

# Mind Matters ECHO

**Module:** Depression

**Session 2:** Effective Treatments for  
Depression: Psychotherapy

June 8, 2022



**Mount  
Sinai  
Health  
Partners**

# Welcome!

- ▶ Pre-survey: [bit.ly/depressionmeeting2](https://bit.ly/depressionmeeting2)
- ▶ Hub team introductions
- ▶ Disclosures
- ▶ Questions during presentations



# Case Presentation



**Emily Gutowski, MD**  
Internal Medicine Associates

# Patient Information

## Demographic Information

- 26 year old cis-female
- Lives part time alone in NY and part time out-of-state with parents
- Commercial insurance
- Some graduate school
- Employed part time (child/parent therapist for ACS)

## Medical History

- Long COVID
- Prior trauma

## Current Medications

- Hydroxyzine 50mg TID PRN for anxiety
- Klonopin 0.5mg daily PRN for panic attacks



## Patient Information

### Past Psychiatric Medications

- Celexa - on for 1 year, didn't work
- Effexor - worked but caused bad GERD
- Lexapro - worked for 4 years (ages 21-25) but then eventually stopped working
- Trazodone - good but felt "drunk" in the morning
- Prozac and it was increased to 60mg while in the hospital. With increased dose, she described some improvement in mood; however, she felt much more anxious, like "my brain was buzzing" and she couldn't sit still. Following discharge, patient with several ER visits/phone calls in distress over high Prozac dose in which she felt increasingly suicidal and also cut arms superficially to harm self.

### Psychiatric and Social History

- Disordered eating
- Bulimia in high school
- Hospitalization: NYU - 3/28/22 - 4/5/22
- Outpatient: EMDR, CBT, DBT, Interfamily Systems (liked this the best)

### Family Psychiatric and Social History

- Father - alcoholism, PTSD
- Sister - GAD
- Brother - Bipolar disorder vs schizoaffective disorder

# Patient Information

## History of Trauma

- Childhood verbal/emotional

## Current Psychiatric Diagnoses

- MDD, GAD, PTSD, R/O OCD, R/O Boderline PD

## Symptoms of Depression

- Change in appetite
- Feelings of hopelessness, helplessness, and/or guilt
- Anxiety and intrusive thoughts affect ability to sleep, will wake up at 3AM and be wide awake and unable to sleep for the remainder of the night, but then feel tired and sad the next day
- Constantly has shameful intrusive thoughts about the trauma in her childhood

# Patient & Case Information

<b>Symptoms of Anxiety/Panic</b>	<ul style="list-style-type: none"><li>• Derealization</li><li>• Intrusive worrisome thoughts</li><li>• Ruminative thought pattern</li><li>• Compulsive behaviors</li><li>• In terms of current obsessions/compulsions, if she has an intrusive memory of the past, she will have to whisper obscenities to herself for the thought to go away</li><li>• Also has intrusive thoughts of incest and intrusive thoughts that she will say or be racist in some way, like blurt out a racial slur</li><li>• Intense shame in the context of childhood trauma that manifest as intense flashbacks that can lead to derealization/dissociation episodes, avoidance behaviors, effects on overall mood, and effects on interpersonal relationships concerning for PTSD</li></ul>
<b>Suicidality</b>	<ul style="list-style-type: none"><li>• Past passive ideation (thoughts without plan and/or intent)</li></ul>
<b>Areas of Support and Consultation Being Sought</b>	<ul style="list-style-type: none"><li>• Psychotherapeutic consultation</li></ul>
<b>Main Question</b>	<ul style="list-style-type: none"><li>• How to choose correct medication regimen when a patient has uncomfortable but not medically dangerous side effects and how to address passive SI or suicidal behavior in the outpatient setting</li></ul>



# Effective Treatments for Depression: Psychotherapy

Michael Katz, PhD

Licensed Clinical Psychologist, Assistant Professor

Student and Trainee Mental Health (STMH) Program

Icahn School of Medicine at Mount Sinai, Department of Psychiatry



**Mount  
Sinai  
Health  
Partners**



# Effective psychotherapies for depression

- ▶ Cognitive Behavioral Therapy (CBT)
- ▶ Interpersonal Therapy (IPT)
- ▶ Problem-Solving Therapy (PST)
- ▶ Short-Term Psychodynamic Psychotherapy (STPP)

SOCIETY OF  
CLINICAL PSYCHOLOGY



DIVISION 12  
American Psychological Association



EFFECTIVE  
EFFECTIVE



# Psychotherapy effectiveness: Dodo bird verdict and controversy

Canadian Psychology / Psychologie canadienne  
2017, Vol. 58, No. 1, 7-19

© 2017 Canadian Psychological Association  
0708-5591/17/\$12.00 http://dx.doi.org/10.1037/cap0000096

Honorary President / Président d'honneur

Four Decades of Outcome Research on Psychotherapies for  
Adult Depression: An Overview of a Series of  
Meta-Analyses

PIM CUIJPERS  
Vrije Universiteit Amsterdam and EMGO  
Institute for Health and Care Research, the  
Netherlands



#### Abstract

In the past 4 decades about 500 randomized trials have examined the effects of psychological treatments of adult depression. In this article the results of a series of meta-analyses of these trials are summarised. Several types of psychotherapy have been examined, including cognitive behaviour ther-

## Discussion

In this article we presented an overview of a series of meta-analyses we conducted on the 500 randomized trials that have examined the effects of psychological treatments of adult depression. We saw that several of these interventions have been tested and that they are effective in the treatment of depression. Furthermore, we saw that there are no significant differences between treatments and that they have effects that last for 6 to 12 months. We also saw that these therapies are about equally effective as pharmacotherapy in the short-term, and that the combination of



Cuijpers, P. (2017). Four decades of outcome research on psychotherapies for adult depression: An overview of a series of meta-analyses. *Canadian Psychology/psychologie canadienne*, 58(1), 7.



# Common Factors across Psychotherapies

## ▶ Therapeutic alliance (working alliance)

- Bond
- Agreement on goals
- Agreement on tasks



## ▶ Empathy

- Capacity to be impacted by another and share their emotional state
- Ability to assess the reason for another's emotional state
- Be able to identify with the other by adopting their perspective



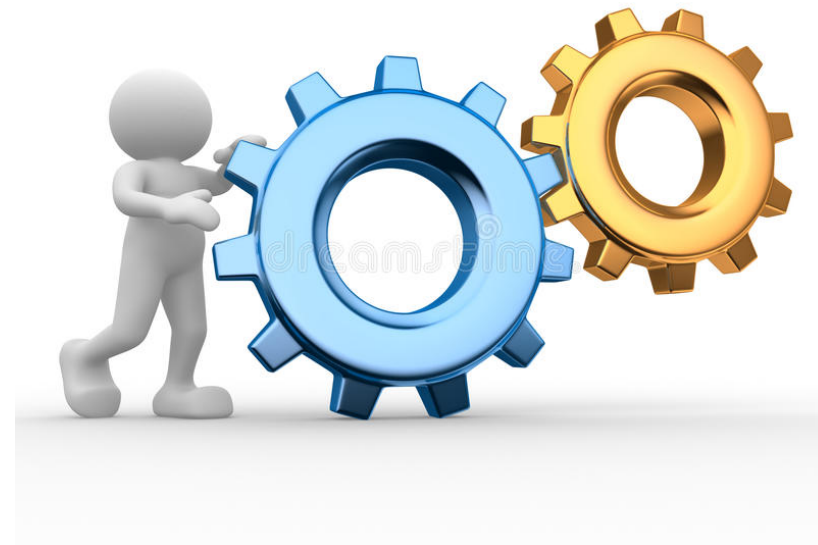
## ▶ Therapist effects

- Some therapists consistently have better outcome than others, regardless of modality
- Effective therapists likely:
  - form stronger alliances across a range of patients
  - have better interpersonal skills
  - tend to express more professional self-doubt
  - engage in practicing skills outside of therapy



# Mechanisms of Change within Therapies

- ▶ Connolly Gibbons et al. (2010): Unique and Common Mechanisms of Change across Cognitive and Dynamic Psychotherapies
  - Self-understanding: psychodynamic
  - Coping skills: both
  - Reduce gap between view of oneself and ideal self: more important in CBT



Gibbons, MB. C et . al (2009). Unique and common mechanisms of change across cognitive and dynamic psychotherapies. *Journal of consulting and clinical psychology*, 77(5), 801.



# Adherence and Flexibility

- Adherence-outcome relationship, specific to model
- Flexibility in implementation may strengthen adherence-outcome relationship



Katz, M., Hilsenroth, M. J., Gold, J. R., Moore, M., Pitman, S. R., Levy, S. R., & Owen, J. (2019). Adherence, flexibility, and outcome in psychodynamic treatment of depression. *Journal of counseling psychology*, 66(1), 94.

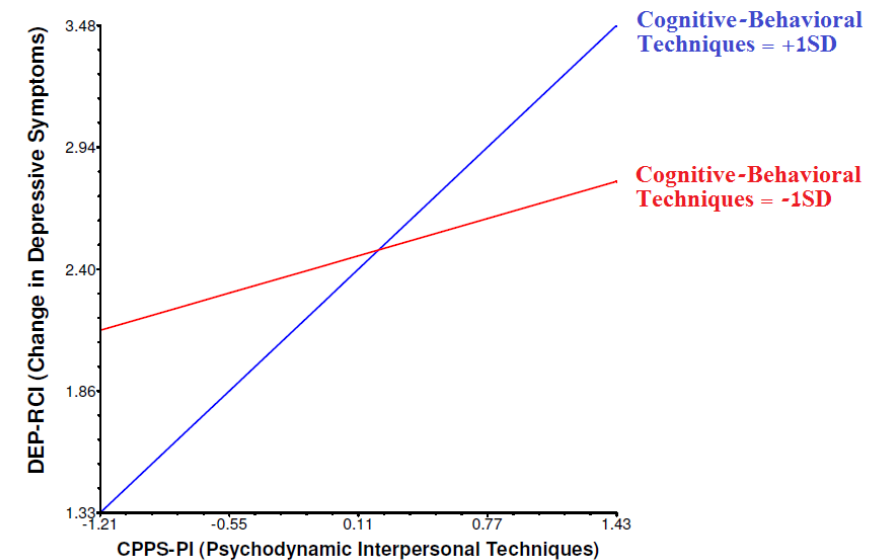
## Adherence, Flexibility, and Outcome in Psychodynamic Treatment of Depression

Michael Katz, Mark J. Hilsenroth, Jerold R. Gold,  
and Michael Moore  
Adelphi University

Seth R. Pitman  
Austen Riggs Center, Stockbridge, Massachusetts

Saryn R. Levy and Jesse Owen  
University of Denver

## MLM Analysis: Interaction



**PI:  $p = 0.007$**

**CB:  $p = 0.76$**

**PI\*CB:  $p = 0.03$**






# Crying in Therapy

- More difficult but potentially more meaningful for **insecurely** attached patients than secure ones
- **Feeling supported by the therapist in moments of crying** linked to a better working alliance
- **More research needed:** new study about to come up we're working on, with a larger sample among U.S. patients, showing links between crying and change in therapy

Katz, M., Ziv-Beiman, S., Rokah, N., & Hilsenroth, M. (2022). Crying in psychotherapy among Israeli patients and its relation to the working alliance, therapeutic change and attachment style. *Counselling and Psychotherapy Research*, 22(2), 439-457.

## Crying in psychotherapy among Israeli patients and its relation to the working alliance, therapeutic change and attachment style

Michael Katz<sup>1</sup>  | Sharon Ziv-Beiman<sup>2</sup> | Nurit Rokah<sup>2</sup> | Mark Hilsenroth<sup>3</sup>

<sup>1</sup>Department of Psychiatry, Icahn School of Medicine at Mount Sinai, New York, NY, USA

<sup>2</sup>School of Behavioral Sciences, Academic College of Tel-Aviv, Tel-Aviv, Israel

<sup>3</sup>Derner School of Psychology, Adelphi University, Garden City, NY, USA

### Correspondence

Michael Katz, Student and Trainee Mental Health (STMH) Program, Icahn School of Medicine at Mount Sinai, New York, NY, USA.

Email: michaelkatz2@mail.adelphi.edu

### Abstract

Patients' crying in psychotherapy can, at times, be an indicator of a healing process and reflect patients' engagement. This study explored the relationships between Israeli patients' crying in therapy, the working alliance, therapeutic change and attachment styles, using similar procedures to the ones used by Genova et al. (*Psychotherapy*, 58, 160) in a recent investigation of Italian patients. One hundred and thirteen patients completed an online survey in Hebrew about crying in therapy and self-report measures assessing the working alliance, therapeutic change and attachment styles. Our findings revealed that self-reported working alliance was related to the patients' perceptions of their therapist responding to their most recent crying episode with support and compassion. Therapeutic change was associated with a tendency to cry in therapy and higher instances of crying in therapy during the last year. Patients with anxious-preoccupied attachment styles had more faith that crying would lead to being understood by their therapist. Dismissive-avoidant attachment style was related to higher likelihood of feeling like the most recent crying episode helped the patient understand things that they did not understand before and feel like their tears expressed things that words could not. Further, fearful-avoidant, anxious-preoccupied and dismissive-avoidant attachment styles were all related to stronger faith in the therapy relationship strengthening after crying. These findings are in line with, and expand on, Genova et al.'s (*Psychotherapy*, 58, 160) findings regarding the therapy alliance, crying in therapy and attachment styles. Implications for the relationships between patient attachment style, therapy alliance, therapeutic change and crying in therapy are discussed.

# Telehealth vs. in person psychotherapy for depression

## Teletherapy Versus In-Person Psychotherapy for Depression: A Meta-Analysis of Randomized Controlled Trials

Annaleis K. Giovanetti, MA,<sup>1,i</sup> Stephanie E.W. Punt, MA,<sup>1</sup>  
Eve-Lynn Nelson, PhD,<sup>2</sup> and Stephen S. Ilardi, PhD<sup>1</sup>

<sup>1</sup>Department of Psychology, University of Kansas, Lawrence,  
Kansas, USA.

<sup>2</sup>Department of Pediatrics and Kansas Center for Telemedicine  
and Telehealth, University of Kansas Medical Center, Kansas Ci  
Kansas, USA.

<sup>i</sup>ORCID ID (<https://orcid.org/0000-0003-2971-2741>).

### Conclusions

In summary, this meta-analysis provides the most compelling evidence to date in support of video-based psychotherapy for depressive symptoms. Across 11 head-to-head trials, teletherapy was observed to be statistically indistinguishable from face-to-face psychotherapy in acute efficacy and patient retention (attrition rates). The present findings suggest, therefore, that video-based psychotherapy is a feasible and effective alternative delivery modality to in-person services for reducing depressive symptoms. It is unclear what the landscape of telehealth will look like in the years following COVID-19, but the pandemic may have served as a catalyst to remove structural and institutional barriers to the widespread use of telehealth services. Continued research on the comparative effectiveness of telehealth and in-person psychotherapy in clinically depressed samples, and elucidation of the barriers that characterize each delivery modality, can help the field better optimize and personalize future patient care.



Giovanetti, A. K., Punt, S. E., Nelson, E. L., & Ilardi, S. S. (2022). Teletherapy Versus In-Person Psychotherapy for Depression: A Meta-Analysis of Randomized Controlled Trials. *Telemedicine and e-Health*.

# Talking with patients and families about psychotherapy

- ▶ **Choice**: Emphasize fit with therapist
- ▶ **Help Define Goal**: More than “venting”
- ▶ **Stigma**: Validate and educate to reduce stigma
- ▶ **Options**: Frequency, modality, telehealth, focus, group, individual, family
- ▶ **Risk**: High risk and/or patients with personality disorders are often referred to more intensive care (e.g., CITPD)
- ▶ **Pragmatic approach**: Insurance and affordability







THANK YOU!

**ANY  
QUESTIONS?**