When You Can't Shake the Blues: Empirically Supported Treatments for Chronic Depression

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Major Depression

• Depressed Mood and/or Anhedonia most of the day nearly everyday for at least the same two week period
• Plus any combination of the following (with total of at least five symptoms)
  – Change in appetite
  – Change in sleep
  – Psychomotor retardation
  – Loss of energy
  – Worthlessness/guilt
  – Concentration difficulties
  – Suicidal thoughts/or thoughts of death
Specifiers

- Single vs recurrent
- Mild
- Moderate
- Severe
- With Psychotic Features
Other Important Specifiers

- Anxious Distress
- Mixed Features
- Melancholic Features
- Atypical Features
- With Psychotic Features
- Catatonia
- Peripartum Onset
- Seasonal Pattern
Persistent Depressive Disorder (Dysthymia)

• Depressed mood—more days than not for at least 2 years (1 for children and adolescent), plus at least two other symptoms
  – Change in appetite
  – Change in sleep
  – Fatigue
  – Poor concentration
  – Low Self Esteem
  – Feelings of helplessness
• Never more than 2 continuous months without symptoms
• May have continuous MDD
Persistent Depressive Disorder

- Early vs. late start (age 21)
- Pure dysthymic syndrome
- With persistent major depressive episode
- With Intermittent MDD, with and without current episode
Normal Mood Variability

Ceiling

Floor
Major Depressive Disorder
Single Episode

Ceiling

Floor

At least 2 weeks
Usually last 3 mos. or more
Early Onset, Pure Dysthymic

Floor

2 + year

Ceiling

21
Major Depressive Disorder
Single Episode

Often 2-20 weeks
Major Depressive Disorder
Recurrent

More than 8 wks

Ceiling

Floor
Persistent Depressive Disorder with intermittent MDEs, with current episode

Floor

More than 8 weeks

More than 8 weeks

Current Episode

Ceiling

2+ years

2+ years

Current Episode
An Integrative Model of Depression

Stressful Life Events
- Role Transitions
- Relational Conflict
- Unresolved Loss

Loneliness/relational deficits

Temperament/Genetics/biology

Early Relationship Experiences

Behavioral & Relational Disturbances

Self

Other/world

Negative Bias

Insecure Working Models of Attachment

X

Social-Neuro-cognitive Skill Deficits

Future

Chronic Mood Dysregulation
Empirically-Supported Treatments

- Medication Therapy
- Trans-cranial Magnetic Stimulation
- Cognitive Behavioral Therapy
- Interpersonal Therapy
- Behavior Activation
- Short-Term Dynamic Psychotherapy
- Cognitive Behavior Analysis of Systems
Development of Internal Working Models

Learning History

Needs
- Wants
- Feeling
- Opinions

Self

Others
- Rejection
- Criticism
- Betrayal
- Abuse

Anxiety
- Shame
- Guilt

Feared Outcome
- I’m totally flawed
- It’s all my fault
- I don’t matter
- I’m bad

Don’t Speak Up
- Stuff Feelings

Avoidance/stuff feelings

Worthlessness

Helplessness

Why bother
- What’s the point

My feelings don’t matter
- No one really cares
- I don’t matter

I don’t matter
Learned Helplessness

Signals Brain

Helplessness

Shut-down
Energy
Motivation
Pleasure

Survival Mode
Fight-Flight
On-edge
Irritable/angry
Hyper-vigilant

I’m a failure
I’m tired
I’m worn out
I’m useless
I’m going crazy
I’m dying

Something bad is going to happen
I can’t stand this

I’m tired
I’m worn out
I’m useless
I’m going crazy
I’m dying

Signals Brain
Emotion Dysregulation

- Avoidance Behavior
- Dissociation
- Tension Reduction Behaviors
Emotion Dysregulation

Tension Reduction Behaviors

Self mutilation
Sexual acting out
Suicide Fantasy
Addictive Behavior
Understanding CBASP

• Cognitive Behavioral Analysis System of Psychotherapy

• Developed by Dr. Jim McCullough, Virginia Commonwealth University

• The ONLY empirically supported therapy developed specifically to treat the chronically depressed patient
CBASP Research Support

• First published article (in 2000)
• On-going research in United States and Europe
CBASP: Theoretical Background

- Chronic depression etiology
- Piaget’s developmental stages
- Pavlovian Learning
- Operant Learning
Key Features of CBASP

• Significant Other History
• Interpersonal Discrimination
• Situational Analysis
  – Retroactive
  – Proactive
• Disciplined Personal Involvement
CBASP from a Christian Perspective

• Relational healing
• Lutheran concept of bearing another’s sins, being Christ to another person
  – This does not mean having poor boundaries or being a punching bag for your patients.
  – It does mean becoming personally involved and therapeutically informing the patient of how his/her behavior affects you, the therapist (disciplined personal involvement).

• Colossians
The Cognitive Behavioral Analysis System of Psychotherapy (CBASP)
Introduction to CBASP

- Cognitive Behavioral Analysis System of Psychotherapy
- The ONLY empirically supported treatment developed specifically to treat chronic depression
- Texts (McCullough):
Introduction to CBASP

• Scholarly articles and research studies

• Also see [www.CBASP.org](http://www.CBASP.org) for additional research articles.
What is Chronic Depression?

• Characterized by early onset, lack of social skills and lack of social learning

• Often misdiagnosed with personality disorders (Cluster C – avoidant, dependent, depressive?) and individuals can become over-pathologized (e.g., diagnoses of co-morbid GAD, Social Anxiety)

• Leads to mistreatment, under-treatment, or unnecessary treatment – e.g., Cognitive Therapy, Behavior Activation, ECT
What Causes Chronic Depression?

• Early toxic environmental milieus (Cicchetti & Barnet, 1991; Cicchetti, 1993; Durbin et al., 2000; McCullough, 2000)

• Emotional maltreatment (active or passive); physical abuse or neglect; sexual abuse

• Early environment is characterized by:
  – Unmet physical or emotional needs
  – A physically dangerous family environment
  – Tension, fear, anxiety, terror prevalent
  – Thrust into role requiring him/her to meet emotional needs of the caregiver(s)
What Maintains Chronic Depression?

- The environment does not inform behavior = chronicity
CBASP Background and Theory

• Theoretical bases
  – Developmental theory (Piaget)
  – Learned helplessness (Seligman)
  – Learning theory (Skinner, Pavlov, Bandura)
  – Perceived functionality (McCullough)
CBASP Method and Procedures

• Significant Other History
• Interpersonal Discrimination
• Situational Analysis
• Disciplined Personal Involvement
CBASP Significant Other History

• Conducted in first session with patient (after proper diagnosis)
• Patient is instructed to list no more than 5 persons who have made a significant impact on patient’s life, for better or for worse
• In contrast to a traditional clinical interview, the Significant Other History is a structured means of allowing the patient to educate the therapist about the patient’s world as they see it
CBASP Significant Other History

• Patient begins to make explicit causal inferences (moving from preoperational functioning to formal operations thinking)

• Provides basis for Interpersonal Transference Hypotheses

• Lays groundwork for Interpersonal Discrimination with the goal of having the therapist become a safety signal for the patient
  – Until and unless this happens, learning cannot occur.
CBASP Significant Other History

• Potential Transference Hypothesis Domains:
  – Being Intimate/Getting Close With/to Someone
  – Personal Disclosure of Oneself/Expression of Needs
  – Making Mistakes around Someone
  – Expressing Negative Affect to Someone
Case Example

• Jane
• 25-year-old female
• Depression since adolescence
• Early environment characterized by harsh discipline, emotional neglect, parents’ disregard for her interests
Case Example

• Significant Others
  – Father
  – Mother
  – Older sister
  – Son
  – Boyfriend
Case Example

• Effects
  – Father: Strict discipline, blaming. “If something goes wrong, it’s always my fault”.
  – Mother: Angry, isolated. “Easier to express anger than other emotions.”
  – Older sister: Manipulative, dishonest. “Be the opposite of her.”
  – Son: Helped me grow up. “Patience, let my guard down.”
  – Current boyfriend: Considerate of my feelings. “Better able to express love and softer emotions.”
Case Example

• Interpersonal Transference Hypothesis:
  “If I make a mistake around Dr. Vance, he will blame me.”
CBASP Methods

• Interpersonal Discrimination
  – The therapist must become a “safety signal” for the patient
  – Patients come from environments where others are experienced as toxic (excitatory stimuli)
  – Pavlovian learning must be addressed
  – Therapist must look for opportunities to allow patient to experience interpersonal discrimination, and become an inhibitor
CBASP Situational Analysis

• Uses Coping Survey Questionnaire
• Two phases
  – Elicitation – SA used as an interpersonal, cognitive behavioral diagnostic tool
  – Remediation – Problematic behaviors are targeted for change and revised until new behaviors bring a desirable conclusion
• Confronts avoidance and directs the patient’s attention to the interpersonal environment
CBASP Situational Analysis

• Step 1: Describe what happened. *(A brief “slice of time” with a beginning, an end, and a short story in between.)*

• Step 2: Describe your interpretation of what happened (how did you “read” the situation?). *(A description of the process of the situation.)*

• Step 3: Describe what you did during the situation (what you said/how you said it). *(What someone else would have observed if they had been able to see you during this situation.)*

• Step 4: Describe how the event came out for you (actual outcome). *(Goes back to the end of the situation in Step 1)*

• Step 5: Describe how you wanted the event to come out for you (desired outcome). *(Looking at the end point of this situation, what is the best you could do at that point? Remember, goals must be realistic and attainable.)*

• Step 6: *Was the desired outcome achieved? YES ___ NO ____*
CBASP Situational Analysis

- Focus is on behavior and desired outcomes as stated in behavioral terms
- Problematic cognitive-behavioral patterns are typically revealed after several Situational Analyses
- New behaviors (skills) are taught if necessary and practiced in session (e.g., assertiveness, appropriate boundaries, role plays)
- New behaviors are generalized to other situations
- Relief in the form of Negative Reinforcement (removing the typical aversive consequences)
CBASP Situational Analysis

• Patients are ultimately taught to conduct SAs themselves, beginning with help from the therapist

• Two types of outcomes/dependent variables:
  – In-session learning performance (SA PPR)
  – Generalized Treatment Effects (BDI-II, HAM-D)
SA Case Example #1

• Step 1: Describe what happened.
  – Friend called, thanked pt for encouragement
  – Pt: We’re all going through things...
  – F: I know
  – Pt: As you help others, you get help yourself
  – F: I know. I have to go. (Hangs up.)

• Step 2: Describe your interpretation of what happened (how did you “read” the situation?). (A description of the process of the situation.)
  – My friend got what she wanted (encouragement)
  – She doesn’t understand what I’m trying to tell her
  – I need encouragement
SA Case Example #1

- **Step 3:** Describe what you did during the situation (what you said/how you said it).
  - Upset, “attitude” in my voice (increased volume, stressing certain words)

- **Step 4:** Describe how the event came out for you (actual outcome).
  - Friend didn’t understand me, hung up

- **Step 5:** Describe how you wanted the event to come out for you (desired outcome).
  - I wanted friend to ask me what I was going through so she could help me
SA Case Example #1

• Step 6: Was the desired outcome achieved?
  YES ___  NO ___X___
  – Why not? “Sometimes people don’t know what you need.”
  – REVISED D.O.: “I need to tell my friend that I need encouragement and then ask for it.”
SA Case Example #1

- Remediation using revised D.O.
  - Are your interpretations in Step 2 relevant and accurate?
  - How does this interpretation contribute to getting your D.O.?
  - You need an Action Interpretation that would prompt you to take action, say what you want or don’t want, etc.
  - If you had thought of an Action Interpretation, how would your behavior have changed?
  - What have you learned?
- The patient must do the work!!!
SA Case Example #2

• Step 1: Describe what happened.
  – Pt’s long-winded sister calls, begins rambling
  – Pt: I have things to do, I can only talk for about 30 min.
  – Sister: Alright. (Continued conversation)
  – Pt: (Watched clock, spoke up at 30 mins.) I have to go now.
  – Sister: Alright, we’ll talk again. (Hung up.)

• Step 2: Describe your interpretation of what happened (how did you “read” the situation?).
  – I can’t be on the phone for 2 hours
  – Trying to remember to be assertive, gentle
  – Felt like sister thought I was watching the clock

• Step 3: Describe what you did during the situation (what you said/how you said it).
  – Calm, polite, firm, matter-of-fact
SA Case Example #2

• Step 4: Describe how the event came out for you (actual outcome).
  – Conversation ended in a reasonable amount of time and no feelings were hurt

• Step 5: Describe how you wanted the event to come out for you (desired outcome).
  – To tell my sister I could only be on the phone for 30 minutes or less

• Step 6: Was the desired outcome achieved? YES _X__ NO _____
  – WHY? “I asserted myself! I set limits and stuck to them.”
  – Any other reasons you got your D.O.? “I paid attention to what was happening and did something about it.”
CBASP Methods

• Disciplined Personal Involvement
  – The patient must successfully recognize and deal with the consequences of his/her behavior
  – The therapist “becomes a problem” for the patient to deal with rather than avoid
  – Must be used therapeutically – always!
  – Examples of when to use: no shows, repeatedly late for appointments, discounting therapist’s motivations, threats (overt or covert) to leave therapy, suicidal gestures, successful SAs, when showing consideration for therapist’s feelings.
CBASP Principles

• Safety first! The therapist must become a safety signal before learning can fully take place

• Attention to detail/theory: Arranging the environment so that learning can occur

• Following the patient/therapist interaction at a “molecular” level, moment to moment

• The patient must do the work!
Practice Role Plays and Application
Disciplined Personal Involvement Scenario

• Relevant background:
  – Patient is a 45-year-old male. Due to disability he lives with his parents.
  – Significant Other History led to Transference Hypotheses:
    • “If I trust anyone, I’ll be hurt/betrayed”
    • and “If I make a mistake, I’ll be punished.”
Disciplined Personal Involvement
Scenario

• Patient returns to therapy after a 6-week absence
• Patient does not bring in a situation for analysis
• Patient interprets therapist’s queries about homework as punishing or punitive...
Beginning of Therapy: Sample Narrative

- Session I
- “My husband doesn’t appreciate me. Nothing I do interests him. He cares more about his video games than me. He’s always had sort of an addictive personality...he gets totally absorbed in things...he doesn’t care about anyone but himself...I guess it’s just me. If I try to say something to him about how I feel he just goes off and starts putting me down. It’s useless for me to say anything to him about my feelings. They don’t matter to him. I don’t matter...He’d be better off without me.”
Situational Analysis (session 6)

• Situation: As soon as husband and I finished dinner, he got up from the table and took his plate to sink. Think he started to head down stairs. I asked him where he was going. He said, “I think I’ll go play some war of aircraft.” I didn’t say anything but just nodded my head. He turned and walked off downstairs.
Situational Analysis (session 6)

• Interpretations:
  – He doesn’t love me.
  – I must be such a bore.
  – What’s the point...no one cares about what I need.

• Behavior:
  – I just nodded my head up and down and stared past him. Then I dropped it.
Situational Analysis (session 6)

• Actual Outcome (AO):
  – I dropped it.

• Desired Outcome (DO):
  – I want him to give up these stupid games.
  – I want him to love me and care about me.
Situational Analysis (session 6)

• Revised DO:
  – To tell him: I really want to spend some time with you this evening...can we do that later?

• Did you get DO?
  – No

• Why?
  – I didn’t say anything to him.
Situational Analysis (session 6)

• Revise interpretations:
  – He doesn’t love me.
  – I must be such a bore.
  – What’s the point...no one cares about what I need.

• Revised Action Read:
  – Ask him to spend time; speak up.
  – Be nice.
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