

Best Practice Guideline

Psychotherapy for Depression

Indications for Psychotherapy:

- *Patient's presenting symptoms.
- *Presenting History.
- *Willingness to participate in the therapeutic process.
- *Readiness for change.

Exclusions for Psychotherapy:

- *Organic brain disorders or cognitive limitations.
- *Severe treatment interfering behaviors.
- *Those patients needing to address alcohol/substance dependence prior to beginning psychotherapy for depression.
- *Those patients who are in need of a higher level of care for suicidality.

Type of Psychotherapy: (CBT and MBCT)

- **Cognitive Behavioral Therapy (CBT)** is a form of treatment that focuses on examining the relationships between thoughts, feelings and behaviors. CBT is an active intervention, and one can expect to do homework or practice outside of the therapy session.
- **Mindfulness Based Cognitive Therapy (MBCT)**- teaches to identify the escalation of negative thoughts and teaches to focus on the present moment, rather than reliving the past or pre-living the future. Mindfulness based meditation includes body scanning, mindfulness of breathing, formal and informal mindfulness practice, use of a Pleasant/Unpleasant events calendar, and Yoga. "According to Jon Kabat-Zinn, mindfulness can be defined as paying attention in a particular way on purpose in a present moment and non-judgmentally. Mindfulness is not a state of doing but a state of being in which you are fully aware of the present moment and do not evaluate your inner or outer environment. Mindfulness is a state of self-regulation of your attention and the ability to direct it towards breathing, eating, or something else. Curiosity, openness, and acceptance are all part of being mindful."

Initial Evaluation for Major Depressive Disorder

Assessment

- Ascertain presenting problem
- Identify frequency, intensity and duration of symptoms
- Assess for cognitive, behavioral, and interpersonal deficits
- Assess impairment in social, educational and occupational functioning
- Administer standard battery of intake measures (PHQ, GAD, Q-LES, or child/adolescent version)
- Evaluate for comorbid conditions (eg. anxiety disorders, bipolar disorder)
- Evaluate for suicidal risk and create safety plan
- Evaluate substance use, evaluate need for counseling or detoxification if patient has substance abuse or dependence
- Assess need for medication (look at severity of symptoms, previous treatment)
- Create basic treatment goals (can review/modify at session 2)

Homework

- CBT: Patient to purchase and begin reading Burn's Feeling Good, The feeling Good Handbook or any other pertinent material
- MBCT: Begin reading The Mindful Way Through Depression: Freeing Yourself from Chronic Unhappiness

CBT:

Session 2

Socialization to treatment

- Discuss diagnosis/ provide information
- Develop list of treatment goals (see addendum for examples)
- Review initial homework

Behavioral Interventions

- Identify behavioral targets (behavioral deficits and excesses)
- Instruct patient in reward planning and activity scheduling
- Encourage patient to increase self-reward
- Encourage patient to decrease rumination time and passive/asocial behavior
- Evaluate need for patient to modify personal hygiene, grooming, diet, bingeing, etc.
- Evaluate/treat insomnia (provide patient with handout)

Cognitive interventions

- Train patient in relationship between automatic thoughts and feelings
- Train patient in categorizing distorted automatic thoughts
- Elicit and challenge automatic thoughts in session
- Evaluate reasons for and challenge hopelessness

- Challenge anti-pleasure thoughts

Homework

Have patient record thoughts and moods, categorize automatic thoughts, begin self-directed reward planning and activity scheduling, increase self-reward, and use of graded task assignment.

Session 3-4 (Scheduled weekly.)

- Review Homework
- Behavioral:
 - teach and practice assertion skills
 - increase rewarding behavior towards others, increase positive social contacts, evaluate self reward
 - introduce problem solving
- Cognitive:
 - teach use of thought records
 - identify and challenge underlying maladaptive assumptions
- Homework:
 - Thought records, reward planning, activity scheduling, problem solving

Sessions 5-7 (Scheduled weekly.)

- Continue cognitive and behavioral skills as above
- Introduce identifying and challenging negative schemas

Session 8-12 (Scheduled weekly.)

- Continue behavioral and cognitive skills above
- Communication skills: introduce active listening, editing communication, empathy

Session 13-16 (Scheduled biweekly or monthly)

- Continue as above
- Help patient develop more realistic assumptions and schemas
- Work on positive self-statements and “bill of rights”
- Review old automatic thoughts from prior sessions
- Plan phase out of therapy
- Develop how problems can be handled in the future

- Identify relapse symptoms and create plan to prevent/treat

Follow up after course of treatment:

Contact patient four (4) weeks after discharge

Session-by Session Treatment Options for Major Depression using Mindfulness Based Cognitive Therapy

Week	Daily Practice
1	Body scan Mindfulness in daily living
2	Body scan Pleasant Events Calendar Ten-minute sitting with awareness of breath
3	Mindful standing yoga, breath, and body Yoga Unpleasant Events Calendar Three-minute breathing space
4	Mindful standing yoga, breath, and body Awareness of pleasant/unpleasant feelings Three-minute breathing space
5	Mindfulness of breath and body, then exploring a difficulty Three-minute breathing space Opening the body door
6	Mindfulness of breath, body, sounds and thoughts Three-minute breathing space Opening the thought door
7	Alternate daily meditation of choice with mindfulness of breath, body, sounds, and thoughts Three-minute breathing space Opening the Action Door

8	Review of all strategies Continuing with formal/informal mindfulness practice
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References:

Mindfulness –Based Cognitive Therapy (MBCT: Z. Segal, PHD, M Williams PHD and. J. Teasdale, MD (2001)

Treatment Plans and Interventions for Depression and Anxiety Disorders. (2000) Robert L. Leahy and Stephen J. Holland

The Cognitive Behavioral Workbook for Depression: A step-by-step program (second edition). William J. Knaus, EdD

The Mindful Way through Depression: Freeing Yourself From Chronic Unhappiness (2007). Mark Williams, John Teasdale, Zindel Segal, and Jon Kabat-Zinn

<https://staroversky.com/blog/applying-mindfulness-based-cognitive-therapy-to-treatment-of-depression>

Addendum

Examples Goals and objectives.

Treatment Goals	Interventions
Eliminating suicidal ideation	Cognitive restructuring, removing access to means, setting up a safety plan to call mobile crisis or 911
Engaging in one rewarding activity/day	Reward planning, activity scheduling, graded task assignment
Reducing negative automatic thoughts	Cognitive restructuring, distraction
Sleeping 7-8 hours/night	Relaxation, insomnia treatment plan
Engaging in one assertive behavior/day	Assertion training
Increasing social contacts (three/week)	Social skills training, reward planning, activity scheduling

Increasing self-reward for positive behaviors (one/day)	Reward planning, self-reward
Modifying schema of worthlessness (or other schemas-specify)	Cognitive restructuring
Eliminating impairments (specify)	Cognitive restructuring, problem-solving training, or other skills training (specify)
Eliminating all depressive symptoms	All of the above
Acquiring relapse prevention skills	Reviewing and practicing techniques as necessary