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Various pathways in the treatment of depression of college students

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Content of presentation

- Introduction to the Student Health Centre and why we chose to work with two models of psychotherapy
- What is the ABFT model? How is it used to work with depression amongst university students?
- What is the DIT model? How is it used to work with depression amongst university students?
- Similarities and differences between the models

Student Health Centre

- psychotherapy for university students
- focus on short term treatment of students with psychological issues
- 1 out of 5 students report symptoms of depression
- Search for therapy models indicated for depression and able to generate an effect in short term

  =>=> ABFT and DIT model

What is Attachment-Based Family Therapy (ABFT)?

Based on:

Allen & Land, 1999; Bowlby, 1969, 1973, 1980; Cassidy, 2008

Diamond et al., 2014

- ABFT is a short-term (16 sessions), task- and principle-driven family psychotherapy model.

Key points: attachment based

- Attachment Based

builds on attachment theory's assumption that depressed and suicidal young adults stopped seeking (emotional) support of their primary caregivers in times of distress due to previous interpersonal disappointments and breaches in trust

=>ABFT aims to

- repair trust and cooperation between the student and primary caregiver(s),
- re-establish the primary caregiver as a source of support for the young adult to help regulate emotional distress and to promote autonomy.

Key points: systemic

- Systemic

ABFT focuses on the whole family:

- The first aim is the relation between the young adult and his/her primary caregiver(s)

- Later on also the siblings can be involved

Key points: structured

- Structured

ABFT consists of five treatment tasks:

- **TASK 1**: the Relational Reframe Task

➢ sets the foundation for treatment by shifting the family's focus from "fixing" the young adult's symptoms to improving family relationships

Key points: structured

- **TASK 2**: The Adolescent Alliance Building Task

- the young adult is seen alone
- to acknowledge and expand his/her narrative and feelings about relational disappointments and unmet attachment needs
- prepare them to discuss these with their parent(s)

Key points: structured

- **TASK 3**: The Parent Alliance Building Task

- parents are seen alone
- to empathize with their personal stressors and family-of-origin attachment history that may have affected their parenting style
- to learn emotion coaching parenting skills

These first three tasks set the foundation for task 4.

Key points: structured

- **TASK 4**: Attachment Task

➢ the young adult discloses vulnerable feelings about relational disappointments

➢ parents respond in a sensitive, supportive, validating, loving and protective manner

Once the foundations of a secure parent-child relationship are (re-)established, we can move on to task 5.

Key points: structured

- **TASK 5**: the Autonomy Promoting Task

➢ focuses on the young adult and parents negotiating autonomy

Key points: emotion focused

- Emotion Focused

➢ The restoration of trust is a very intense process for the family. Because of disappointments in the past the student may be convinced that his/her parents do not care or are not able to care for him/her. The parents may think that they do not mean a thing to their child. This all induces very intense and hard emotions which we would rather not feel.

➢ Within ABFT we do look for these emotions in a very caring way, not just to explore them, but to find a way out so that family members can trust each other again.

Key points: evidence based

- Evidence Based

The efficacy of ABFT has been demonstrated in multiple randomized controlled trials.

These studies provide support for ABFT's success in reducing depression.

(Diamond, Russon, & Levy, 2016; Diamond et al., 2010; Diamond, Reis, Diamond, Siqueland, & Isaacs, 2002).

Use at the Student Health Centre

- We have been using ABFT in the Student Health Centre since January 2016.
- many prejudices:

➢ Some think that students need to separate from their family in order to build their own life. Research however shows us that the more secure the home base is, the more students are able to create their own life.

➢ An other thought is that parents do no longer want to be as involved in the life of their almost adult child.

- At the Student Health Centre we see that both students and parents engage in the process and that depressive symptoms decrease.

What is Dynamic Interpersonal Therapy (DIT)?

Based on Lemma, A., Target, M., & Fonagy, P. (2011). Brief dynamic interpersonal therapy. A clinician's guide. Oxford: Oxford University Press.

- DIT is a short-term (16 sessions), psychoanalytical therapy model.

Key points

- Symptoms (such as depression and anxiety) are understood as reactions to interpersonal problems or threats to attachment relationships (loss, separation)

- The perceived threats can be the result or the cause of the mentalization difficulties with regard to the self or the other

Key points: Interpersonal Affective Focus

- Central focus: Interpersonal Affective Focus (IPAF)
- Why interpersonal focus?
  - ➢ Relational problems play a central role in depression
  - ➢ They can be the cause and the consequences of depression, and the interpersonal scenario's which patients use can increase feelings of depression
- Why affective focus?
  - ➢ Affective issues center on attachment related concerns
  - ➢ Link between vulnerability to depression and insecure attachment

Key points: Interpersonal Affective Focus

- IPAF dimensions:
  - A self-representation (eg. I do not need anyone, I am always there for others,…)
  - An object representation (eg. others are not there for me)
  - An affect linking the two (eg. sadness, loneliness)
  - The defensive function of this configuration (eg. anger)

- IPAF is a pattern which repeats itself in relationships and expectations with regard to the self and others

Key points: process and content focus

- DIT has a

➢ **process focus** which aims to enhance mentalization

By increasing the patients' ability to reflect on their own states of mind you increase their ability to cope with attachment related interpersonal threats and challenges.

➢ and **a content focus** which aims to help the patient understand the relationship between their symptoms and their relationships ➔ identifying the IPAF in collaboration with the patient ➔ IPAF = focus of the therapy.

Key points: characteristics

- Therapeutical stance: supportive, empathic, active
- Focus on the mind, not on behavior
- Here and now focus
- Affect focus: helping the patient to become aware of what they feel with special attention to non-verbal cues
- Therapeutical relationship is used to explore the IPAF
- The use of expressive, supportive, mentalizing and directive techniques in order to maximize change
- Collaboration between patient and therapist

Key points: structure

- 3 phases:

- **INITIAL PHASE**:

➢ sessions 1-4:

➢ assessment of the problem, exploration of relationships and attachment ➔ formulation of IPAF

Key points: structure

- **MIDDLE PHASE**:

➢ sessions 5-12:

➢ interventions to facilitate working through of IPAF.

Patient is driven to change by experiencing the **COST** of pattern they repeat in their relationships. The pattern was once adaptive and understandable, but is now costing them something (depression, loneliness, conflicts in relationships, not receiving the care they would like,…).

Key points: structure

- **ENDING PHASE**:

- sessions 13-16
- the ending of the therapy often activates the IPAF
- the ending phase can enable the patient to explore conflicts concerning loss, separation and independence, triggered by anticipated separation from the therapist (a goodbye letter is written to summarize the IPAF and the work)

Key points: evidence based

- Sustainable effects with 50% of the patients up until 2 years and onwards after treatment
- Effects are similar to other treatments (such as CBT or medication)
- Relapse rates are similar
- Short term psychoanalytical therapy (STPT) is as effective as medication in the acute phase
- Combination of STPT and medication is most likely even more effective

(Driessen, E., Cuijpers, P., de Maat, S. C. M., Abbass, A. A., de Jonghe, F., & Dekker, J. J. M. (2010). The efficacy of short-term psychodynamic psychotherapy for depression: A meta-analysis. Clinical Psychology Review, 30(1), 25-36.
Leichsenring, F., Luyten, P., Hilsenroth, Mark J, et al. (2015). Psychodynamic therapy meets evidence-based medicine:a systematic review using updated criteria. Lancet Psychiatry 2015; 2: 648–60.

- Luyten, P., & Blatt, S. J. (2012). Psychodynamic treatment of depression. Psychiatric Clinics of North America.

The use of DIT in the Student Health Centre

- Individual therapy
- Group therapy

During these 10-12 sessions we actively help to create awareness about the students' IPAF, by talking about self-image, the patterns they repeat with others, and how they cope with emotions such as anger, sadness, and guilt. At the end of the group therapy the group therapist writes all of the students a goodbye letter, summarizing the IPAF and the progress which has been made, but also pointing out the work that still needs to be done.

- Students report that there is an improvement in their mood

Similarities

- Both see attachment patterns as the base of depressive symptoms
- Both models:

- short term
- focused
- structured
- content focus (in ABFT the attachment breaches and in DIT the IPAF) and a process focus (both mentalization focused, increasing the patients' ability to reflect about their own mind and the minds of others)
- affect focused: underlying belief that change is brought about not only through insight, but also by feeling

Similarities

- We experience that both models are effective and sometimes a combination of the two is the treatment of choice.

  For example, students who participate in the DIT group and whose relational patterns in the family are so painful, that they follow an ABFT process afterwards. Or students who have a successful ABFT therapy but still need to work through the patterns they repeat in their relationships often engage in a DIT therapy afterwards.

Differences

- DIT is focused on working with the patient, helping them gain insight in the patterns they repeat and encouraging them to make changes in how they relate with others.
- ABFT is focused on the family and tries to make the changes happen in the therapist room (enactment).

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