., Duffy, M. (2007) Attachment style and suicide behaviors in high risk psychiatric inpatients following hospital discharge: The mediating role of attachment. *Psychiatry Res.*



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

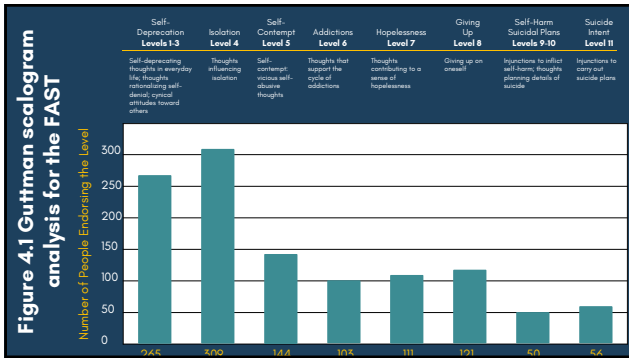
Based on **Separation Theory** developed by Robert W. Firestone, PhD, and represents a broadly based coherent system of concepts and hypothesis that integrates psychoanalytic and existential systems of thought. The theoretical approach focuses on **internal negative thought processes**. These thoughts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

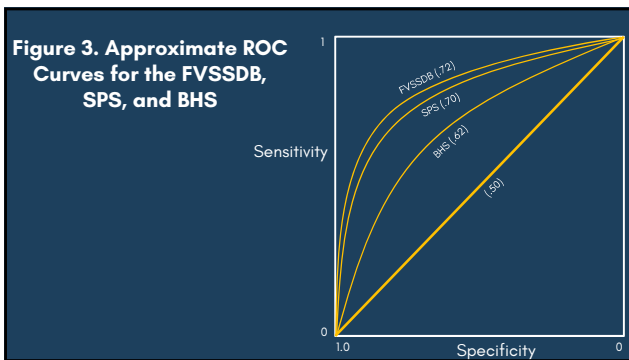
Three booklets for the assessment instruments are shown: FAST (blue cover), FASI (maroon cover), and FAVTA (green cover).

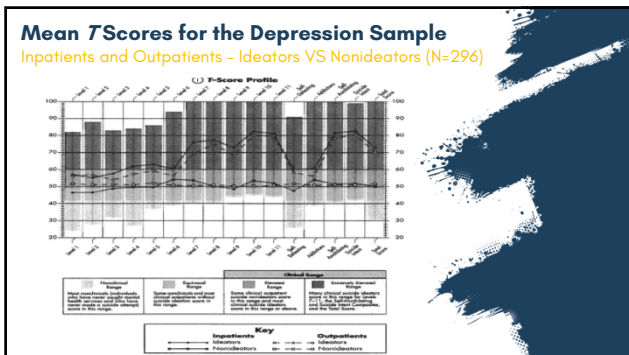
Uses for Our Measures

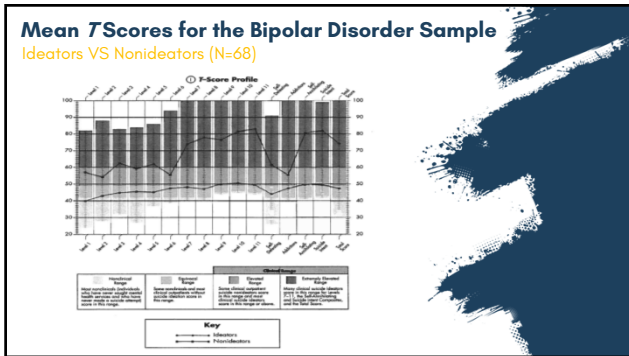
- Risk Assessment
- Treatment Planning
- Targeting Intervention
- Outcome Evaluation

A photograph of several sticky notes. One yellow sticky note with a hand-drawn smiley face is in the foreground, and several purple sticky notes with hand-drawn sad faces are behind it.









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)

Thanks!

Any questions?



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