Higher Thought Institute

presents

Skills Over Pills for Managing Your Mood

A 3-Hour Webinar Delivered in 2 Sections

with

Michael D. Yapko, Ph.D.

September 15, 2023

Part 1:
Framing Depression

How you think about depression determines how you'll go about designing and delivering treatment

We’re living in a most challenging time, and it is quite revealing about human nature, including our strengths and shortcomings. For the aims of this webinar, we’re going to consider what our current challenges tell us as mental health professionals about depression and its common co-morbid condition, anxiety.

What Has COVID-19 Revealed to Us About Our Vulnerabilities? It has shown us…

How much predisposing risk factors strike when life circumstances change

How strongly connected anxiety and depression really are

How easily people can make bad decisions that make things worse

How difficult it is to distinguish personal freedom from social responsibility

How strong a role risk assessment plays in decision making

How poor the quality of people's ability to think critically about data can be

What Has COVID-19 Revealed to Us About Our Vulnerabilities? It has shown us…

- How easy it is to dismiss objectivity when it proves inconvenient
- How faith in leaders can lead people to follow bad advice (e.g., drink bleach)
- The cost of loneliness physically and mentally
- How much people are willing to risk in order to connect with others
- How therapists can too easily focus on feelings and not meaningful actions
- How resilient people can be in adjusting to challenging circumstances
- How powerful someone on a mission can be (doctors, nurses afraid but still going to work); meaning, purpose

Many new developments have arisen regarding depression.

The global pandemic is an unprecedented grand-scale experiment in human perception and behavior generating

new research, new targets, and new treatments

New Biological Treatments for Depression

- MeRT (Magnetic e-Resonance Therapy)
- SAINT (Stanford Accelerated Intelligent Neuromodulation Therapy)
- Intravenous (IV) and Intramuscular (IM) Ketamine Therapy
- Esketamine (“Spravato”)
- Brexanolone (“Zulresso”)
- Whole Body Cryotherapy
- Psychedelics (particularly Psilocybin, the “magic mushroom” and MDMA or “Ecstasy”)
- Minocycline (a widely used antibiotic)

What's New in Psychotherapy?

- Research overwhelmingly affirming the value of **experiential treatments**, including focusing methods such as mindfulness, hypnosis
- **Telehealth/Online therapy's** big jump and answering questions of its overall efficacy
- **Mental health apps** have grown in popularity and sophistication and are now included in many health care system programs

New Study: No Genes to Predict "Mental Illness"

- A new study of about 50,000 people failed to find any genes that influenced "mental illness." David Curtis conducted the research at UCL Genetics Institute, University College London. The study was published in the *Journal of Affective Disorders*.
- "The results obtained from this study are completely negative," Curtis writes. "No gene is formally statistically significant after correction for multiple testing, and even those which are ranked highest and lowest do not include any which could be regarded as being biologically plausible candidates," he adds.
- Previous research supports this finding. Other studies have found that genetics explains less than 1%, or at most 2.28%, of the risk for various psychiatric diagnoses.

Curtis, D. (2021). Analysis of 50,000 exome-sequenced UK Biobank subjects fails to identify genes influencing the probability of developing a mood disorder resulting in psychiatric referral. *Journal of Affective Disorders, 281*, 216-219. https://doi.org/10.1016/j.jad.2020.12.025

Disproven Chemical Imbalance Theory Leads To Worse Depression Treatment Outcomes

- The results of the study, which included a sample of 279 persons attending an intensive behavioral health program in the United States, found that the endorsement of the chemical imbalance theory of depression was associated with poorer expectations of treatment and lower perceived credibility. Additionally, the researchers found that a belief in biological causes for depression was predictive of a greater presence of depressive symptoms at the end of treatment.

- Schroder, H. S., Duda, J. M., Christensen, K., Beard, C., & Björgvinsson, T. (November, 2020). Stressors and chemical imbalances: Beliefs about the causes of depression in an acute psychiatric treatment sample. *Journal of Affective Disorders*. 537-545.

Giving People a Biomedical View of Depression Works Against Treatment

- A second new study, published just a few months ago, provides further evidence that adopting the prevailing biological perspective that "depression is caused by a biochemical imbalance" and "educating" the client to this misleading notion leads to demonstrably poorer treatment outcomes
- Telling depressed individuals that they have a "brain disease" that needs biological intervention is not only misleading but demotivates people to learn the cognitive and social skills known to not only reduce but even prevent depression.

Lebowitz, M., Dolev-Amit, T., & Zilcha-Mano, S. (2021). Relationships of biomedical beliefs about depression to treatment-related expectancies in a treatment-seeking sample. *Psychotherapy.* Advance online publication.https://doi.org/10.1037/pst0000320

Suggesting a drug will cure depression misses the inescapable point…

…Depression is more a ***social*** than medical problem.

How the Most Common Mood Disorder Is Spreading Around the World and How to Stop It

Depression Is Contagious

Michael D. Yapko, Ph.D.

Is depression process-driven? Or event-driven?

Is it about what happened or is it about the way you deal with what happened?

The evidence is unambiguous now that for ***most*** people (not all) depression is ***process-driven***, arising when facing circumstances, either internally or externally generated, that the person isn’t well-equipped to deal with

My focus, therefore, will be on the **process** of *HOW* people form depression rather than the **content** of individual sufferer’s problems

The pandemic has made it abundantly clear what we’ve already known but understated: Depression isn’t just an individual’s biochemical problem; rather, it is shaped powerfully by one’s circumstances

What causes depression?

How you answer this question is the single most important determinant of :

- *whether* you will recommend treatment
- what *kind* of treatment you will recommend
- how your client will likely *respond* to treatment
- how you will relate to all I will discuss in our time together

Is Depression Caused By:

- Genetics?
- A biochemical imbalance in the brain?
- Inflammation, an elevation in C-reactive protein?
- Psychosocial stressors?
- Cognitive distortions ?
- A lack of environmental and social rewards?
- Social inequities?
- Cultural/familial influences?
- Mishandling key vulnerable situations?
- A poor diet?
- A lack of physical exercise?

No Amount of Medication Can Teach Your Client:

- More effective coping skills
- More realistic explanatory styles
- Healthier relationship styles
- More flexible and discriminative cognitive skills
- Sophisticated problem-solving skills
- More effective decision-making strategies
- How to build and maintain a support network
- How to transcend an adverse personal history
- How to build a realistic and motivating future

Helping people develop key skills in these areas in order to empower them to live effectively is what psychotherapists can do that medications ***can't***

To be clear, mine is not an anti-antidepressant stance; I'm simply not that extreme…

But it is an acknowledgement that the merits of drugs have been much more about successful marketing than science

A Major Point I Can’t Emphasize Enough

There are *lots* of approaches that can work in treating depression

In fact, depression has a very high rate of response to placebo-based interventions.

It also has a high rate of response to a wide variety of interventions, including interventions that probably shouldn’t work at all (such as the use of amphetamines, eating dark chocolate, and whole-body cryotherapy).

The challenge is discriminating what’s central and what’s tangential in a given individual’s onset and course of depression.

The term “depression” is a **global term** representing many structural pattern and risk factor components

Recognizing and addressing these patterns and risk factors is the foundation of effective psychotherapy

Key Cognitive Patterns to Focus on in Treatment

- Cognitive style (especially ***global*** cognition)
- Internal orientation (re: self)
- Cognitive rigidity
- Tolerance for ambiguity
- Attributional style
- Locus of control
- Negative expectancy
- Risk assessment, tolerance
- Discrimination skills
- Memory

Key Relational Patterns to Focus On in Treatment

- External locus of control re: others
- Internal orientation (re: others)
- Excessive reassurance seeking
- Conflict avoidance
- Unrealistic expectations of self, others
- Lack of specific social skills

Global Cognitive Style as a Key Factor

When you can't see the forest for the trees…

Global Cognition Leads to:

- Fewer and lesser skills for making discriminations
- More misinterpretations and cognitive distortions
- Higher levels of emotionalism (“overwhelmed”) but lower levels of emotional differentiation
- Poorer problem-solving skills
- Higher levels of social projections (i.e., stronger internal orientation) and social dysfunction
- Lesser compartmentalization skill
- Lesser abilities in sequencing skills
- Reduced ability to define and defend one’s boundaries

Examples of Global Style in Client Self-Reports

- "I just want to be happy"
- "I just want to feel normal"
- "I ***am*** my depression" (anxiety, history, or diagnosis)
- "I'm just so overwhelmed"
- "I get so bad I just can't think"
- "The symptom just happens to me"

Examples of Global Therapeutic Truisms

- "Trust your feelings" (inner sage, unconscious)
- "Life is what happens to you when you had other plans"
- "Just let go…no need to try to control it"
- "Be fully present in the moment"
- "It's a disease…it's not your fault"
- "Everyone is entitled to good self-esteem"

Strategy: A Flow of Steps

The Discriminating Therapist:

Asking "How" Questions, Making Distinctions, and Finding Direction in Therapy

by

Michael D. Yapko, PhD

With a Foreword by Diane Yapko, MA

A discrimination strategy is an ability to skillfully distinguish between two or more available options in a specific context

Consequential Discrimination Examples

- How do you know if you're making a decision for noble or selfish reasons? (e.g., referring a "difficult" client; holding onto a client whose problem you're not very knowledgeable about; having a child)
- How do you know when to wait for a symptom to resolve by itself and when to seek medical help?
- How do you know when to comply with a recommendation that is counterintuitive and when to reject it?
- How do you know if you're ready for marriage? Parenthood?
- Wearing a mask: Is it about personal liberty or social responsibility during a public health crisis?

Does someone even *know* when there are multiple choices available?

Reflexive responding suggests that frequently the answer is *no*.

Even if you are aware there are multiple options available to you, then how do you choose wisely among them?

Processes Reflecting Poor Discrimination Skills

- Over-general problem presentation (e.g., “I just want to be happy”)
- Emotional overreactions
- Inability to identify one’s feelings (lack of emotional differentiation)
- Poor personal boundaries
- Indecisiveness
- Poor problem-solving skills
- Avoidant coping style
- Inability to think critically or in detail about issues
- Overgeneralizations about oneself (“I’m too anxious to ever learn to relax”), other people (i.e., stereotyping) or situations (e.g., “I’m not safe at the grocery store because I had a panic attack there once”)
- Global and rigid self-definition based on one’s diagnosis (e.g., “I’m a phobic”)
- Holding beliefs or philosophies that have no exceptions (e.g., “Everything happens for a reason”)
- Inability to compartmentalize experience
- Inability to think linearly or sequentially (e.g., fails to see “cause” and “effect” relationships)
- Little or no insight

Criteria of Distinction

Your criteria of distinction determine what, out of a wide range of possibilities, you will focus on and respond to in forming your choices

example: "What's the best car to buy?"

Most of the problems we treat come about directly as a result of the client ***employing criteria that are ineffective*** and thereby give rise to their problems

What happens when someone makes choices according to their depressed feelings? Their history of trauma? Their unrealistic expectations? Hence the relevance of the **"stress generation" model of depression** and the necessity for clinicians to address the decision-making strategies of people suffering depression

The goal is to help the client identify *personal* and *situational factors* that suggest doing *this* not *that*, and then help that awareness become reflexive for the person

Asking “How” Reveals:

- The client’s **discrimination criteria** for making a decision (“How did you decide this was important to do?”)
- The client’s **cognitive style** (global/linear)
- The client’s **strategy** for pursuing some desirable outcome (“Here’s how I approached the goal”)
- The client’s **experiential deficit** (what’s either incorrect, misrepresented, or missing altogether)

Rigidity is the target

Rigidity is the lack of variability in response across a variety of contexts

Types of Rigidity

- Cognitive rigidity
- Behavioral rigidity
- Emotional rigidity
- Perceptual rigidity
- Identity rigidity
- Relational rigidity

The African Violet Queen (Activation): Erickson encouraged her to ***actively engage*** on a variety of levels:

- **Behavioral activation**: Grow African violets in large enough quantities to share generously
- **Cognitive activation**: Pay attention to others' celebrations and identify their significance
- **Social activation**: Engage with others and selflessly contribute to their lives
- **Emotional activation**: Focus on and amplify the feelings of warmth, compassion and generosity

The Value and NECESSITY of an Action Orientation

- Feeling better versus BEING better
- The Case of David (A Polling Ploy to counter an internal orientation)

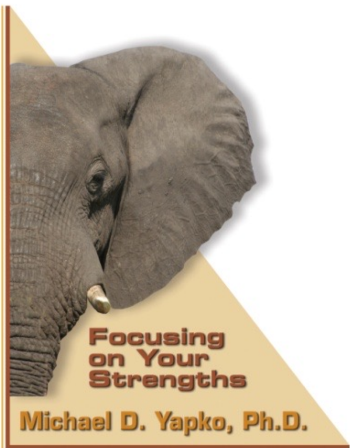
I encouraged David to *actively engage* on a variety of levels:

- **Behavioral activation**: Go to the mall and carry out a behavioral experiment
- **Cognitive activation**: Compartmentalize anxiety; Pay attention to others' responses and consider their significance and contradiction to his views
- **Social activation**: Engage with others and evolve skills in asking questions, listening and contributing
- **Emotional activation**: Focus on and amplify the feelings of curiosity, acceptance and enjoyment

Part 2:
Experiential Learning and The Case of Myra

Depression is built on a foundation of passivity

"Why bother?"



How Does Someone Expend Effort in Staying the Same?

- Defining the problem in **unchangeable** terms (e.g., "it's genetic")
- Defining the problem in **global** (nonspecific) terms that obscure a starting point
- Defining oneself as **helpless** and **hopeless**
- Using a **past orientation** as the reference point
- Attributing the problem to **negative motivation** (e.g., secondary gains)
- Ruminating and avoidance as coping strategies
- Ignoring or not seeking either **objective** or **contradictory evidence**
- Justifying ideas about **how things "should" be**

12 Paths to Passivity

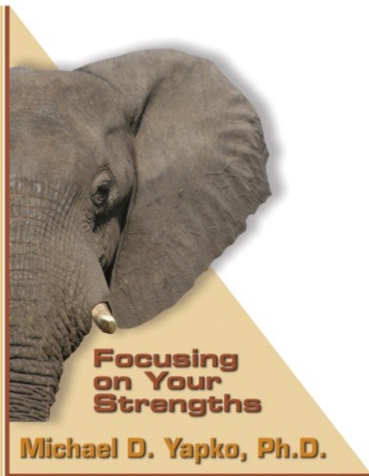
- You know you need to do something, but have no idea what to do
- You know you need to do something, but you don’t like any of your options
- You’ve failed previously and fear failing again
- You view any action as excessively risky
- You don’t have any reason to make the effort
- You don’t believe effort will be rewarded

12 Paths to Passivity

- You believe the reward isn't worth the effort
- You can't do it perfectly or to maximum benefit
- The likely outcome is too uncertain for you
- You don't trust your judgment or resources
- You believe outside forces control or *should* control the outcome
- You believe further analysis will lead to the insights that will change how you feel or see things

Action Oriented vs. Ruminative Coping Styles

It is no coincidence that the therapies with the greatest empirical support all emphasize ***ACTION*** in treatment; clients may ***feel*** better in merely supportive therapy, but they will ***do*** better in active treatment with direction.



Communicating the need for action is critical in treating depression well

How do YOU communicate your expectation that the client will be active in treatment?

Expectancy and Psychotherapeutic Response

Expectancy affects every phase of treatment:

- Whether someone seeks treatment
- Whether someone progresses quickly or slowly
- Whether someone follows the treatment plan
- Whether someone responds partially or fully
- Whether someone is more or less likely to relapse

Processes Reflecting Negative Expectancy

- Depressed mood
- Being reactive rather than proactive in managing life situations
- Giving up on oneself (resignation)
- Apathy towards oneself and/or life in general
- Rigidly believing that effort is pointless
- Pre-determining that they will never succeed (failure is inevitable)
- Suicidal ideation and/or behavior
- Refusing to consider or try potentially helpful alternatives
- Believing their problem is genetic and unalterable in any way
- Being frequently disappointed that people or situations don't live up to their expectations leading to social withdrawal and isolation
- Nocebo responses to medication or therapy

Hypnosis Can Help People
Develop Positive Expectations and Motivate Action

The therapeutic immersion in experiences that orient the person to *positive possibilities* as well as to experiences that highlight the *malleability of their symptoms*

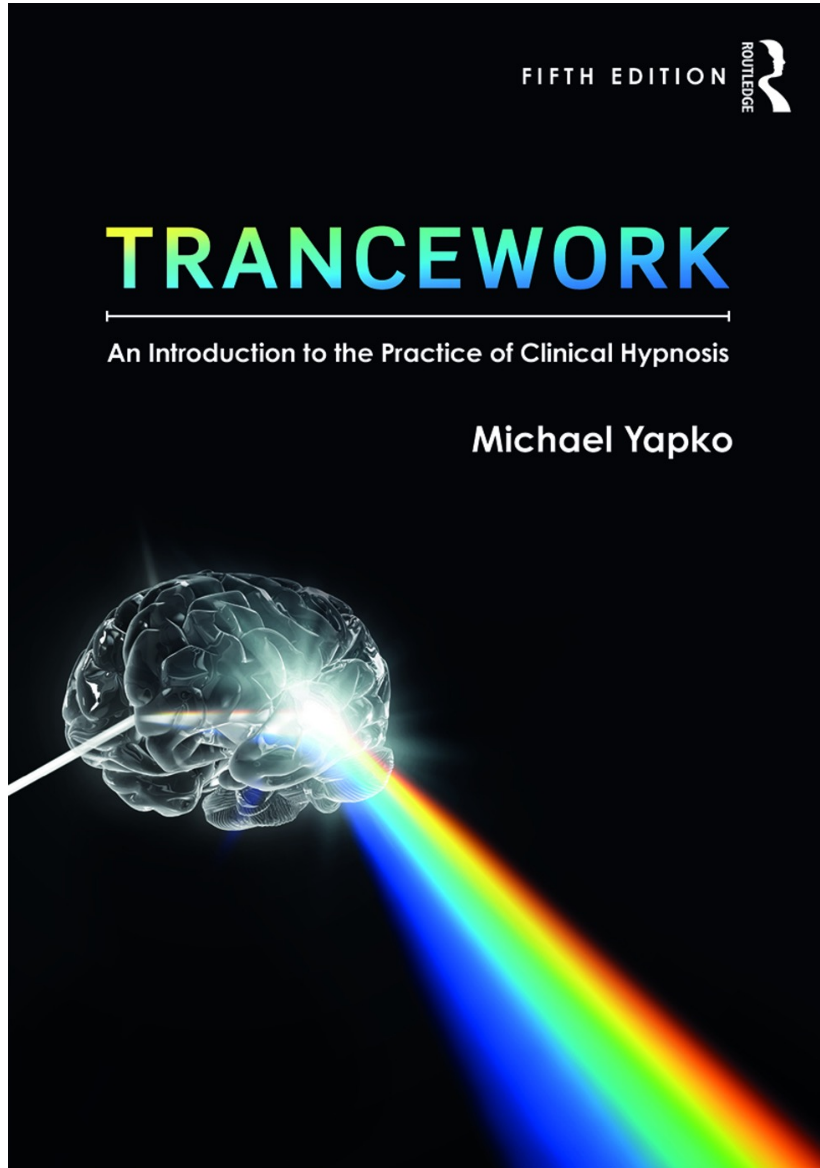
The Case of Myra: Countering Passivity by Encouraging Action and Better Decision-Making

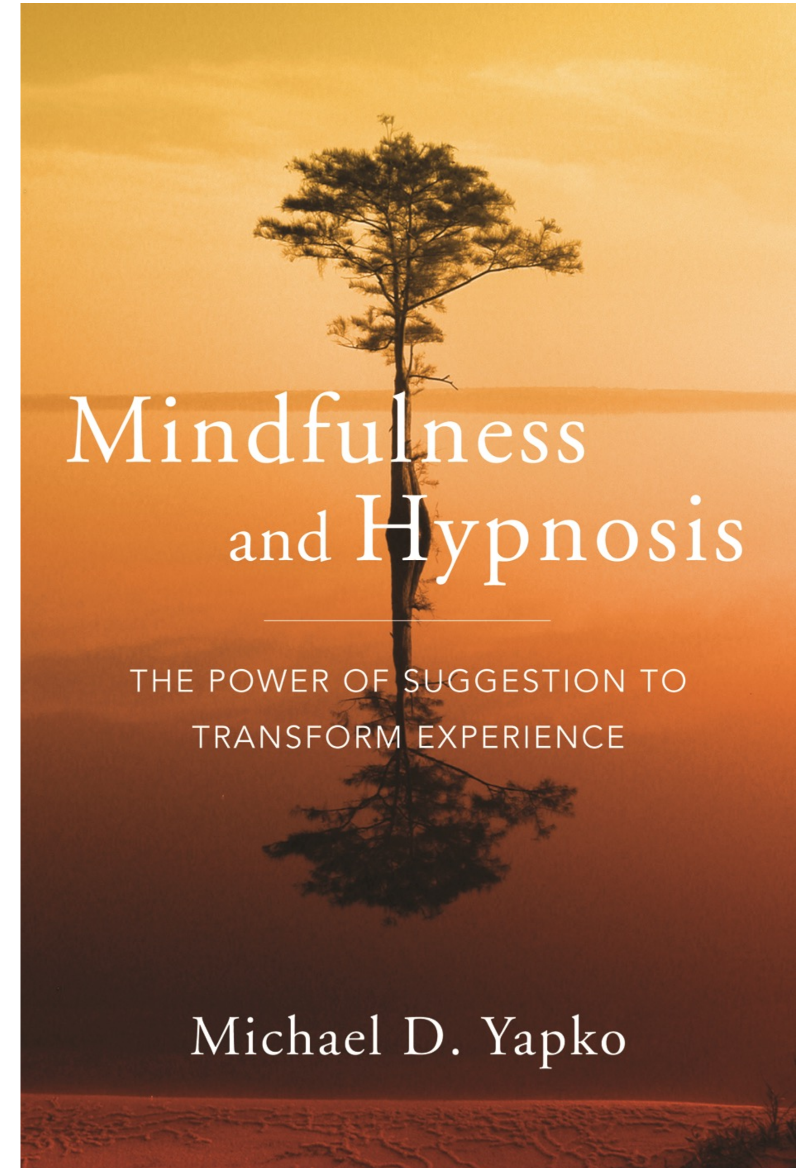
This is an edited video featuring the main points of a full session that can be obtained from The Milton H. Erickson Foundation through a link on my website (www.yapko.com)

Did You Notice?

- The shift in Myra's frame of reference? ***Depressed feelings can yield depressed decisions*** – I suggested using another reference point.
- The application of a new frame of reference to other parts of her life? (Purchasing a new condo, better eating habits, better managing of dating.)
- The shift from self-destructive to self-protective?
- The shift from "why bother?" to "I'm doing what I want to"
- The role of a future orientation in her follow-up?

Hypnosis and mindfulness have proved to be valuable in reducing anxiety and depression, but *how* do they help?


FIFTH EDITION
ROUTLEDGE
TRANCEWORK
An Introduction to the Practice of Clinical Hypnosis
Michael Yapko


Mindfulness
and Hypnosis
THE POWER OF SUGGESTION TO
TRANSFORM EXPERIENCE
Michael D. Yapko

Hypnosis and Mindfulness Facilitate Vital Skills Acquisition

- Increased impulse control
- Greater compartmentalization skills
- Increased frustration tolerance
- Greater internal locus of control
- Greater empathy, social attunement
- Greater self-awareness and self-acceptance
- Greater emotional self-regulation, coping skill

The ability to detach from your own thoughts and other aspects of your internal experience is essential to transforming it

What role does dissociation play in this process?
How might this be amplified hypnotically?

Ten Key Strategies That Can Make a BIG Difference in Enhancing Treatment Results

- A Flow of Steps
- “Me Manual”
- Reality Testing (e.g., “A Polling Ploy”)
- Re-attributing Experience
- Assessing Controllability
- Assessing Others Realistically
- Discrimination Strategies
- Experiential/Focusing Strategies
- Building Positive Expectancy
- Compartmentalization Skills

Summary: Characteristics of Empowering Interventions

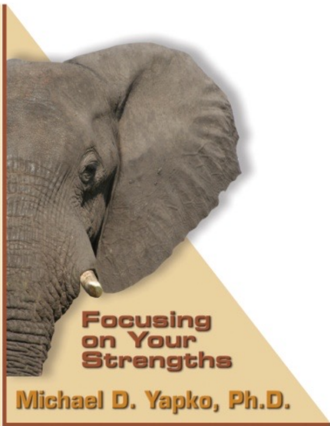
- Outcome Oriented
- Active interventions
- Future-oriented
- Change-oriented
- Specific, defined targets of pattern interruption
- Experiential methods (e.g., hypnosis, mindfulness)
- Individualized approaches

My next 100-hour course, *Comprehensive Training in Clinical Hypnosis and Strategic Psychotherapy*, begins in January

Visit www.yapko.com for details

Thank you for coming to my webinar…

…and thank you to HTI for making it possible us to spend this time together!



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