

Mind Matters ECHO

Module: Depression

Session 2: Effective Treatments for
Depression: Psychotherapy

June 16, 2021



**Mount
Sinai
Health
Partners**

Welcome!

- ▶ Pre-survey: bitly.com/mmsurvey2
- ▶ Hub team introductions
- ▶ Disclosures
- ▶ Questions during presentations

Case Presentation



Dr. Nikita Barai

Mount Sinai Doctors, Internal Medicine Associates



Patient Information

Demographic Information

- 60 year old cis-female
- Divorced
- Lives alone with dog
- Lawyer by profession but stopped working years ago due to depression/anxiety symptoms
- Medicaid

Medical History

- Hypothyroidism
- Transient global amnesia 6/2018 now resolved
- Low back pain
- Bilateral hip osteoarthritis
- Ocular rosacea

Patient Information

Current Medications

- Clonazepam 0.5 mg prn qhs
- Trazodone 50 mg daily
- Synthroid 50 mcg daily
- Cholecalciferol 1000 iu daily
- Estrace cream
- Retin-A cream
- Doxycycline 20 mg BID

Current Psychiatric Diagnoses

- Depression
- Anxiety
- Borderline Personality Disorder traits

Patient & Case Information

Current Symptoms of Depression

- Sleep
- Appetite
- Energy
- Anhedonia
- Difficulty concentrating
- Lack of motivation
- Feelings of hopelessness, helplessness, and/or guilt
- Thoughts of suicide (Passive)

Daily symptoms, present for years, but frequency and severity worsened since the pandemic due to social isolation. PHQ-9 25 (1/2021). Able to complete her ADLs, but function is diminished due to symptoms.

Current Symptoms of Anxiety/Panic

- Ruminative thought pattern (daily)

Patient & Case Information

Psychiatric History

- Followed with MSH psychiatry from 6/2016-8/2019, mutual discontinuation of care
- Prior medications – Venlafaxine, Lexapro, Wellbutrin, Adderall
- Describes trauma associated with infertility
- No history of suicide attempts, longstanding passive SI
- PHQ-9 10-27 2015-2021 (10-13 2016, 2017)
- 7/2020
 - PCP visit; PHQ-9 (21) and passive death wishes
 - Multiple attempts made to coordinate with IMA behavioral health and refer patient to psychiatric care within MSH and in the community.
 - Close follow-up with PCP
- 1/2021
 - Visit with new PCP; PHQ-9 (25) and passive death wishes
 - Not yet able to establish psychiatric care; pt hesitant to establish care outside of MSHS.
 - No availability at MSH, triage SW worked with patient, told to call St. Luke's, but ultimately not accepting new patients

Patient & Case Information

Current Treatment Plan for Psychiatric Conditions

- PCP visits every 4-6 weeks since 1/2021, continuing efforts to establish psychiatric care, enrolled in care coordination
- Clonazepam 0.5 mg qhs prn - > 0.25 mg qhs prn and trazodone 50 mg daily
 - Clonazepam not ideal, but a longstanding medication that was initially provided by psychiatry
 - Discontinued 1/2020, patient was using leftover tablets. Patient is adamant that it be continued
 - Continued with agreement that this is a bridge to psychiatric care, plan to wean
 - Declines starting any new medications without seeing a psychiatrist due to side effects with prior medications
- 6/2021
 - With help of MSHP SW, patient established first therapy appointment with community-based therapist; has not yet established care with a psychiatrist.

Patient & Case Information

Areas of Support and Consultation Being Sought

- Identify appropriate behavioral health referrals
- Strategies for engaging the patient and/or their caregivers/family

Main Question

What advice can you offer to primary care providers as we navigate limited resources within the mental health landscape? What strategies can we utilize in primary care to help patients engage with/stay engaged in care outside the system?

Psychotherapy for Depression

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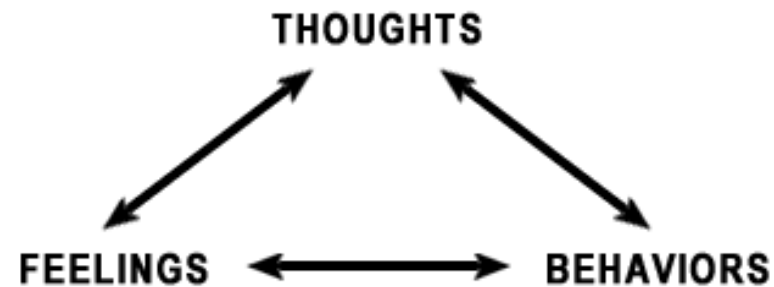
Psychodynamic Therapy

- Grew out of the psychoanalytic theories and practices:
 - A person's behavior is influenced by one's unconscious mind and their past experiences
 - Patients are seen multiple times a week
 - The patient engages in free association and there is an open-ended exploration of a patient's feelings
- Like CBT, is also a talk therapy; usually provided once or twice a week
- Helps patients understand how their behavior and mood are affected by unresolved issues
- Attempts to bring elements that patients are not aware of into conscious
- Frequently discussed themes: problems in functioning in important life domains (e.g., work, interpersonal relationships), meaningful past experiences, the relationship between the therapist and patient



CBT

Cognitive Behavioral Therapy



Anna met a new friend at school. They exchanged phone numbers and she was waiting for her to reach out. After several days of not hearing from the new friend, she began:

- Thinking: “I wasn’t interesting enough,” “No one likes me,” “I am going to be lonely forever”
- Feeling: sad, anxious, stomach in knots, difficulty eating and sleeping
- Actions: cries, isolates, spends time in bed, calls new friend repeatedly

Three Waves of CBT

1. Behavior therapy

- Basic learning and conditioning paradigms
- Changing behaviors

2. Cognitive behavior therapy

- Maladaptive thinking patterns impact emotions and behaviors
- Identifying automatic thoughts, checking them, and considering alternative thoughts

3. CBT with a contextual concept

- Focuses on how a person relates to thoughts and emotions rather than their content
- Uses mindfulness, acceptance, and meta-cognition; looks at more comprehensive life goals



Behavioral Activation

Gradually building motivation and energy through pleasure and mastery

- Understanding the impact of behaviors on depressive thoughts and feelings
- Monitoring our daily activities
- Scheduling enjoyable and meaningful activities
- Problem solving around barriers to behavioral activation prior to and after between-session assignments.

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			



Thought Change Record

Situation	Automatic thought(s)	Emotion(s)	Rational response	Outcome
<p>a. Describe event leading to emotion or</p> <p>b. Stream of thoughts leading to emotion or</p> <p>c. Physiological sensations.</p>	<p>a. Write automatic thought(s) that preceded emotion(s).</p> <p>b. Rate belief in automatic thought(s), 0%–100%.</p>	<p>a. Specify sad, anxious, angry, etc.</p> <p>b. Rate degree of emotion, 1%–100%.</p>	<p>a. Identify cognitive errors.</p> <p>b. Write rational response to automatic thought(s).</p> <p>c. Rate belief in rational response, 0%–100%.</p>	<p>a. Specify and rate subsequent emotion(s), 0%–100%.</p> <p>b. Describe changes in behavior.</p>

Source: Adapted from Beck AT, Rush AJ, Shaw BF, et al.: *Cognitive Therapy of Depression*. New York, Guilford, 1979, pp. 164–165. Reprinted with permission of Guilford Press.

Available at: <https://www.appi.org/wright>



Thought Change - Continued

Cognitive Distortions

Cognitive distortions are irrational thoughts that can influence your emotions. Everyone experiences cognitive distortions to some degree, but in their more extreme forms they can be harmful.

Magnification and Minimization: Exaggerating or minimizing the importance of events. One might believe their own achievements are unimportant, or that their mistakes are excessively important.

Catastrophizing: Seeing only the worst possible outcomes of a situation.

Overgeneralization: Making broad interpretations from a single or few events. "I felt awkward during my job interview. I am *always* so awkward."

Magical Thinking: The belief that acts will influence unrelated situations. "I am a good person—bad things shouldn't happen to me."

Personalization: The belief that one is responsible for events outside of their own control. "My mom is always upset. She would be fine if I did more to help her."

Jumping to Conclusions: Interpreting the meaning of a situation with little or no evidence.

Mind Reading: Interpreting the thoughts and beliefs of others without adequate evidence. "She would not go on a date with me. She probably thinks I'm ugly."

Fortune Telling: The expectation that a situation will turn out badly without adequate evidence.

Emotional Reasoning: The assumption that emotions reflect the way things really are. "I feel like a bad friend, therefore I must be a bad friend."

Disqualifying the Positive: Recognizing only the negative aspects of a situation while ignoring the positive. One might receive many compliments on an evaluation, but focus on the single piece of negative feedback.

"Should" Statements: The belief that things should be a certain way. "I should always be friendly."

All-or-Nothing Thinking: Thinking in absolutes such as "always", "never", or "every". "I *never* do a good enough job on anything."

Automatic Thoughts Checklist

Instructions: Place a check mark beside each negative automatic thought that you have had in the past 2 weeks.

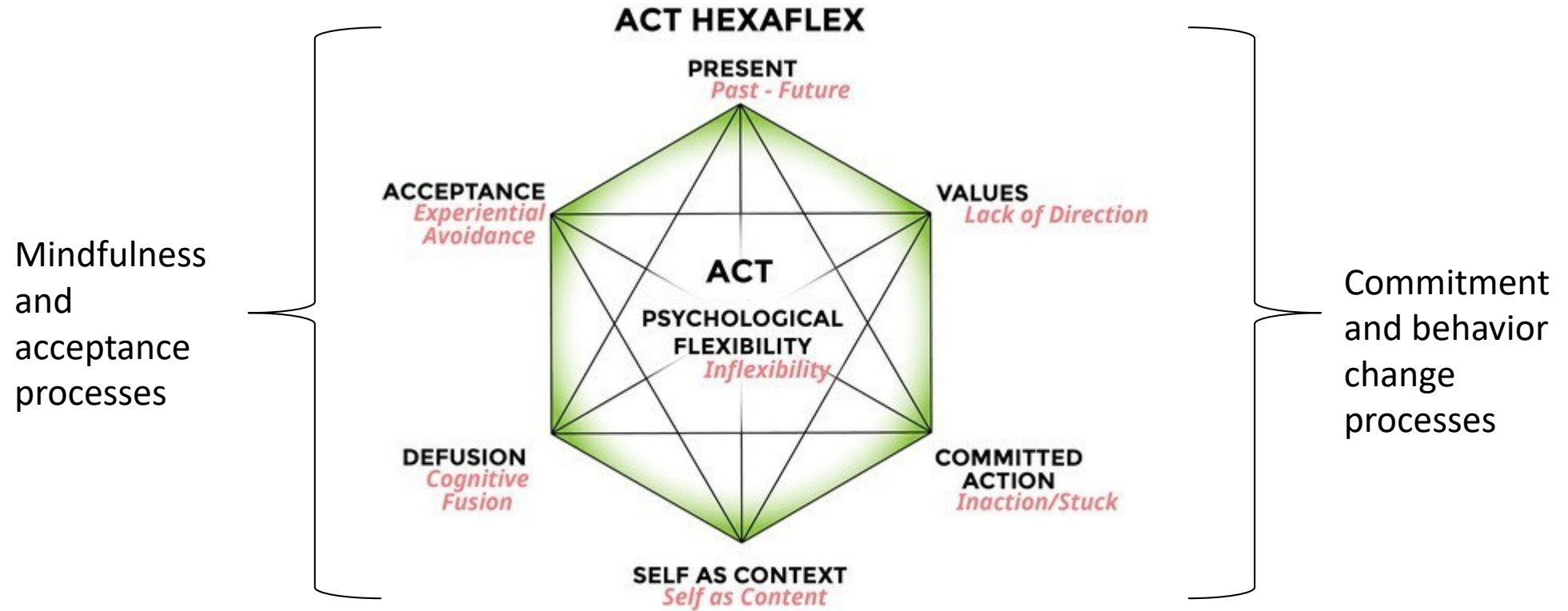
- I should be doing better in life.
- He/she doesn't understand me.
- I've let him/her down.
- I just can't enjoy things anymore.
- Why am I so weak?
- I always keep messing things up.
- My life's going nowhere.
- I can't handle it.
- I'm failing.
- It's too much for me.
- I don't have much of a future.
- Things are out of control.
- I feel like giving up.
- Something bad is sure to happen.
- There must be something wrong with me.

ACT

Acceptance and Commitment Therapy

- ACT has moved away from the traditional CBT emphasis on changing or correcting one's thoughts in order to alleviate suffering.
- ACT aims to change our relationship with our private experiences (thoughts, feelings, memories, bodily reactions), so they no longer entangle us in maladaptive patterns.
- Emphasizes being open, flexible, mindful, and actively pursuing values.

ACT - continued



Thank you

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