



Medical Psychology Center

CENTER STAGE

(formerly TRIPLEPOINT) May 2016 Volume 1, Number 1

Current Perspectives on Depression Treatment

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Depression has been described as “the common cold of psychopathology.” It is familiar to all humans at least in mild form and, like the common cold, it tends to run its course over time. Psychiatrists report that 60-75% of their patients suffer from depression, although the exact incidence is impossible to determine since the use of tranquilizers and anti-depressants often leads to symptom remission without the patient ever reaching a psychiatrist. Public health statistics, however, estimate that each year 8 million Americans suffer from depression severe enough to be treated clinically, with 250,000 requiring hospitalization because of suicidal intentions.

Depression occurs about two to three times more commonly in women than in men. The most frequent period of initial onset occurs between the ages of 30 and 40, after which the incidence rises sharply. In sick, elderly persons over 65 years of age, one in four suffers from depression.

There is increasing evidence that a pre-disposition to depression may be inheritable. While the incidence in the general population ranges from 1 to 1.5%, depression is much more common in the parents (from 7.5 to 25%), siblings (from 14 to 29%), and identical twins (up to 60%) of depressed patients.

The most universally prescribed **non-behavioral** treatments for depression are medical and assume a biological cause for the depression. Primary among these have been the prescription of antidepressant drugs and the use of electroconvulsive shock therapy, often in conjunction with supportive or analytic psychotherapy.

The most common **behavioral** treatments of depression have been based on four theories about its etiology, each generating certain implications about treatment:

1. Depression is a function of insufficient reinforcement (Lewinsohn).
2. Depression is a result of learned helplessness (Seligman).
3. Depression is related to cognitive distortions (Beck).
4. Depression is a product of deficits in self-control (Rehm).

There is not at this time a single recommended treatment for depression. Many patients respond best to combined treatment – medication to gain relatively quick symptom relief and behavioral psychotherapy to learn more effective ways of dealing with life’s problems.

According to Peter Lewinsohn’s theory, a loss or lack of response-contingent positive reinforcement reduces the rate of adaptive behaviors and also elicits sad feelings. Therapy procedures focus on identifying potential sources of reinforcement in the patient’s environment and developing strategies for increasing their frequency of occurrence. In cases where the potential reinforcers are interpersonal in nature, therapy aims at decreasing social skills deficits and teaching patients new interpersonal skills.

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Martin Seligman's theory defines depression as learned helplessness, a condition in which the depressed person acquires the belief that he cannot control the events in life which bring pressure or reduce suffering. Treatment is designed to restructure the patient's cognitive distortions in order to deny assumed helplessness.

The model of depression proposed by Aaron Beck holds that depression consists of cognitive distortions, the most common of which are negative views of the world, of one's self, and of the future. Therapy involves teaching the patient to identify and to challenge distorted thoughts, using the evidence of objective experience.

Lynn Rehm's self-control theory holds that depression results from problems of self-monitoring, self-evaluation, and self-reinforcement. In this view, depressed patients tend to pay more attention to negative than to positive events, to judge their own behaviors more critically than the behaviors of others, and to employ low rates of self-reward and high rates of self-punishment. Treatment is focused on teaching patients to increase their self-monitoring of positive events, to judge their own behaviors less critically, and to increase positive self-reinforcement.

In summary, there is not at this time a single recommended treatment for depression, although many patients seem to respond well to combined treatment – medication to gain relatively quick symptom relief and behavioral psychotherapy to learn more effective ways of dealing with life's problems.

Behavioral approaches may include one or many techniques, such as prompting and shaping behaviors so that reinforcing events can occur, designing programs to enhance the effectiveness of the reinforcers, teaching better communication and social skills, demonstrating self-control procedures, and attacking and restructuring irrational cognitions. All of these approaches, however, aim toward increasing purposeful action, as well as increasing the reinforcement opportunities for the depressed person.

What is CBT?

Cognitive behavioral therapy (CBT) is one of the treatment modalities available to patients at the Medical Psychology Center.

CBT is a goal-oriented psychotherapy treatment that takes a hands-on, practical approach to problem solving. Its goal is to change patterns of thinking or behavior that are behind people's difficulties, and thereby to change the way they feel.

It is used to help treat a wide range of issues from sleeping difficulties or relationship problems, to drug and alcohol abuse, or anxiety and depression. CBT works by changing people's attitudes and their behavior by focusing on the thoughts, images, beliefs and attitudes that are held (a person's cognitive processes) and how these processes relate to the way a person behaves, as a way of dealing with emotional problems.

An important advantage of cognitive behavioral therapy is that it tends to be relatively short, taking five to ten months for most emotional problems. Clients attend one session per week, each session lasting approximately 45 minutes. During this time, the client and therapist work together to understand what the problems are and develop new strategies for tackling them. CBT introduces patients to a set of principles that they can apply whenever they need to, and that will last them a lifetime.

The **Medical Psychology Center** has been a vibrant, full spectrum mental health private practice with a strong reputation and presence in the North Shore healthcare community since 1996.

For information about our services and staff, or to schedule a first appointment, please visit our web site at www.mpc.care.

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