

Behavioural approaches to depression Assessment and treatment

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The importance of context

- Psychological, including behavioural approaches to depression should take into account social, political and other contextual factors in its origins
- The results of several studies have illustrated the influence of aspects of social background as risk factors for depression
- Pre-existing differences in social power and opportunity structures create variability in the conditions for depression to emerge
- It is therefore essential to bear in mind the importance of:
 - social vulnerability factors
 - life events
- **Alterations in *Response Contingent Positive Reinforcement* (RCPR) lead to:**
 - dysphoric mood
 - reduction in 'behavioural output'
- **There are three major causes of this:**
 - 1 deficits in behavioural skill repertoire
 - 2 lack of potential reinforcers (e.g. through loss)
 - 3 decrease in the capacity to enjoy positive experiences
- **Selective attention to negative experiences and a comparative neglect of positive ones**
- **Attention to immediate rather than delayed consequences**
- **Stringent standards for self-evaluation**
- **Negative attributions**
- **Insufficient contingent reinforcement to achieve long-term goals**
- **Excessive self-punishment**
- **People who are depressed:**
 - Speak more slowly
 - Speak less
 - Exhibit longer pauses
 - Take longer to respond
- **Lack of clarity in communication**

- **Less facial animation, and emotion more difficult to judge**
- **More frequent talk of dysphoric feelings, negative well-being, with discussion of negative topics viewed as appropriate**

Assessment methods

- Clinical interview: with particular focus on
 - present circumstances
 - recent events (...but not to the exclusion of historical information)
- Observational information
 - e.g. role-play of problematic situations
 - observer data on activities, social interactions
- Self-monitoring:
 - daily event logs
 - self-ratings of mood
 - dysfunctional thoughts recording (→ cognitive therapy)
- Structured assessments, e.g. Pleasant Events Schedule

Intervention methods employed in “behavioural activation” therapies for depression

- Activity scheduling
- Self-ratings and self-monitoring
- Social skills training
- Assertiveness training
- Bibliotherapy
- Graded task assignments
- Behavioural rehearsal
- Relaxation training
- Behavioural assignments ('homework')

Types of interventions used with adolescents

- Cognitive techniques
 - Constructive thinking (cognitive therapy, rational emotive therapy)
 - Positive self-talk
 - “Being your own coach”
 - Coping skills
 - Self-change skills (self-monitoring, goal-setting, reinforcement)
- Family context

- Conflict resolution
- Communication skills
- Parenting skills
- Behavioural
 - Problem-solving skills
 - Increasing pleasant activities
 - Social skills (assertiveness, making friendships, role modelling)
- Affective education and management
 - Relaxation
 - Anger management

Contributions and advantages of behavioural therapies

- Use of functional analysis of recent / current circumstances
- Substantial evidence for changes in reinforcement patterns
- Identification of the role of 'passive compliance'
- Importance of approach-avoidance conflicts
- Emphasis on the importance of the interpersonal domain
- Clarification of the development of cycle of changes in depression
- Outcome evidence of effectiveness in treatment of mild and moderate depression

Limitations of behavioural approaches

- Classical and operant accounts are not adequately integrated
- Overlaps and linkages between depression and anxiety are not properly understood
- Equipotentiality / preparedness not taken account of as in anxiety
- Changes in reinforcing properties of events are difficult to explain
- State-dependent learning in therapy is more difficult to apply
- Some approaches pay insufficient attention to historical and developmental factors