

- WESTERN CANADA MENTAL HEALTH SUMMIT -

IMPROVING SKILLS & COMPETENCIES FOR MENTAL HEALTH & EDUCATION PROFESSIONALS

WEDNESDAY, MAY 24, 2023 – FRIDAY, MAY 26, 2023

Best Western Premier Calgary Plaza Hotel & Conference Centre
1316 33 St NE, T2A 6B6, Calgary, AB

LILLIAN GIBSON, PH.D

WORKSHOP #2

Psychotherapy Treatments for Adult and Adolescents Depression:
Clinical Considerations for Interpersonal Psychotherapy, ACT & CBT

Day One | 8:30am - 11:45pm

DAY 1



LILLIAN GIBSON
PH.D.

Dr. Lillian Gibson, Ph.D., is a licensed clinical psychologist often referred to as a “mood make-over” expert. She is a highly recommended speaker, consultant, and clinician due to her advanced assessment and treatment skills in a variety of settings: inpatient mental health centers, outpatient behavioral care services, and primary care settings. Dr. Gibson takes pride in combining her vocational rehabilitation counseling, and clinical psychology expertise to help clients solve their problems through individual, group, and/or couples therapy for emotional healing and restoration.





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The Western Canada Mental Health Summit
Improving Skills & Competencies for Mental Health & Education Professionals

Psychotherapy Treatments for Adult and Adolescent Depression


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This presentation was independently developed and organized by this presenter based on research from a variety of sources (please see the reference slides for details). Please do not copy or modify slides without permission from the presenter.

The Presenter: Lillian Gibson, (she/her/hers)

- PhD in Clinical Psychology
 - MS in Rehabilitation Counseling
 - BS in Rehabilitation Services, Minor in Psychology
- Post Doc in Geropsychology
- Outpatient Mental Health Clinic
- Primary Care Mental Health Integration
- Private Practice



- Passion to empower other clinicians
- Willingness to listen

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Learning Objectives

At the end of this presentation, participants will be able to:

1. Describe diagnostic criteria for depressive disorders
2. Understand salient factors specific to Interpersonal Psychotherapy for Depression treatment (IPT)
3. Understand salient factors specific to Acceptance and Commitment Therapy for Depression treatment (ACT)
4. Understand salient factors specific to Cognitive Behavioral Therapy for Depression treatment (CBT)

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Disclaimer

- The presentation will reflect the identified objectives
 - There are no influences on the content created
- The purpose of this presentation is to engage in dialogue, educate, and empower
- Please practice courtesy and respect as it is this presenter's goal to display such

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Empowering Mental Health Professionals to Treat Depression from Different Angles

- Inform treatment options today and tomorrow
 - Therapy practice
 - Consultation
 - Supervision
 - Teaching
 - Family
 - Friends
 - Acquaintances



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What we know about depression

- Global impact
 - 280 million people
 - All demographics
 - Age/Socioeconomic Status
 - Acceptability
 - Cultural Norms
 - Worldview
- Often seen co-occurring with other medical and mental health conditions
- Women are more impacted by depression than men
- Depression can lead to suicide
 - 800,000 people die of suicide each year
 - 15-29 year old 2nd leading cause of death
- There are effective treatments for depression

World Health Organization, 2020

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Major Depressive Disorder

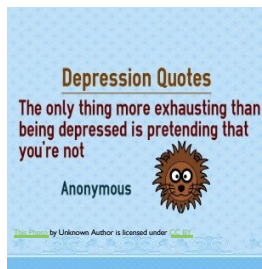
Presentation of symptoms vary from person to person

Here are the symptoms of major depressive disorder in the DSM-5:

- Depressed mood or a loss of interest or pleasure in daily activities for **more than two weeks**.
- This mood represents a change from the person's baseline.
- Impaired function: social, occupational, educational.
- Specific symptoms, at least 5 of these 9, present nearly every day:
 - Depressed mood or irritable most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful).
 - Decreased interest or pleasure in most activities, most of each day
 - Significant weight change (5%) or change in appetite
 - Change in sleep: Insomnia or hypersomnia
 - Change in activity: Psychomotor agitation or retardation
 - Fatigue or loss of energy
 - Guilt/worthlessness: Feelings of worthlessness or excessive or inappropriate guilt
 - Concentration: diminished ability to think or concentrate, or more indecisiveness
 - Suicidality: Thoughts of death or suicide, or has suicide plan

Assessment: Where does impairment secondary to depression show up

- Work
- Relationships
- Health
- Thoughts
- Judgements
- Communication
- Decision making
- Future planning
- Activity engagement



Case Vignettes Included the Current Presentation

Psychosocial Factors

Adaptive

Maladaptive

Thoughts

Emotions

Behaviors

Social

Rumination

Depression

Resting

Identity

Self-Efficacy/
Control

Anxiety

Attention/Pleasant
Activities

Exposure

Fear

Post-traumatic
Stress

Guarding

Connections

Stuck

Over-Activity

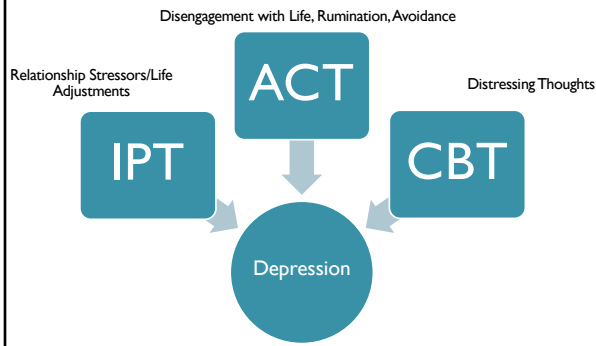
Isolation

Exercise

Social Support

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Comparing and Contrasting IPT, ACT, and CBT



Data Collection/ Assessment Measures

- Clinical Interview
- Patient Health Questionnaire
 - Assessment and Symptom tracking
- Beck Depression Inventory
 - Assessment and Symptom tracking
- Hamilton Rating Scale for Depression
 - Assessment and Symptom tracking
- Sometimes diagnosis(es) change
 - Explore the root of the problem
- As the sessions progress add what's needed to clarify (on-going evaluation/assessment)
 - Assessments: comfort, expertise, and training/consultation

Necessary across all treatments: IPT, ACT and CBT

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Assess for Suicidality

- Plan to harm self
- Intent to harm self
- Frequency and intensity of thoughts to harm self
 - Circling the airport
 - Coming in for a landing
- Past history of attempts includes of past few months
- Safety Planning and Steps
 - Limitations of confidentiality
 - Emergency contacts
 - Options for emergency care

Necessary across all treatments: IPT, ACT and CBT

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Safety Planning Considerations

- Warning Signs
 - Isolation
 - Worry
 - crying
- Stressors and Triggers
 - Rejection
 - Finances
 - Work challenges
- Coping Skills
 - Deep breathing
 - Nature walk
 - Hobby
- Social Support
 - Family
 - Friends
- Emergency Contacts/Locations
 - 988/Crisis Lifeline
 - Inpatient treatment options



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Evidence Based Psychotherapies for Depression (EBPs)

- Empirically sound
- Gold standard
- Symptom Tracking and Reduction
- Treatment protocols
 - Pros
 - Cons
- Drawbacks
 - Normative data (cultural considerations will be addressed during this presentation)
 - Length
 - Structure (manualized)

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Motivational Enhancement

- Assesses patient's internal motivation to change
 - Patients may not be ready to engage in therapy
 - Patients may not understand their symptoms
 - Patient may not understand the therapeutic process
 - Patient may attempt to appease others
- Identify short-term goals
 - What areas of your life would you like to see improve over the next month?
 - Let's look at where you would like to be in your life and see how that compares to where you are now?

Necessary across all treatments: IPT, ACT and CBT

Motivational Enhancement

- Identify the consequences or impact of the patient's depression
 - What problems has depression caused you?
 - What effect does depression have on your life?
 - Does depression get in the way of doing things you normally do? Like what?
 - How does depression impact your work? Your relationships? Your satisfaction in life? Your thoughts?

Necessary across all treatments: IPT, ACT and CBT

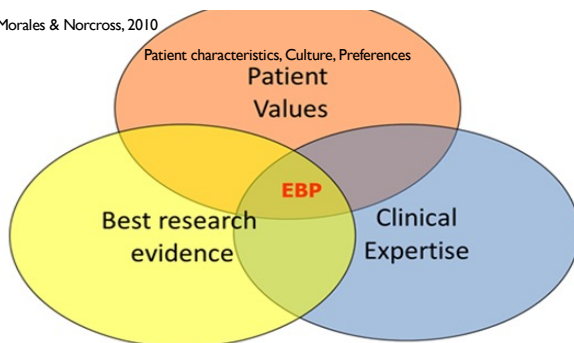
Motivational Enhancement

- Identify the benefits of reducing the severity of depression.
 - If you were less depressed, how would it be helpful to you? How would your life improve?
- Help patient to develop "a light at the end of the tunnel."
- Assist in generating personally relevant, concrete examples of potential benefits.
- Explore potential negative attitudes and expectations.
- Explore and problem solve potential obstacles to treatment.

Necessary across all treatments: IPT, ACT and CBT

Three Pillars of EBPs

Morales & Norcross, 2010



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What's Next: Unpacking Treatments

IPT
ACT
CBT

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Interpersonal Psychotherapy (IPT)

◦ Empirical and Theoretical Framework

IPT is a brief, time-limited and evidence-based psychotherapy that focuses on interpersonally-relevant issues that maybe the precipitant and/or consequence of psychopathology

IPT was initially developed for the treatment of individuals with non-bipolar, nonpsychotic and depressed conditions

IPT has demonstrated efficacy for the treatment of several disorders: major depression without psychotic features, recurrent depression, bulimia nervosa, bipolar disorder, and binge eating disorder

IPT's application has also been researched and studied with other populations: elderly, adolescents, couples, PTSD, social phobia, co-morbid medical conditions, dysthymia, body dysmorphic disorder, borderline personality disorder, somatization disorders, and anorexia nervosa

Interpersonal Psychotherapy (IPT)

◦ Concepts and Methods of IPT

IPT assumes the development of clinical depression occurs in a social and *interpersonal context*

The onset, response to treatment, and outcomes are influenced by the interpersonal relations that exist between the depressed patient and significant others

The goal of IPT is to reduce depressive symptoms and improve a patient's capacity to handle identified problems. Therapeutic stance and techniques are distinct at the level of strategies

- Four problem areas for treatment (one or two areas):

- Role Transitions
- Interpersonal Role Disputes
- Grief
- Interpersonal Deficits

IPT for Adolescents

- Depression symptoms seen among adolescent populations
 - Substance use
 - Suicide attempts
 - Truancy concerns
- IPT-A focuses on addressing disputes at home, school, or with peers
- Problem area 5: The single parent family
 - Parents are involved in treatment
 - Collateral information is obtained from the client's educational institution

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Interpersonal Triad



Interpersonal Psychotherapy (IPT)

- Interpersonal Conceptualization of Depression

Depression is conceptualized as having three component processes:

- 1) *Symptom function*: the development of depressive affect and the neurovegetative signs and symptoms (sleep and appetite disturbance, low energy, mood variation, etc.); presumed to have both biological and psychological precipitants
- 2) *Social and interpersonal relations*: social role interactions with other individuals derived from learning based on childhood experiences, concurrent social reinforcement, and personal mastery and competence
- 3) *Personality and characterological problems*: enduring traits (e.g., inhibited anger and guilt, poor communication with significant others, problems with self-esteem); these traits determine a person's reactions to interpersonal experience - personality patterns form part of the individual's predisposition to depressive episodes

Interpersonal Psychotherapy (IPT)

- Comparisons between IPT and other psychotherapies

Both cognitive and behavioral approaches are similar to IPT in that they both were developed specifically for depression, have been tested, and have been shown to be efficacious throughout the literature

A major difference between the therapies is the conceptualization of the manifestation of patient's problems as lying in the remote past, the immediate past, or the present

IPT addresses *current* interpersonal relationships

Like CBT, IPT is concerned with patients' distorted thinking about themselves and others, and about the options open to them

In general, however, IPT focuses directly on affects, or feelings, whereas CBT focuses on "hot" cognitions – thoughts with strong associated affects. As evidence arises during the course of therapy, the therapist calls attention to distorted thinking in relation to significant others

Interpersonal Psychotherapy (IPT)

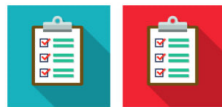
- Comparisons between IPT and other psychotherapies: IPT has the following core features

- 1) IPT is time-limited, not long term
- 2) IPT is focused, not open ended
- 3) IPT addresses current interpersonal relationships, not past ones
- 4) IPT takes an interpersonal rather than an intrapsychic approach
- 5) IPT takes an interpersonal rather than a cognitive/behavioral approach
- 6) Personality is recognized, but it is not a focus in treatment – does not expect to alter personality – by relieving depressive symptoms, IPT may erase what appeared to have been a personality disorder, or at least tone down maladaptive personality traits

IPT Sessions Projection

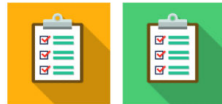
Sessions 1-3

Clinical Interview
Assessment(s) of choice
Interpersonal Interview
Interpersonal Formulation



Sessions 4-10 (IPT Clinical Skills)

Interpersonal Incidents
Communication Analysis
Decision Analysis
Use of Content and Process Affect
Role Playing



Sessions 10-12

Termination

IPT Clinical Skills: Each session administer an assessment, subjective mood rating, and review of work at home assignments

Interpersonal Psychotherapy (IPT)

- Phases of IPT

Initial Phase (Sessions 1 - 3)

- Review mental health history and current concerns
 - This process increases therapist's understanding of the problem
 - Begin to link life events with depressive symptoms
- Diagnose depression
 - Collaborative approach
 - DSM-5
 - Provide psychoeducation about depression and treatment
 - Normalize depression
 - Identify the "sick role"
 - – identify depression as not the patient's fault
 - Review effective treatments for depression (particularly IPT)
 - Therapy and medication management

Interpersonal Psychotherapy (IPT)

- Phases of IPT (continued)

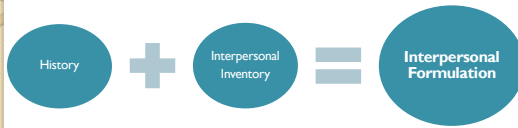
Initial Phase (Sessions 1 - 3)

- Depression measures for mood monitoring
 - BDI-II (or Hamilton or other mood measures)
 - Assess SI and plan appropriately
 - Subjective mood rating (scale of 1 to 10 - 10 more severe)
- Interpersonal Inventory
 - A brief review of important persons in the patient's life (living or deceased), which includes positive and negative aspects of the relationship
 - Spending 10 to 15 minutes on each person
 - Inventory may take multiple sessions
 - Inventory allows the therapist to
 - Identify interpersonal issues to focus IPT work
 - Identify potential supports
 - Identify the patient's interpersonal strengths or challenges

Interpersonal Inventory

- Who are the important people in your life?
- What do you like about the relationship?
- What has changed in the relationship?
- What is the effect of this relationship on your depression? How does your depression affect this relationship?
- Is there something you would like to tell me about this relationship that we haven't talked about yet?

Interpersonal Formulation



—Problem areas for treatment (one or two areas)

- Role Transitions
- Interpersonal Role Disputes
- Grief
- Interpersonal Deficits

IPT Problem Areas

- **Role transitions** - Depression may occur during life transitions when a person's role changes and she/he doesn't know how to cope with the change.
- **Interpersonal Role disputes** - Role disputes occur when the patient and significant people in his/her life have different expectations about their relationship.
- **Grief** - In normal bereavement the person usually begins to return to normal functioning within a few months. Unresolved grief is generally grief which is either delayed and experienced long after the loss or distorted grief, in which the person may not feel emotions, but instead experiences other symptoms.
- **Interpersonal deficits** - This may be an area of focus if the patient has had problems with forming and maintaining good quality relationships.

Interpersonal Formulation Dialogue

Delivering feed-back to the patient

- You have what we would call clinical depression...
- The symptoms you've described are...
- Your symptoms seem to have started when...
- Do you agree?
- Let's work together to improve your situation and to help you feel better.

IPT Clinical Skills

Intermediate Phase (Sessions 4-10)

• Techniques to Use:

- Interpersonal Incidents
- Communication Analysis
- Decision Analysis
- Use of Content and Process Affect
- Role Playing

Discussed further on the next few slides



Interpersonal Incidents/Communication Analysis

Intermediate Phase (Sessions 4-10)

- Interpersonal Incidents
 - What exactly happened
 - Where were you
 - How were comments expressed
- Communication Analysis
 - Detail comments and context
 - Identify feelings associated with the communication
 - Was something not said

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Decision Analysis

Intermediate Phase (Sessions 4-10)

- Identify a situation that causes distress
- Encourage client to generate options of how to appropriately manage distress
- Evaluate the pros and cons of each option
- Select one option or a combination of options to try first
 - Reasonable
 - Achievable

Work at Home

Intermediate Phase (Sessions 4-10)

- Encourage the client to experiment with new skills that have emerged from communication analysis, decision analysis, and role play
- Tailor work at home specific to patient
- Prepare patient to expect a variety of outcomes

Use of Content and Process Affect

- How did that make you feel
- Did that remind you of other experiences
- What type of internal thoughts were you having
- In that moment did you feel things were heading in the right direction
- How would you describe that emotionally

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Role Play

Intermediate Phase (Sessions 4-10)

- Helps patient to understand interpersonal dynamics and the context in which feelings (unpleasant/pleasant) are associated with person to person interactions
- Helps patient to understand the behavior and feelings of others
- Review interactions (past, and present)

Interpersonal Psychotherapy (IPT): Key Concepts/Techniques

Intermediate Phase (Sessions 4-10)

- Exploratory techniques (e.g., supportive acknowledgement, receptive silence)
 - Direct elicitation is best used to obtain a thorough evaluation of a particular problem area, as well as direct elicitation of material (e.g., formal questionnaire)
- Encouragement of affect (group formats may incorporate an initial "mood check" to facilitate this process) – more intense affect may require inquiry to a patient's thoughts
- Clarification (e.g., repeat or rephrase, calling attention to contrasts or contradictions): Interpersonal Incidents
- Use of the therapeutic relationship – technique mostly used in role disputes, grief and loss, interpersonal deficits – timing is critical
- Behavior change techniques (e.g., decision analysis, role playing)
- Adjunctive techniques (e.g., contract setting, administrative details (e.g., appt. times))

Termination

Final Phase (Sessions 10-12)

- Attribute interpersonal successes and symptom improvement to patient
- Assess if alternative treatment may be needed
- Discuss treatment maintenance
 - Research indicates that monthly IPT maintenance reduces the likelihood of another episode/extends duration between episodes

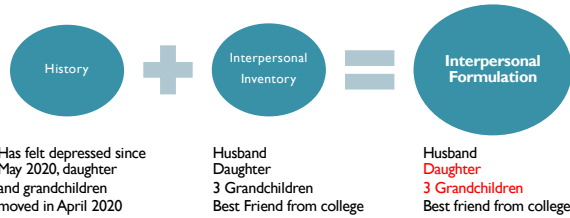
IPT Case Vignette

Jane (she/her/hers) is a 53-year-old married woman. Jane and her husband of 20 years have a 33-year-old daughter who moved into their home along with Jane's 3 grandchildren due to struggles during the pandemic.

Although Jane loves her family, she finds it difficult to communicate with her adult daughter given they have differing parenting styles. Jane exclaims that she often "just tries to help and offer advice." Jane finds herself feeling blue and can't quite figure out why her mood has changed. She is seeking therapy to focus on how she can become a better grandparent.

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IPT Case Vignette: Application of Skills



- **Role transitions** - occurs during life transitions when a person's role changes
- **Interpersonal Role disputes** - Role disputes occur when the patient and significant people in his/her life have different expectations about their relationship. Jane's daughter feels she is smothered, and invalidated as a mother of 3.
- **Grief** - depression occurring after the loss or distorted grief, in which the person may not feel emotions, but instead experiences other symptoms.
- **Interpersonal deficits** - This may be an area of focus if the patient has had problems with forming and maintaining good quality relationships due to characterological traits.

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IPT Case Vignette: Application of Skills Decision Analysis

- Pros/Cons of having her daughter move out or stay in the home:
 - Jane has an opportunity to spend time with her grandchildren each day
 - Jane has an opportunity to engage in knitting projects with her daughter
 - Jane's daughter can't save money to purchase a safe home for the kids
 - Jane will be concerned about the children's lack of stable housing
- Select an option: Jane decides to find ways to effectively communicate with her daughter

IPT Case Vignette: Application of Skills Role Play

- Helps Jane to understand interpersonal dynamics and feelings associated with interactions (often arguing, Jane's daughter feels she is too controlling and judgmental)
- Helps Jane to understand the behavior and feelings of others (Jane gains a better understanding of the nature of her comments)
- Review interactions between the two and the children (past, and present) (washing clothes, and preparing lunch)

IPT Case Vignette: Application of Skills Work at Home

- Encourage Jane to experiment with new skills that emerged from communication analysis, decision analysis, and role play
- Tailor work at home assignments specific to Jane and her daughter expressing their concerns without yelling or offering advice through a new interpersonal lens
- Prepare Jane to expect a variety of outcomes during the process

IPT Case Vignette (Outcome Summary)

Jane is a 53-year-old married woman. Jane and her husband of 20 years have a 33-year-old daughter who moved into their home along with Jane's 3 grandchildren due to struggles during the pandemic.

Jane loves her family and has found creative ways to share her thoughts with a pleasant tone, or sometimes "just says nothing" to increase the connection with her adult daughter. Jane finds it meaningful when her daughter asks for advice, which proves their bonding during this time is worth the growing pains of relationships. Therapy has taught her her skills to be a better parent and grandparent.

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IPT Outcomes for Adolescents

- Increases problem solving skills
- Focuses on resolving here and now concerns
- Improves social functioning
- Enhances interpersonal engagement and awareness

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IPT for Depressed Adolescents

- Requires a team approach
 - Parental involvement
 - School staff support
 - Influential social supports
- Not the best for
 - Actively psychotic clients
 - Severe suicidal ideations
 - Serious risk for homicidal behavior
 - Current engagement with drugs
 - Unwilling to engage in an educational program

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IPT for Depressed Adolescents

- Grief: loss of a parent/change in household dynamics
- Role Disputes: discovery of self and conflict with one's social networks
- Role Transitions: puberty, increased independence, new schools, relocation, etc.
- Interpersonal Deficits: learning how to engage with others, and/or feeling disconnected from peer groups
- Single-Parent Families: change in household dynamics, abandonment, and imbalanced relationships

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Acceptance and Commitment Therapy

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Acceptance and Commitment Therapy

- Empirical and Theoretical Framework
 - Focuses on more present minded approaches to life
 - Encourages clients to have a more flexible way of engaging with thoughts
 - Assess suitability for ACT
 - metaphor usage
 - processing of abstract concepts
 - Helps individuals clarify their personal values and take action

A (accept) C (choose) T (take action)

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ACT helps address these emotional and psychological struggles

- Increased activity of the sympathetic nervous system
 - Typically “ramps up” with distress
- Worsening of memory
 - Decreased attention and retention abilities
- Fatigue/Exhaustion
 - Too much effort is used to push away from unpleasant thoughts, feelings, and memories
- Muscle Memory
 - Same actions result in same outcomes
- Pulls one out of his/her life
 - Decreased quality of life when in constant distress

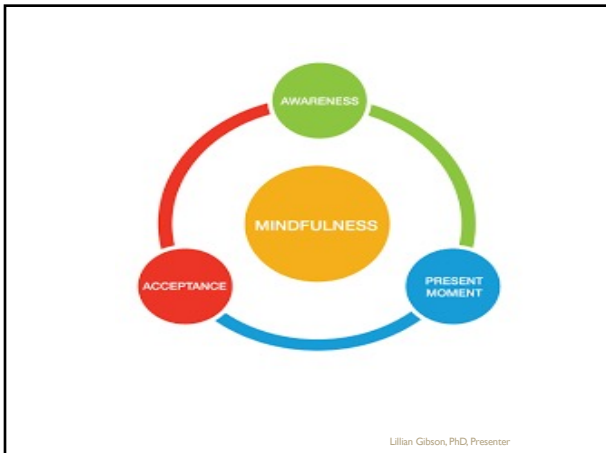
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Acceptance and Commitment Therapy

- Empirical and Theoretical Framework
 - Attempts to escape pain will never work
 - Acceptance is key
 - Attempts to practice control (past or future) are not effective
 - Contact with the present moment (mindfulness)
 - Attempts to view self as one's thoughts as his/her thoughts are problematic
 - Self as context
 - Engaging in a cycle of distress is maladaptive
 - Cognitive defusion
 - Non-action is problematic
 - Committed actions/action planning

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ACT Sessions Projection

- Sessions 1-2
 - Clinical Interview
 - Assessment(s) of choice
- Sessions 3-4
 - Exploration of values
 - Role of depression and hopelessness
- Sessions 5-7
 - Willingness
 - Acceptance
 - Mindfulness
 - Cognitive Defusion
- Sessions 8-10
 - Reconsider values (continue the above)
- Sessions 11-12
 - Committed action in addition to the above
- Termination

ACT Clinical Skills: Each session administer an assessment and conduct a mindfulness exercise

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At the onset of treatment

- Review mental health history and current concerns
 - This process increases therapist's understanding of the problem
 - Begin to link life events with depressive symptoms and disconnect from life's values
- Diagnose depression
 - DSM-5
 - Provide psychoeducation about depression and treatment

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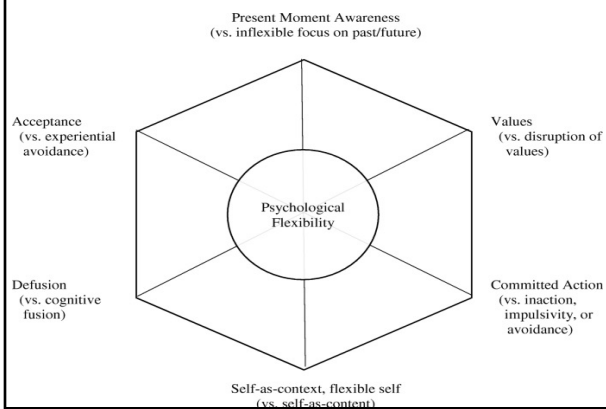
ACT

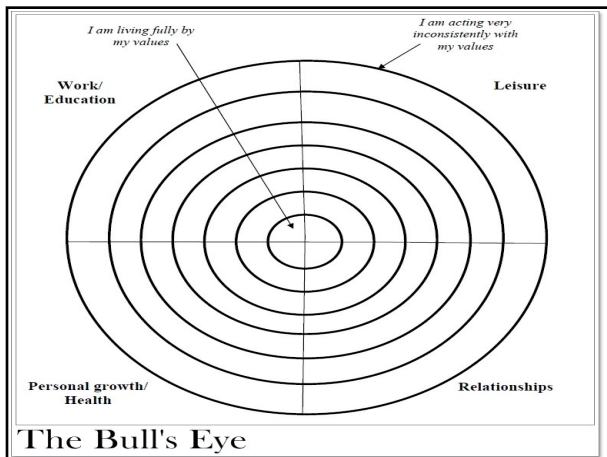
Initial Phases: ACT for depression

- Overview and discussion of treatment processes
- Learning and developing a new relationships with internal experiences (e.g., thoughts, emotions, sensations, memories)
- Treatment expectations
- Therapeutic relationship: collaborative in nature

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ACT Assessments/Inventories







ACT Clinical Skills

Intermediate Phase: Exercises and Metaphors

- Cognitive Defusion involves creating space between ourselves and our thoughts and feelings so that they have less of a hold over us, choosing action
 - Creative Hopelessness Exercises
 - Acceptance and Willing Exercises
 - Chinese Handcuffs Metaphor
 - Tug of War with a Monster Metaphor
 - Cubbyholing Exercise
 - Joe the Bum Metaphor
 - Feeding the Tiger Metaphor



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ACT Clinical Skills

Termination Phase

- Note progress achieved in session
 - Review previous sessions
 - Review previous homework assignments
 - Review assessment results
- Post therapy goals
 - Value based living

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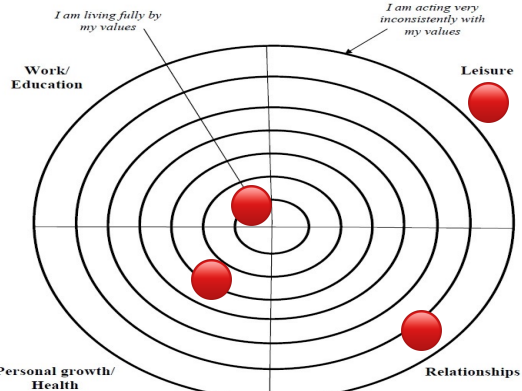
ACT Case Vignette

Jane is a 53-year-old married woman. She has enjoyed honoring her vows with her life mate for the past 20 years. The couple has a 33-year-old daughter who moved into their home along with Jane's 3 grandchildren due to struggles during the pandemic.

Worries of illness and scarcity of items have caused Jane to "just sit around" although the people she loves are there to support her. Although Jane has always enjoyed daily walks and knitting, but no longer has a desire to "do the things she used to do." Instead, she is putting off (avoiding) the people she loves, and the activities that were once a joy. Jane is routinely "in her mind" as opposed to the realities of life.

Jane is still able to "put on a happy face" and go to work without a problem. She finds that work is her "only escape."

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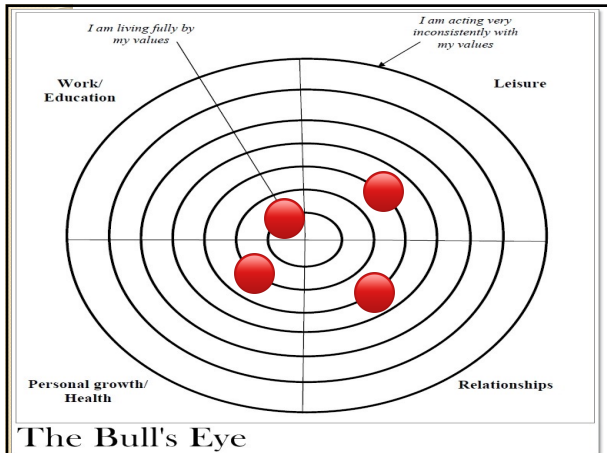


The Bull's Eye

ACT Case Vignette: Application of Skills

- Attempts to escape pain by avoiding activities
 - Acceptance is key: A willingness to process her on-going emotions following pandemic blues
- Attempts to practice control (past or future) are not effective
 - Contact with the present moment (mindfulness) and her family
- Attempts to view self as one's thoughts as his/her thoughts are problematic
 - Self as context: Jane is greater than her thoughts
- Engaging in a cycle of distress is maladaptive
 - Cognitive defusion: Moving aware from repetitive depressing thoughts with cubbyholing
- Non-action is problematic
 - Committed actions/action planning: Re-engage in knitting and develop a new hobby with her grandchildren

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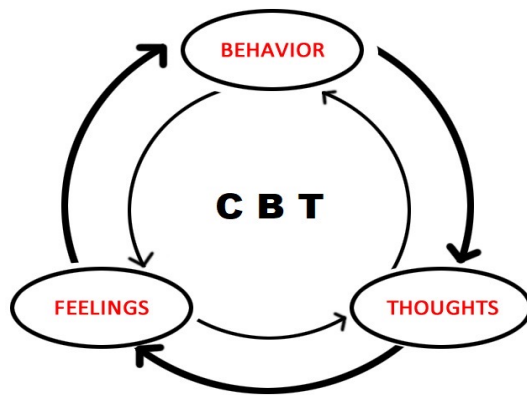
Cognitive Behavior Therapy

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Cognitive Behavior Therapy

- Evidence Based Psychotherapies
 - Cognitive Behavioral Therapy
 - 75% of individuals *correctly matched* with treatment show improvements
 - CBT paired with medications suggest efficacy
 - Improve depression symptoms by enhancing thoughts related to self, the world, and the future
 - Attempts to help clients engage more in their lives
 - Personal *goal setting and strategic problem solving* for mood improvements

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CBT Sessions Projection

Initial Phase of Treatment

- Clinical Interview
- Assessment(s) of choice
- CBT Model Psychoeducation
- Treatment Goals and Expectations
- Homework, Logs

Middle Phase of Treatment

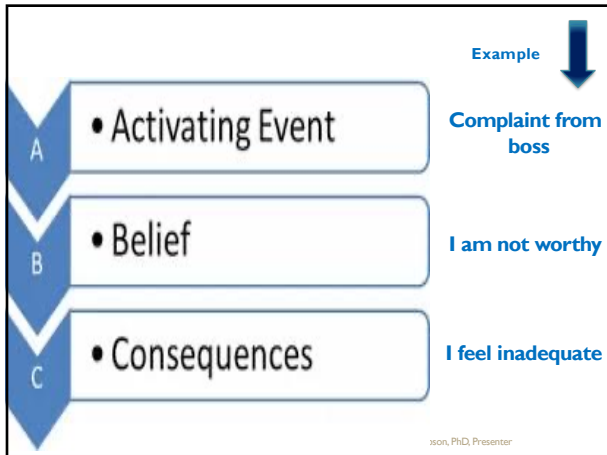
- Cognitive Strategies
 - Automatic Thoughts
 - Core Beliefs
 - Reframing/Coping Statements/Catching Negative Thoughts
- Behavioral Strategies
 - Activity Scheduling and Monitoring

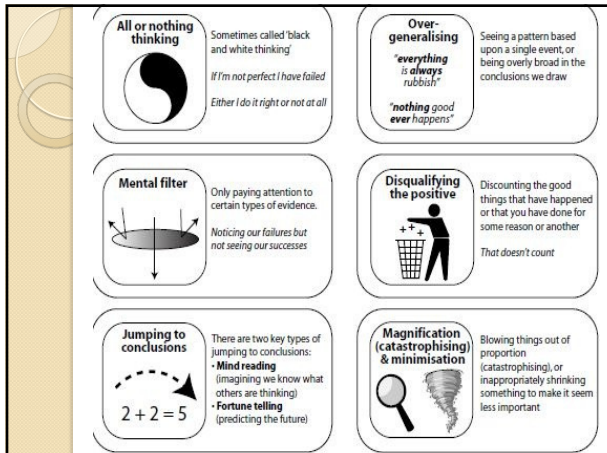
Later Phase of Treatment

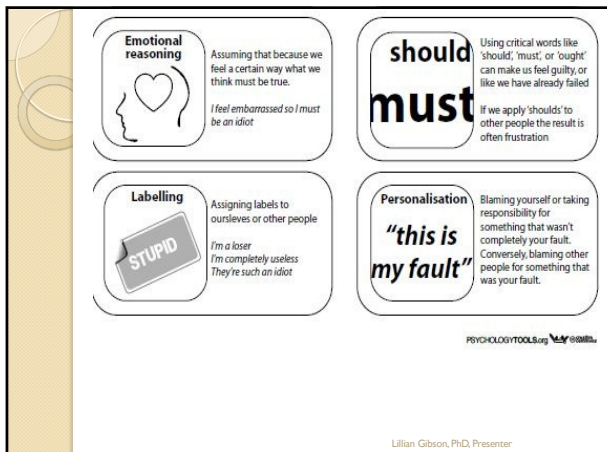
- Review Progress
- Termination

CBT Clinical Skills: Each session administer an assessment and review homework

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CBT's Approach and Clinical Interventions

- JOINT AGREEMENT OF GOALS
 - Completion of homework
 - Explore cognitive gains (reframing)
 - Inquire about insights, increased awareness
- Outlines how negative thoughts impact mood
- How to identify negative thoughts
 - Stinkin' Thinkin'
- Coping statements
- Systems and strategies to target depression

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CBT Clinical Interventions: Cognitive Targets

- Identify Recurring Automatic Thoughts
- Log Thoughts
- Track Mood Changes
- Weigh Pros/Cons or Advantages/Disadvantages
- Develop and Use a Problem-Solving Strategy

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Reframing/Coping Statements/Catching Negative Thoughts

Situation:	You've had a bad day, feel fed up, so go out shopping. As you walk down the road, someone you know walks by and, apparently, ignores you.	
	Unhelpful	Helpful
Thoughts:	He / She ignored me - they don't like me	He / She looks a bit wrapped up in themselves - I wonder if there is something wrong?
Emotional Feelings:	Low, sad and rejected	Concerned for the other person
Physical:	Stomach cramps, low energy, feel sick	None - feel comfortable
Action:	Go home and avoid them	Get in touch to make sure they are OK

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CBT Clinical Interventions

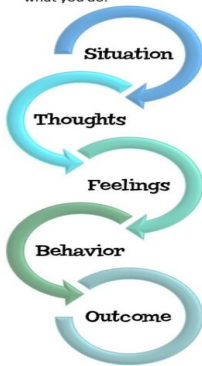
- Rumination
 - Obsessive thinking and replaying of an event
 - Typically with no resolution
 - Interrupts sleep patterns
 - Increases depression
- Cognitive strategies to target negative thinking patterns
 - Reframing
 - Thought stopping
 - Coping statements

(Hopko, Robertson, & Lejuez, 2006)

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PROBLEM SOLVING

When an event happens, what you think will affect what you feel and what you do.



Describe the situation:

What were your thoughts?

How did you feel?:

What were your behaviors (how did you react?):

What was the outcome?

CBT Clinical Interventions: Behavioral Targets

- Pleasant or Meaningful Activities
- Activity Scheduling
- Behavioral Activation
- Graded Task Assignment
- Role Play/Modeling
- Relaxation/Imagery

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CBT Clinical Interventions

- Behavioral Activation to target inactivity
 - Designed to enhance meaningful and pleasurable activities
 - SMART Goals are a useful framework: Strategic, Meaningful, Achievable, Relevant, and Time Bound
 - Notable relationship between mood and behaviors
 - Walking
 - Exercise
 - Volunteering
 - Researching
 - Community programs



(Hopko, Robertson, & Lejuez, 2006)

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Weekly Schedule for Behavioral Activation

Create a schedule of activities that will lead to you having positive experiences in your day. If you are feeling depressed or unmotivated, it might be difficult to complete large or complex tasks. If this is the case, start with simple goals and work your way up to more challenging activities.

DAY	MORNING	AFTERNOON	EVENING
<i>Example</i>	<ul style="list-style-type: none"> • Wake by 8 AM • Eat a full breakfast 	<ul style="list-style-type: none"> • Go for a 15 minute walk 	<ul style="list-style-type: none"> • Call a friend • Practice guitar
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

CBT Clinical Skills

Termination Phase

- Review Progress to Date
- Approaches to Maintain Therapeutic Gains

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CBT Case Vignette

Amber, a 14-year-old self identified biracial student (she, her, hers), has found herself wound up due to fear of not passing a really important standardized test. Although she desires to attend college one day she is fearful about meeting necessary academic requirements that will fund her higher level education. In an effort to improve her test taking strategies she is awake at night researching “best practices,” and cannot disconnect from wanting to learn more. She ultimately feels helpless, wound up, and fatigued. Amber often recalls that “one test” she failed horribly a year ago. Her parents can see the distress in her eyes.

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PROBLEM SOLVING

When an event happens, what you think will affect what you feel and what you do.



Describe the situation:

Upcoming standardized exam.

What were your thoughts?

I always fail tests: Overgeneralization.

How did you feel?:

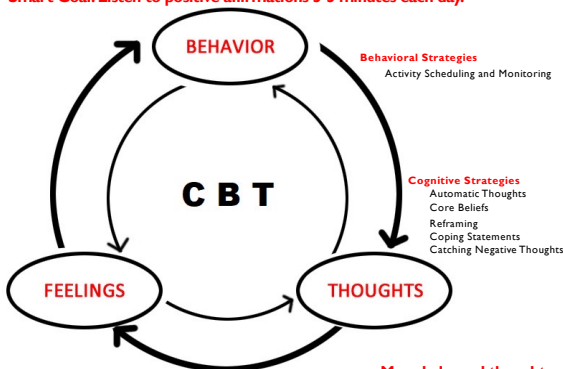
Sad, stupid, and unworthy.

What were your behaviors (how did you react?): Overexerting energy on studying & self-critical thoughts.

What was the outcome?

All was well. She passed the exam.

Smart Goal: Listen to positive affirmations 3-5 minutes each day.



More confident that she does many things well.

More balanced thoughts

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Comparing and Contrasting IPT, ACT, and CBT

	Depression Management	Distressing Thoughts	Relationship Stressors/Life Adjustments	Disengagement with life	Assignments between sessions
IPT	✓		✓		✓ Work at home
ACT	✓			✓	✓ Values exercises
CBT	✓	✓			✓ Homework

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Clinician Accountability/Fidelity

- Therapeutic Alliance
 - Working Alliance Inventory – Short Revised (WAI-SR)
 - Total of 12 questions
 - Can be administered throughout treatment
 - Goal
 - Task
 - Bond

(Munder, T., Wilmers, F., Leonhart, R., Linster, H. W., & Barth, J., 2007)

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Closing Out: Putting it all together

- Clinical interview
 - History of Depression and Treatment
 - Exploration of depression impacts
- Assessments
 - Find the best fit based on the presenting problem
- Treatment Plan
 - EBP framework: IPT, ACT, CBT
 - Patient informed and contextual
 - Meaningful
- Consult
 - Assessments
 - Tough sessions
 - Concerns
- Refer

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Treatment and Cultural Responsiveness

- EBPs should be framed within the values and traditions of the client's culture
 - Example: honoring the deceased
- Conceptualization should be within the realms of the clients culture, values and traditions
 - Example: avoid microaggressions
- Appropriate language and context is important
 - Example: how does the patient self identify
- Client's preference is paramount
 - Example: medication management could be a faux pas

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Optional Readings/References

American Group Psychotherapy Association (2007). Practice Guidelines for Group Psychotherapy: Termination of Group Psychotherapy. Retrieved May 12, 2013, from <http://www.agpa.org/guidelines/termination.html>.

Ataie Moghanloo, V., Ataie Moghanloo, R., & Moazezi, M. (2015). Effectiveness of Acceptance and Commitment Therapy for Depression, Psychological Well-Being and Feeling of Guilt in 7 - 15 Years Old Diabetic Children. Iranian journal of pediatrics, 25(4), e2436. <https://doi.org/10.5812/ijp.2436>

Butler, A. C., & Beck, J. S. (2000). Cognitive therapy outcomes: A review of meta-analyses. Journal of the Norwegian Psychological Association, 37, 1-9.

Cuijpers, P., Quero, S., Noma, H., Ciharova, M., Miguel, C., Karyotaki, E., ... & Furukawa, T. A. (2021). Psychotherapies for depression: a network meta-analysis covering efficacy, acceptability and long-term outcomes of all main treatment types. World Psychiatry, 20(2), 283-293.

Robinson, P., & Strosahl, K. (2008). The mindfulness and acceptance workbook for depression: using acceptance and commitment therapy to move through depression and create a life worth living. New Harbinger Publications.

Optional Readings/References

Hacker, T., Stone, P., & MacBeth, A. (2016). Acceptance and commitment therapy - Do we know enough? Cumulative and sequential meta-analyses of randomized controlled trials. Journal of affective disorders, 190, 551-565. <https://doi.org/10.1016/j.jad.2015.10.053>.

Horowitz JL, Garber J, Ciesla JA, et al. (2007). Prevention of depressive symptoms in adolescents: a randomized trial of cognitive-behavioral and interpersonal prevention programs. J Consult Clin Psychol, 75, 693-706.

Lemmens, L. H., Van Bronswijk, S. C., Peeters, F., Arntz, A., Hollon, S. D., & Huibers, M. J. (2019). Long-term outcomes of acute treatment with cognitive therapy v. interpersonal psychotherapy for adult depression: follow-up of a randomized controlled trial. Psychological Medicine, 49, 465-473.

Markowitz, J. C., Lipsitz, J., & Milrod, B. L. (2014). Critical review of outcome research on interpersonal psychotherapy for anxiety disorders. Depression and anxiety, 31(4), 316-325.

Stangier, U., Schramm, E., Heidenreich, T., Berger, M., & Clark, D.M. (2011). Cognitive therapy vs interpersonal psychotherapy in social anxiety disorder: a randomized controlled trial. Arch Gen Psychiatry, 68, 692-700.

Sudak, D. M. (2012). Cognitive behavioral therapy for depression. Psychiatric Clinics of North America, 35, 99-110.

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Optional Readings/References

- Twohig, M. P., and Levin, M. E. (2017). Acceptance and commitment therapy as a treatment for anxiety and depression: a review. *Psychiatr. Clin.* 40, 751–770. doi: 10.1016/j.psc.2017.08.009.
- Weissman, M. M., Markowitz, J. C., & Klerman, G. L. (2018). The guide to interpersonal psychotherapy. New York: Oxford Press.
- Weissman, M. M., Markowitz, J. C., & Klerman, G. L. (2007). Clinician's Quick Guide to Interpersonal Psychotherapy. Oxford: Oxford University Press.
- Weissman, M.M., Markowitz, J. C., & Klerman, G. L. (2000). Comprehensive Guide to Interpersonal Psychotherapy. New York: Basic Books.
- Wilfley, D.E, MacKenzie, K. R., Welch, R. R., Ayres, V.E., Weissman, M.M. (2000). Interpersonal Psychotherapy for Group. New York: Basic Books.
- World Health Organization (2023) <https://www.who.int/news-room/fact-sheets/detail/depression>. (Accessed on 05 May 2023).
- Zhenggang, B., Shiga, L., Luyao, Z., Sijie, W., & Iris, C. (2020). Acceptance and Commitment Therapy (ACT) to reduce depression: A systematic review and meta-analysis, *Journal of Affective Disorders*, 260, 728-737.

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Questions/Comments



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