Case Study of Depression

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Applied behavioral science concerns itself with applying the knowledge of human behavior to solve their problems. It is particularly useful in tracing the source of mental and behavioral disorders in people to help select the treatment which is more appropriate to their condition. Within behavioral science, applied behavioral psychology helps individuals, as well as organizations, to change undesirable behavior and develop self-efficacy to solve their problems. In the case of depressive disorders, behavioral psychology can provide a critical understanding of the causes, processes, and symptoms of the condition, and it can provide efficient interventions and treatment programs suited to the individual’s needs. In the paper, the case of Joe and his major depressive disorder will be explored from the clinical psychology perspective. The etiology of Joe’s condition will be examined and analyzed from a theoretical and empirical perspective to narrow down the therapies more suited to Joe’s condition. In addition, the benefits and efficacy of the proposed psychotherapy intervention, cognitive-behavioral therapy (CBT), alongside its pre-requisites will be examined to treat major depressive disorder.

# Case Background

The case discusses the condition of an individual, by the name of Joe, who is struggling with major depressive order. Joe was genetically predisposed to the condition and also went through life events that brought substantial grief and personal loss. His parents, grandparents, and two uncles suffered from the same condition which proved fatal for one of them. Joe’s depressive symptoms were triggered by losing his job and increased in severity after his wife and children left him. Currently, Joe suffers from severe depression which is classified in the DSM-V as a mood disorder. The condition is characterized by a persistent feeling of hopelessness, sadness, and loss of interest (Shelton, 2019). Joe’s condition has reached a clinically unhealthy state and is likely a case of unipolar depression.

# Potential Causes

A range of factors could potentially contribute to depressive symptoms. Joe’s condition can be traced to both genetic and social factors that triggered and complicated his condition. Joe's family has a history of depressive disorder, which is of particular importance in this case. Biological and genetic influences have been known to predispose people to develop depressive symptoms; however, the inherent complexity in tracing the precise genes responsible for the condition makes it difficult to predict inheritance patterns (Beck & Alford, 2009). Nevertheless, family history is known to play a significant part in making an individual vulnerable to develop the disorder at some part of his life. In Joe’s case, certain life-events which included losing his job and subsequently his loved ones and his home, triggered the disorder which led to the onset of symptoms. Such events can be traumatic for any person; however, they can be particularly devastating for a person already suffering from a depressive disorder. It is possible that Joe witnessed his inability to cope with depression, which ultimately led to his suicide. This prior experience possibly combined with Joe’s recent traumatic experiences to cause severe depression.

# Analysis from a theoretical perspective

Behavioral psychology does not concentrate on people's perceptions, thoughts, and expectations as much as their measurable and directly observable, external behavior. Hence, behavioral psychology-based theories understand depressive symptoms as a product of negative behaviors and environmental changes; therefore, these theories focus more on the avoidance of certain behaviors that inhibit reinforcement and rewards (Carvalho & Hopko, 2011). A behavioral psychology-based therapy would propose that Joe limits his contact with internal and external sources of distress through cognitive coping and avoidant behavioral strategies.

A prominent theory among behavioral psychology is behavioral activation (BA) therapy which would aim to increase Joe’s exposure to positive reinforcement through engaging in healthy behavior. At the same time, it will aim at reducing escape and avoidance behavior. BA theory understands Joe’s condition to be a consequence of lacking positive reinforcement. Based on that understanding, it will attempt to increase his engagement in adaptive activities, decrease engagement in activities that increase or maintain depressive symptoms, and attempt to resolve issues that increase aversive control or limit access to reward(Manosa, Kanter, & Busch, 2010). BA-theory, therefore, provides a unique and individualized understanding of Joe's condition by targeting behaviors that are particular to him and increase or maintain symptoms**.**

# Current Understanding of Depressive Disorders

The current understanding of depression and its severity is outlined in the fifth edition of *the Diagnostic and Statistical Manual of Mental Disorders* (*DSM-V*). Severity is measured by the number of symptoms, impairment caused by the symptoms, and the resulting distress from them. A number of symptoms are listed in DSM-V to help make the diagnosis (Shelton, 2019). Some common factors that correlate with depressive symptoms are associated with poor-quality of family relationships in younger ages, loss of a parent, and reduced social-support during adulthood. Traumatizing life events, such as parental loss, coupled with poor familial and social support are found to be associated with psychosocial characteristics that become health-damaging (J Luecken, 2000). A range of cognitive processes have been identified that are unique to depressed individuals; a range of these processes are linked to emotional dysregulation. Specifically, certain cognitive biases and deficits in processing particular forms of emotional information impair the individual’s ability to regulate or adapt to their emotions (Joormann, 2010).  These cognitive biases were found among currently depressed as well as remitted depressed individuals who demonstrated impaired abilities for emotional regulation (Ehring, Fischer, Schnülle, Bösterling, & Tuschen-Caffier, 2008).

Recent studies have also demonstrated that depressed individuals find it difficult to divert attention away from negative behaviors distractors(Manosa, Kanter, & Busch, 2010). Moreover, individuals with relatively severe depression also experience a correlated activity between their internal-attention and cognitive control symptoms, which suggests that negative experiences and triggers lead to greater attention to negative internal thoughts. In turn, these external experiences interfere with their goal-directed behavior (Roselinde H. Kaiser, 2015). It is evident from research that depressive symptoms are a product of both cognitive and behavioral factors that are interlinked to one another. Therefore, a psychotherapy-based treatment for Joe has to integrate the cognitive approach to psychotherapy with the behavioral aspect, which would not only focus on avoidant behavioral strategies but also attempt to modify any faulty information processing characteristics or dysfunctional beliefs that Joe might have.

# Plan of Action & Trends in Treatment

One of the most widely accepted psychotherapeutic approaches of treating depression is CBT. A range of studies have demonstrated its efficacy as equal or superior to antidepressants and simple behavior therapy. CBT includes a wide range of specific and related interventions which follow certain underlying assumptions and principles that the model relies on. According to the CBT model, the dysfunctional and distorted thinking that develops in an individual suffering from major depression is a result of faulty information processing which, in turn, leads to emotional dysregulation and maladaptive behaviors. The therapy, therefore, is based on correcting distortions at the cognitive level that is affecting behavior by means of a problem-solving and a goal-oriented approach (Cully & Teten, 2008). The CBT-therapist forges a special therapeutic relationship with the patient to first identify and evaluate any distorted cognitions, which will then be modified to produce more adaptive and realistic thinking patterns.

The CBT-based plan of action for Joe would first let Joe and his therapist to engage in a process known as ‘collaborative empiricism’. In this stage, the two would work together to identify and evaluate certain cognitive distortions which the therapist would later attempt to replace with more adaptive and accurate cognitions. The evaluation phase would also include conducting sessions that involve using behavioral experiments and techniques to identify Joe’s distorted predictions. The following sessions would then be based on correcting the cognitive processes and distortions that are, in turn, causing behavioral problems. During this time, Joe would be asked to do his ‘homework’ by practicing the skills that the therapist would teach him, especially related to specific cognitive or behavioral tasks taught to him. The therapy would normally extend over a 12-week period comprising of 12 to 15 sessions in total (Gaudiano, 2008). Gradually, the therapy will begin to correct the distorted cognitions, and associated maladaptive behaviors, that are increasing or maintaining depressive symptoms in Joe. A notable improvement should be visible in Joe’s behavior and mood as an indication of success.

Although CBT is widely recognized for its efficacy, some individuals are not able to enjoy its full benefits owing to a number of reasons. One reason for the patient’s resistance to CBT psychotherapy is a lack of motivation. Certain patients with severe depressive disorders find themselves unable to engage with the CBT therapist or to regularly attend the sessions which, in turn, may render the treatment ineffective. Conversely, antidepressant treatments require relatively lower levels of motivation. CBT also tends to place an overemphasis on the role of cognitions as traditional approaches tend to see irrational thinking to be the prime cause of a patient’s depression without considering other factors(Gaudiano, 2008). For this purpose, researchers suggest a combination of medication and CBT to boost rates of recovery (Voorhees, Smith, & Ewigman, 2008). Additionally, severely depressed patients may also respond better to behavioral activation interventions than traditional CBT. Thus, if traditional CBT sessions prove ineffective, BA therapy can be combined with CBT to alter both dysfunctional attributional styles as well as negative thinking (Jacobson, et al., 1996). Here BA intervention can overcome some of the potential shortcomings of traditional CBT psychotherapy.

# Building Rapport

CBT therapy for Joe would be goal-directed and structured. However, the techniques which are involved require the therapist to adopt a collaborative stance and, therefore, pay attention to the affective and relationship aspects of the therapy. In this regard building rapport with Joe is very important in order to instill trust, hope, and a sense of collaboration in him. To develop such a relationship requires demonstrating genuineness, empathy and positive regard. Empathy is the most important component in this respect and is necessary to facilitate feelings of mutual respect and trust between Joe and his therapist (Cully & Teten, 2008). This will allow Joe to validate his experiences whereas any attempts of being critical of him will make him defensive and feel judged. Thus, validating his responses is important to demonstrate empathy and build rapport. Secondly, it is also important to demonstrate genuineness in this relationship, as it allows the patient to see the therapist as an individual who is free of hypocrisy and dishonesty. He will begin to welcome critical feedback based on this credibility and feel connected to the therapist and the process (Cully & Teten, 2008). In addition, helping Joe understand that depression can change his brain may provide him some relief from repeatedly blaming himself for his condition (Gaudiano, 2008).

# Conclusion

To conclude, Joe’s severe depression stems from both a genetic predisposition and certain social factors that intensify and maintain symptoms. An analysis of his condition from the cognitive and behavioral perspective allowed us to develop a psychotherapy approach which takes both components into consideration. CBT therapy is particularly useful in Joe's case to provide him with an effective treatment plan and to build a good rapport with him. However, traditional CBT, while effective, has its sets of limitations. Other interventions such as BA therapy are equally known to be effective and easier to implement, especially in the case of individuals with severe depressive symptoms such as Joe. However, developing a treatment strategy which combines CBT and BA can overcome potential contraindications that can arise from an overreliance on the cognitive component. Although combining these approaches have been found to be successful, certain logistical and economic barriers serve as barriers to streamlining them. Nevertheless, CBT therapy is still a highly effective approach and with certain tweaks and modifications to the traditional approach, an effective treatment plan for Joe can be developed that would optimally incorporate all the components.

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