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EXAMINING THE ROLE OF CBT AND DBT METHODS IN TREATMENT OF DEPRESSION: A CASE STUDY

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Abstract

Clinical interventions for depression and suicidal and para-suicidal behaviour have been widely addressed in both theory and research in psychotherapy. The dysfunctional assumptions and negative automatic thoughts make significant changes in behaviour. So, the modification and altering of the schemas and dysfunctional assumptions can bring changes in behaviour. The prevalence of increasing suicidal rates points out the fact that for some people, emotional and physical pain feels more intense and occurs more frequently than for others. So, providing alternative ways of responding to overwhelming situations is important.

Keywords: Depression, Cognitive Behaviour Therapy, Dialectical Behaviour Therapy, Schemata, Cognitive Restructuring, Activity Scheduling.

Introduction

Clinical depression is so widespread that it has been called the common cold of psychiatry (Seligman,1975). At any given point in time, 15-20 per cent of adults suffer significant levels of depressive symptomatology. Clinical depression is quite different from transient low mood experienced by most people as a normal reaction to loss, and disturbs many aspects of functioning. So, when people become clinically depressed, they feel sad and are often tearful. They are troubled by guilt, believing that they are letting people down. They may become more irritable than usual, more anxious and tense. When the depression is at its worst, they may lose the ability to react emotionally, and find that good and bad feelings alike are lost in numbness. It becomes difficult to enjoy or to be normally interested in normal activities. Energy is low and everything seems an effort. Sleep is difficult, appetite declines, sexual desires disappear. Most dangerously, it may seem as time goes on there will be no end to this state, that nothing can be done to change things for better. So, hopelessness grows, and can lead to a longing for death and to thoughts of suicide. Depression is the emotional expression of a state of ego-helplessness and ego-powerlessness to live up to certain strongly maintained narcissistic aspirations (Bibring, 1953).

The past decade have seen the rapid development of a range of psychological treatments for depression (Rush,1982). Cognitive behaviour therapy for depression, as developed by Beck and his colleagues , is one of the most widely adopted, extensively evaluated and influential of all the other therapies. It comprises a complex interweaving of cognitive and behavioural techniques. The cognitive model of depression suggests that experience leads to form assumptions or schemata about themselves and the world, which are subsequently used to organize perception and to govern and evaluate behaviour. The ability to predict and to make sense of one's experiences is helpful, and indeed necessary, to normal functioning. Some assumptions, however, are rigid, extreme, resistant to change, and hence "dysfunctional" or "counterproductive". The role of dysfunctional assumptions called as cognitive distortions is important here and restructuring of these distortions is of great value to the treatment method. Cognitive restructuring, or cognitive reframing, is a therapeutic process that helps the patients discover, challenge and modify their irrational and negative thoughts. (Clark,2013). It is a frequently used CBT tool which helps people to reduce their stress through cultivating more positive and functional thought habits (Mills & Reiss, 2008). The first step towards faulty thinking is to identify faulty thinking and increasing our awareness of our own thoughts, particularly overly negative or biased thoughts , is a vital aspect of this process. Then Socratic Questioning is used to help the client challenge his/ her own irrational, illogical, or harmful thinking. The whole process lets the client to see his/ her own thoughts in a different light.

The depressed patient also finds it difficult to adjust with the daily routine. So, activity scheduling helps patients in gaining more control over situations in their lives. The goal is to increase mastery and pleasure. Activity scheduling reduces an apparently overwhelming mass of tasks to a manageable list, removes the need for repeated decision making, makes it more likely that activities will be carried out, encourages an increase in the proportion of satisfying activities and increase patients control over their lives. Camacho et. al.(1991) correlated depression symptoms and activity levels. The results suggested that by altering activity levels and exercise habits the depressive symptoms could be reduced. O'Hara et. al. (1979) did a study on self-monitoring, activity levels and mood in the development and maintenance of depression. The results showed significant correlations between mood and both pleasant and unpleasant events and activity levels reduced in depression.

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There are high rates of suicide and self-harm associated with depression. So, dealing with overwhelming emotions is of utmost importance here. Dialectical Behavioural Therapy is widely used to deal with such overwhelming emotions. There's a fair amount of research to suggest that the likelihood of developing intense, overwhelming emotions may be hardwired from birth. But it can also be greatly affected by trauma or neglect. Trauma at critical points in our development can literally alter our brain structure in ways that make us more vulnerable to intense, negative emotions. DBT teaches four critically important skills that can both reduce the size of emotional waves and help us keep balance when those emotions overwhelm us. The skills include: distress tolerance, mindfulness, emotional regulation and working on interpersonal effectiveness.

Method

Case Description

The client was a 17-year-old female diagnosed with moderate depression with suicide risk. She presented with the complaints of: low mood, anhedonia, fatigability, crying spells, low confidence and self-esteem, increased ager outbursts, suicidal thoughts, reduced appetite and sleep disturbance present since past two years with an acute onset and continuous and deteriorating course. The predisposing factor was identified as mother's history of depression, precipitating factor was identified as close friend's suicide and perpetuating factor were identified as interpersonal issues with the elder sister. The history indicated multiple failed suicidal attempts of low moderate lethality and low intentionality. The past history indicated a diagnosis of tuberculosis 2 years back. The family history is suggestive of mother's depression and sister's dominant and irritable behaviour. The personal history indicated decline in activity and mood which led to failure in the academic front but the premorbid personality was well-adjusted. During the initial visits the mental status findings were: general appearance and behaviour marked by low mood, stooped posture, psychomotor retardation and reduced speech. The affect was depressed with a restricted range. The higher mental functions were intact with a partial insight.

Psychological Formulation

Caused by a likely biological vulnerability to depression (as evidenced by her mother's depression problem) and by rearing in a household with dominating elder siblings, restricting opportunities for her. The precipitating factor or critical incident was a close friends sudden death by suicide leading to a significant decline in her mood. She started feeling low and started staying aloof and failed her 11th standard exams which exacerbated her symptoms. She would often experience disturbed sleep and suicidal thoughts. The emotionally overwhelming situation increased and she would often ask people in her house to push her from the terrace. She got infected with TB also which led to fever, fatigue, pain, shortness of breath and loss of appetite. Her escalating anger made it difficult to adjust in family settings as she would often shout on others. She developed schemas of others as being critical and ignorant and herself as being weak and helpless. Due to all this she started becoming anxious and would experience difficulty in her capabilities. Currently she's unable to deal with the depressive symptoms along with increasing conflicts in siblings to share responsibilities and dominance. The activity levels have reduced with a decline in the motivation level. All these issues lead to an upsurge in the negative automatic thoughts with high level of rumination and self-criticism.

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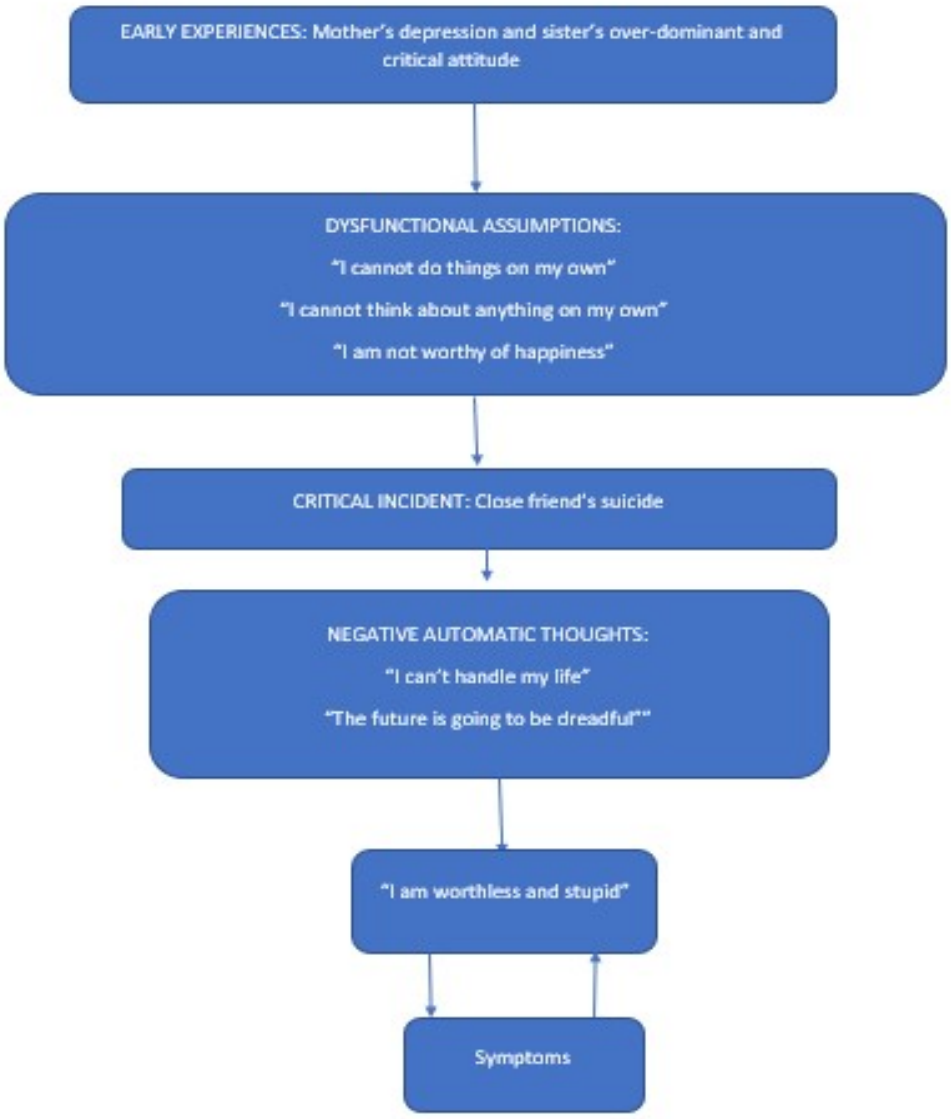

Fig: Case formulation using the CBT model.

Psychotherapy

The goal of the therapy was to reduce suicidal thoughts, reduce depressive cognitions, hope instillation and regaining normal functioning by engaging in pleasurable activities and activity scheduling. The techniques used included: psychoeducation, dialectical behaviour therapy, cognitive restructuring, activity scheduling and graded-tasks assignments.

Therapy Session Details

Session 1-2

In the initial sessions the focus was on making the client comfortable. And the objectives were to use clinical interviewing skills to take history, identify and explore the presenting complaints and establishing therapeutic alliance with the client to catharsis of long-held feelings. Ventilation was facilitated with the aim to understand the symptomatology. The client and her mother were interviewed. The client showed low mood and appeared doubtful during the session and kept on ruminating over the past. She reported of decline in her functioning and expressed significant distress due to her IPR issues with the sister. So, it was decided that the sister will be called for the next session to understand their family dynamics. The client openly expressed suicidal thoughts during the session.

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Session 3

The session focused on interviewing the sister and allowing the client and the sister to ventilate to understand the on-going disturbances between them. The showed a critical attitude towards the patients behaviour and condition and a lack of understanding of her issues. So, empathetic listening and reflecting was done and the sister was psychoeducated and the implications of her behaviour on the client were discussed.

Session4-5

The sessions focused on exploring the coping mechanisms of the client. And since there was an increase in the intensity of suicidal thoughts due to overwhelming emotions and low distress tolerance DBT techniques were introduced. The aim was to provide distraction so that the client could learn the regulation of emotions. The client was asked to maintain a diary for monitoring the thoughts.

Session 6-8

The client was following the techniques discussed in the past session well and a decrease in the suicidal thoughts was observed so the main focus of these further sessions was to modify and alter the dysfunctional assumptions using cognitive restructuring techniques by providing a more rational alternative of thinking and behaving.

Session 9

After working on the maladaptive thoughts of the client the next main focus was to work on the functionality aspect with the use of activity scheduling and graded task assignments. The main focus was on mastery and pleasure perspective. And since the client expressed low self-esteem the client was also asked to use positive self-affirming statements.

Session 10-11

During these sessions the objective was to monitor the change in thoughts. The client reported effectiveness in her functionality and a significant reduction in low mood. The graded task assignments were reviewed. She reported of enjoying her daily activities and the ideas of helplessness and worthlessness feelings decreased significantly.

Follow-up Session

An assessment of the client's condition was made using the Beck Depression Inventory which suggested mild mood disturbance. The client's subjective account of her current condition suggested significant improvement.

Discussion

The self-regulation of difficult and overwhelming emotions is an important facet of the ability to cope with stress and depression. The present article has reported the continued development of a cognitive behaviour therapy and dialectical behaviour therapy approach to the treatment of depressive symptoms and suicidal tendencies in a depressed patient. The Dialectical Behaviour Therapy approach developed by Marsha Linehan has given methods and ways to help people manage overwhelming emotions. This method has helped people in strengthening their ability to handle distress without loosing control or acting destructively. The severity of suicidal ideation is one thing that shouldn't be avoided. Miller et.al.(2005) did Dialectical Behaviour Therapy for suicidal patients. The DBT group received 12 weeks of twice weekly therapy. The results showed significant reductions in suicidal ideation. DBT allows a radical acceptance of our past, present and realistic limitations on the future.

The goal of behavioural strategies such as monitoring and scheduling activities and graded task assignments is to maximize engagement in mood-elevating activities. Activity scheduling reduces an apparently overwhelming mass of tasks to a manageable list, removes the need for repeated decision-making, makes it more likely that activities will be carried out, encourages an increase in the proportion of satisfying activities, and increases patients sense of control over their lives. Graded-task assignment counters hopelessness by encouraging patients to reduce tasks to manageable proportions, to increase the frequency of self-reward, and to redefine success realistically.

Depressive automatic thoughts have a number of characteristics which may influence how therapy is carried out and affect relationship between therapist and patient. They are habitual so they are difficult to identify. They are automatic and involuntary, and so are hard to control. They are plausible, especially when accompanying emotions are strong. They are a product of errors in processing. So, the identification of negative automatic thoughts and assumptions is important as it teaches us to stop trusting in our automatic tendency to accept the contents of our thoughts as being an accurate assessment of reality. The case also emphasizes the catastrophic effects of negative automatic thoughts leading to difficulties in the other aspects of the client's life. The disability and burden associated with major depression comes only in part from its affective symptoms; cognitive dysfunctions associated with depression also play a crucial role.

The client's physical health and interpersonal relationships conflicts led to decline in her activity and motivation levels. The presence of a history of significant dysfunction due to depression in her mother made her more vulnerable to develop illness. The importance of hereditary factors in mental illness cannot be denied. The discoveries done over the last two decades also suggest that the pace and specificity associating genetics with mental illness has accelerated.

The client's history also suggested exacerbation of the depressive symptoms due to the biological condition of tuberculosis and her relational issues with her elder sister. This led to development of schemas which made it impossible for her to deal with situations in a logical and rational manner and that mental framework also caused her to exclude pertinent information to focus instead only on things

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that confirmed her pre-existing beliefs and ideas. The role of abnormal schemas in her perceptions of the world made her make faulty judgements. So, the identification of cognitive distortions due to maladaptive schemas made it possible to challenge and alter the automatic thoughts which were adding on to the distress. So, after cognitive restructuring and application of distress tolerance activities the client was able to adjust better to the dysfunctions created by the symptoms. The distress tolerance activities relied on the idea of helping the client in dealing with her reaction to overly intense emotional situations. The reduction in impulsivity also helped her to engage in healthy behaviours.

The involvement of mother and sister in the initial sessions focused on the effects of relationship dynamics on the client's mental health. They were provided with knowledge about different facets of the illness and its treatment and it helped them to work together for better overall outcome. The efforts were also evident in the clients progress in the last few sessions.

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