

Topic in Action 1:
Testing the cognitive model
Part 2 of 2

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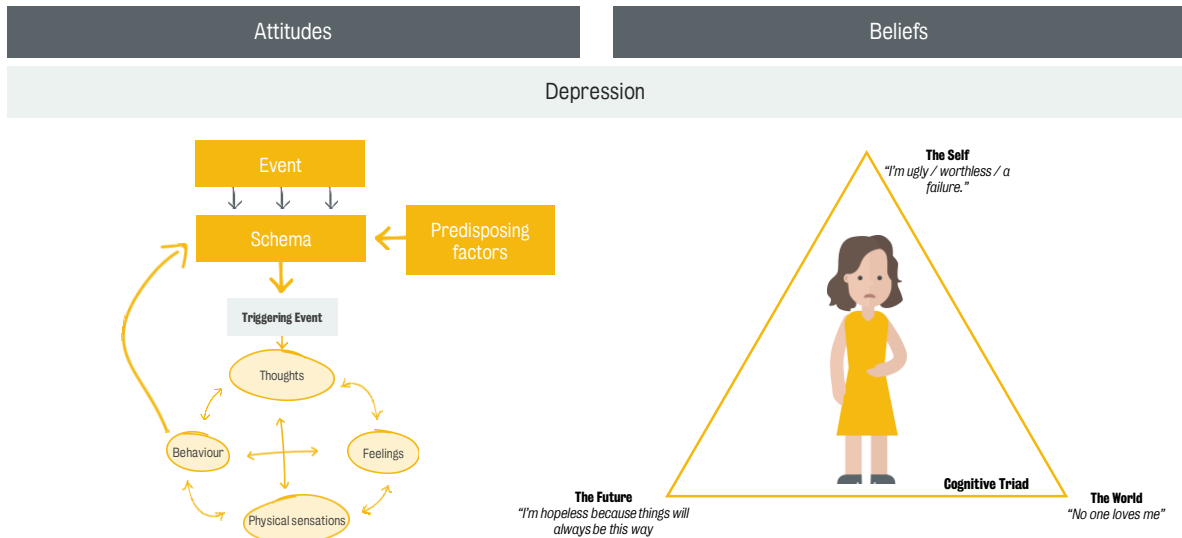
In this topic



- Mediators, mechanisms and causes
- *The role and significance of dysfunctional thinking*

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Dysfunctional Attitudes and the Diathesis-Stress model (1)

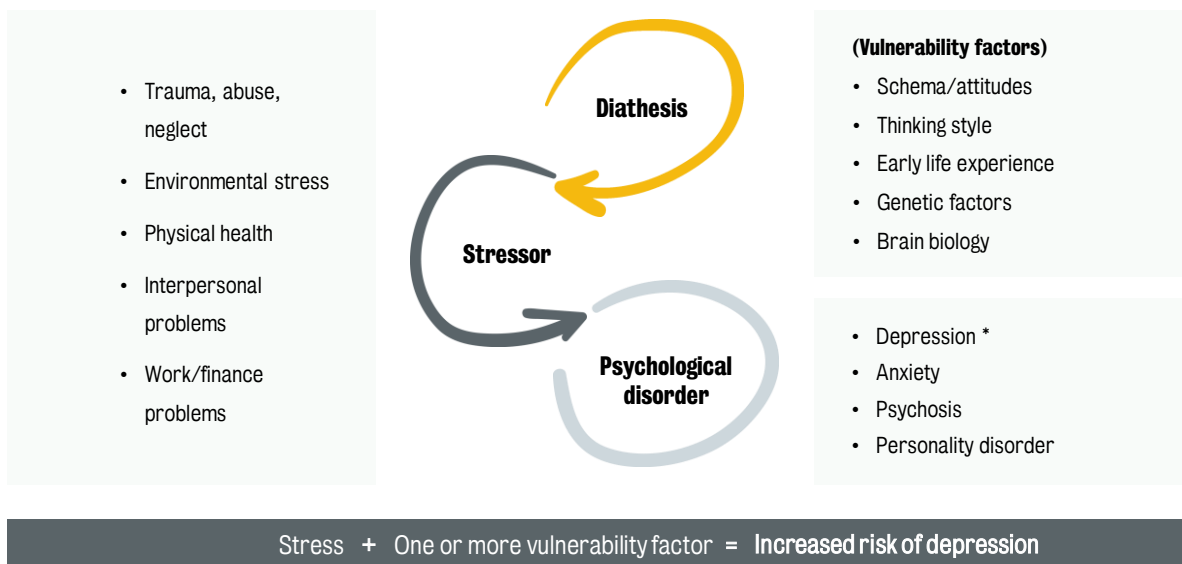


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Dysfunctional Attitudes and the Diathesis-Stress model (2)



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Measuring Dysfunctional Attitudes

How do we measure
dysfunctional attitudes?

Beck Depression Inventory

- Future pessimism
- Negative self reference

Core dysfunctional
attitudes not addressed

Single items not reliable

Dysfunctional Attitudes Scale (DAS)

(Weissman & Beck 1978)
Original 100 item version

40 items – DAS-A

40 items – DAS-B

(Power et al 1994) 24 item version

DAS-A-24 3 subscales

Achievement

- If I fail at my work than I am failure as a person
- If a person asks for help it is a sign of weakness

Dependency

- My happiness depends more on other people than it does on me
- If others dislike you, you cannot be happy

Self-Control

- I should always have complete control over my feelings
- A person should do well at everything s/he undertakes

DAS-A

(De Graaf et al. 2009)

8000 Dutch individuals

Refined to

17 item version

DAS-A-17

2 subscales

- Perfectionism and Performance Achievement
- Dependency

Weissman and Beck (1978); Power et al. (1994); De Graaf et al. (2009)

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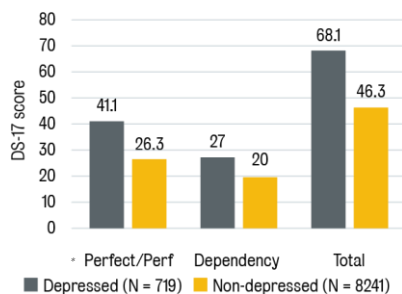
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Association between dysfunctional assumptions and depression severity

Expectations

Those with depression to hold more
dysfunctional assumptions

Severity of depression to influence
the level of dysfunctional assumptions



DAS-17	r	R ²
Perfect/Perf	0.61	37.2%
Dependency	0.51	26.0%
Total	0.60	36.0%

Higher levels of dysfunctional
attitudes in depressed individuals

Higher levels of dysfunctional attitudes associated
with higher levels of depression severity

*Perfectionism/performance

De Graaf, Roelofs and Huibers (2009)

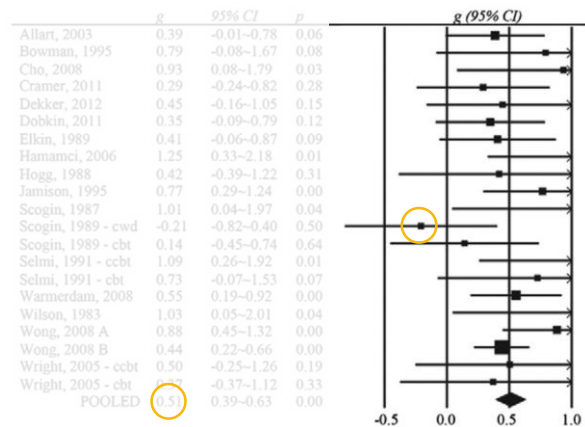
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Dysfunctional thinking changes with recovery (1)

Does the level of dysfunctional thinking reduce following treatment with CBT?



Forest plot of effect sizes indicating difference between studies examining CBT and control groups on dysfunctional thinking

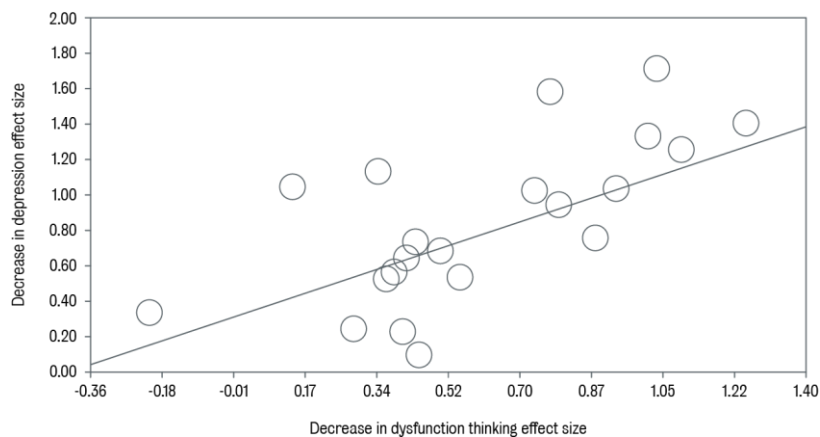
Iona et al. (2015)

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Dysfunctional thinking changes with recovery (2)



The greater the mean change in dysfunctional thinking the greater the mean reduction in depression symptoms

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What is the direction of the relationship between dysfunctional thinking and change in depression?

Hypothetical model



People are less depressed because of a change in thinking

Alternative Model



Peoples thinking changes because they are less depressed

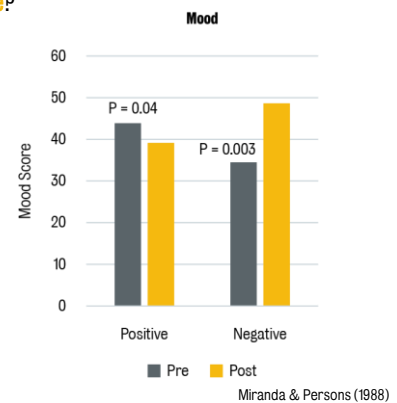
Dysfunctional thinking is sensitive to mood and depression history (1)



Can **thinking change** follow **mood change**?

Miranda and Person (1988)

- N = 43
- Female, non-depressed
- Measured mood and dysfunctional attitudes (DAS)
- Positive or negative mood induction



Dysfunctional thinking is sensitive to mood and depression history (2)

Results

Significant interaction between mood (pre-post) and valence (positive-negative) on DAS

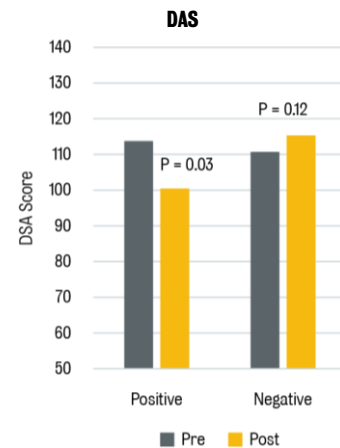
- Some support for dysfunctional thinking being mood related

Explanation

Psychological scar?

Trait-like vulnerability factor?

Dysfunctional thinking is a trait triggered by low mood



What is the impact of depression history on the such mood congruence effects?

History of depression is associated with increased DAS following negative induction

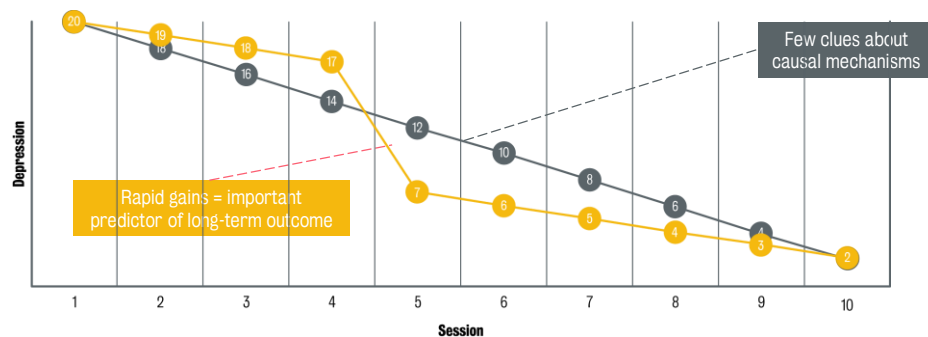
Miranda & Persons (1988)

The time-course of change – ‘sudden gains’

We need to look more closely in order to resolve **mediational** and **causality** questions

We need to assess the **timeline of change**

What does a therapy response look like over the course of CBT?



Sudden gains in treatment response

Important predictor of long-term outcome

What can it tell us about mediators or cause of treatment response?

Average sudden gain for 29 patients

Average sudden gain for **29 patients** receiving **CBT** for **depression**

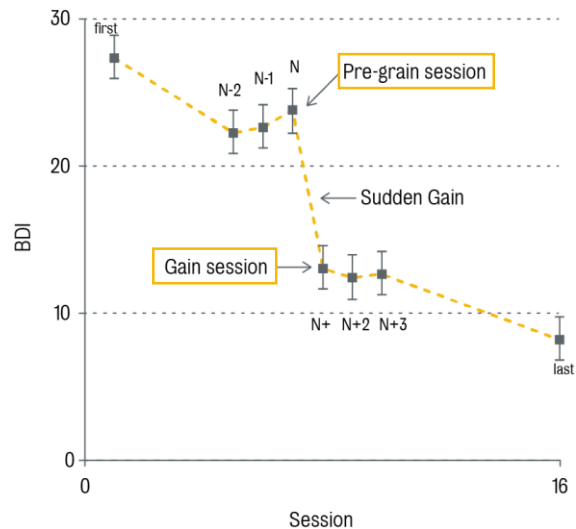
Average BDI gain = **11.2**

Blind rating of 'cognitive change' from audio tapes

'Patient Cognitive Change Scale' (PCCS)

- Bring belief to awareness
- Identifying an error in a thought or belief
- Arriving at a new belief
- Bringing a schema into awareness
- Identifying a schema error
- Schema change
- Accepting a new cognitive technique

Therapeutic alliance



Tang, DeRubeis and Robert (1999)

Tang and DeRubeis (1999)

Order of change

Therapy

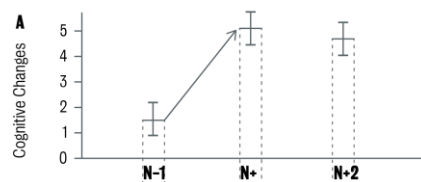
- CBT (Cognition)
- Symptomatic improvement (Mood)
- Other therapy (Therapeutic alliance)

Outcome

Sudden gains seen for other therapies including medication

Sudden gain is a good predictor...

...but not specific to CBT



Tang, DeRubeis and Robert (1999)

Is there something specific about CBT

From the evidence

It suggests cognitive factors are important in depression

They change with CBT

Are a possible mediator or mechanism of change

But is cognitive therapy and CBT more effective?

P

Ioana et al. (2015)

Post test difference (all measures)	16	0.17	-0.05 - 0.39	No
DAS	5	0.28	0.09 - 0.49	Yes
Follow-up	5	0.43	0.05 - 0.81	Yes

Ioana et al. (2015)

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Is CBT better at preventing reactivation of dysfunctional thinking

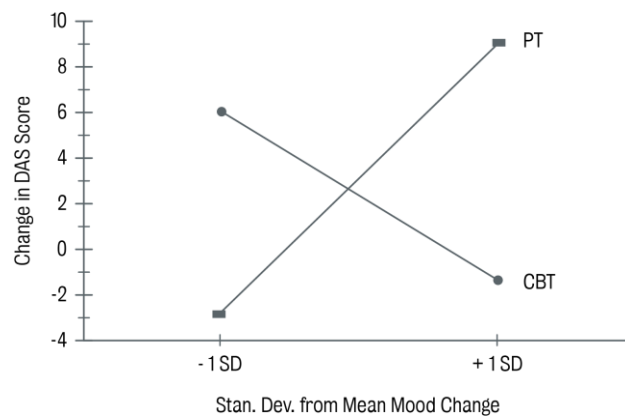
Is CBT more effective in reducing the subsequent reactivation of dysfunctional thinking?

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- Remitted depressed
- N = 25 CBT
- N = 29 Medication
- Pre-post negative mood induction
- Assessed on DAS
- 'Reactivity'

Less DAS reactivation following negative mood induction in CBT treated group compared to medication treated group

DAS reactivity predicted recurrence of depression in following 13 – 48 months



Segal et al. (1999)

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References

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