Community-engaged clinical science:
Modified interventions for depression and revictimization following interpersonal violence

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2009-2012 Undergraduates

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  - University of Denver
  - National Institute of Mental Health

- Participants

Agenda
- Time
- Topic

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
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<tr>
<td>11</td>
<td>Set workshop in context</td>
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<tr>
<td></td>
<td>Basic research informing interventions</td>
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<td>Research-informed interventions modifications for depression</td>
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<td>Lunch break</td>
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<td>Nuts and bolts</td>
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<td>Extensions to Revictimization</td>
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* The opinions, findings, and conclusions or recommendations expressed in this talk are those of the author and do not necessarily reflect those of the Department of Justice.

Context:
University of Denver
Denver, Colorado

Founded: 1864
Undergraduates: 5,324
Graduates: 6,004

Traumatic Stress Studies Group
Psychology Department
Trauma exposure and consequences

Interpersonal Violence (in Children and Adults)  →  Internalizing Problems  →  Revictimization  →  School Problems  →  Behavioral Problems

Information Processing:
- Emotion
- Social
- Cognitive

Rationale:
If we can better identify and understand underlying processes, we can improve intervention.

Unique, related challenges for victimized youth & adults
- Depression
- Revictimization

Depression
- Interpersonal violence, particularly child abuse, linked to increased risk for major depression in adolescence and adulthood (Kaplow & Widom, 2007; Kendler et al., 2000; Kendler, Gardner, & Prescott, 2002; Kendler, Kuhn, & Prescott, 2004).
  - sexual and/or physical violence (Brown et al., 1999; Ferguson, Horwood, & Lynskey, 1996; Kaplow & Widom, 2007; Kendler et al., 2002; Putnam, 2003).
  - witnessing domestic violence (Steinberg et al., 1993).

Revictimization
- Women exposed to violence in youth are at increased risk of exposure to later violence particularly when early violence is perpetrated by a close other (e.g., parent or caregiver)
  - e.g., Arata, 2002; Classen et al., 2005; DePrince, 2005
  - Risk detection
    - Marx, Calhoun, Wilson, & Meyerson, 2001; Wilson et al., 1999

Thinking about treatment...
- Previous violence exposure moderates
  - Depression treatment outcomes
    - Asarnow et al., 2009
    - Barbe, Bridge, Birmaher, Kolko, & Brent, 2004
    - Nemeroff et al., 2003
    - Shirk et al., 2009
  - Violence prevention outcomes
    - Breitenbucher & Gidycz, 1998
    - Hanson & Gidycz, 1993
    - Marx, Calhoun, Wilson & Meyerson, 2001

Can basic research inform why violence might moderate outcomes?
- If so, can this inform who we adapt interventions?
  - Trauma-related cognitions
  - Executive functions
Why trauma-related beliefs?

- Betrayal
- Alienation
- Fear
- Shame
- Self-blame
- Anger

DePrince, Zurbriggen, Chu, & Smart (2010, J. of Aggression and Maltreatment).

Trauma-related beliefs and depression

- Self-blame
- Brown & Kolka, 1999; Feiring, Taska, & Lewis, 1998
- Shame
- e.g., Kaysen, Scher, Mastnak, & Resick, 2005

Trauma-related beliefs and revictimization

- Interpersonal Schema Theory (Cloitre et al., 2002)
  - Early violence → beliefs that relationships involve harm
    - What is the evidence of these beliefs in early, automatic processing?

Lexical decision-making task

- Asked to make key press to indicate whether words were “real” or not.

Trial Types

DePrince, Combs, & Shanahan, 2009

<table>
<thead>
<tr>
<th>Prime-Target</th>
<th>Violence</th>
<th>Relationship</th>
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<tbody>
<tr>
<td>Screaming</td>
<td>Affection</td>
<td></td>
</tr>
<tr>
<td>Stop</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>Agony</td>
<td>Beloved</td>
<td></td>
</tr>
<tr>
<td>Betray</td>
<td>Cherish</td>
<td></td>
</tr>
<tr>
<td>Abused</td>
<td>Dearest</td>
<td></td>
</tr>
<tr>
<td>Molested</td>
<td>Passion</td>
<td></td>
</tr>
<tr>
<td>Right</td>
<td>Engagement</td>
<td></td>
</tr>
<tr>
<td>Yell</td>
<td>Space</td>
<td></td>
</tr>
<tr>
<td>Beat</td>
<td>Commit</td>
<td></td>
</tr>
</tbody>
</table>

Zurbriggen (2000)

\[ V-R \text{ Priming} = NR-(VR_a+VR_b/2)-UR_1+VN \]
\[ R-V \text{ Priming} = NV-(RV_a+RV_b/2)-UR_2+RN \]
Is Relationship→Violence priming associated with the number of close interpersonal traumas reported?

<table>
<thead>
<tr>
<th>Variable</th>
<th>SE(B)</th>
<th>Beta</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>General distress</td>
<td>.02</td>
<td>.43</td>
<td>4.20***</td>
</tr>
<tr>
<td>Dissociation</td>
<td>.03</td>
<td>-.07</td>
<td>-6.3</td>
</tr>
<tr>
<td>V→R Priming</td>
<td>.002</td>
<td>-.16</td>
<td>-1.36</td>
</tr>
<tr>
<td>R→V Priming</td>
<td>.001</td>
<td>.26</td>
<td>2.20*</td>
</tr>
</tbody>
</table>

DePrince, Combs, & Shanahan, 2009

**Consequence or cause?**

- **Consequence:** As the number of close victimizations increase, women learn to expect that close relationships involve violence.
- **Cause:** Automatic relationship→violence associations may increase the likelihood that women expect violence in relationships and therefore behave differently (e.g., stay in relationships, feel disempowered to leave) relative to their peers.

**Why Executive Functions (EFs)?**

- Disruptions in executive function (EF)
  - EFs include a range of cognitive skills involving
    - the ability to shift, inhibit and focus attention;
    - manipulation of information in working memory;
    - self-monitoring;
    - generation of hypotheses.

**How do you do on these tasks?**

- Please answer a few questions…

**What’s a 3 letter word for the opposite of bottom?**
What do you do with an ax?

What do you use to wash a floor?

What do you do at a green light?
- Inhibition
- Imagine relevant situations

What do we know about violence and EFs?
- Women exposed to intimate violence
  - Stein et al. (2002)
- PTSD versus no-trauma exposure in children
  - e.g., Beers and DeBellis (2002)
- Severe physical abuse in children
  - e.g., Pollack et al., (Pollak et al., 2000).
- Not much research on community samples exposed to violence

Why might family/intimate violence relate to EF problems?

Via demands of abusive family environments
- When dependent on an abusive caregiver,
  - victim is often powerless to control the violence or leave the relationship.
- Awareness of threat cues may result in deleterious consequences,
  - such as increased stress, decreased attachment to caregivers, or increased conflict.
- Use attention strategies to avoid cues
Betrayal Trauma Theory

- Humans are good at detecting betrayal (e.g., harm by others).
- But, detecting betrayals may be counterproductive under some conditions.
- When victims are dependent on a caregiver
  - e.g., some child abuse, intimate partner violence

Via psychological symptoms associated with family violence

- Dissociation
- Lack of integration
- Associated with attention and EF performance
  - DePrince & Freyd, 1999, 2001, 2004; Cromer, Stevens, DePrince, & Pears, in press

Via direct effects: Traumatic Brain Injury

- Family violence (FV) associated with mild TBIs
  - Jackson et al., 2002
  - 72% of women exposed to IPA report lifetime head injury (DePrince et al., in preparation)

Via genetic vulnerability

- Genetic vulnerability

EF and violence

- Community Sample
  - Guardians responded to flyers advertising the Children’s Attention Research Project
  - Children ages 9-12

Sample

- Trauma group status assigned based on UCLA-PTSD Index Parent Report
  - Family violence: n=44
    - Sexual abuse, physical abuse, or witnessing domestic violence
  - Other trauma: n=38
    - e.g., motor vehicle accident, medical trauma
  - No trauma: n=28
Assessing executive function

- Composite
  - Working memory
  - Wechsler Intelligence Scales for Children subscales: Letter-number sequencing, Arithmetic, Digit span
  - Inhibitory Control
  - Gordon Diagnostic System: Vigilance and Distractibility errors
  - Auditory Attention
  - Brief Test of Attention
  - Processing Speed
  - WISC: Symbol Search

DePrince, Weinzierl, & Combs (2009)

EF Composite
(lower scores = poorer performance)

DePrince, Weinzierl, & Combs (2009)

EF and Depression

- Makes sense because:
  - Reciprocal relations between brain regions that control EFs and emotional regulation systems (Mohlman, 2004, 2005)
  - Several core symptoms of MDD and DD involve EF problems
    - For example, ruminations can be construed as EF failures to inhibit or shift attention away from negative thoughts.

DePrince, Weinzierl, & Combs (2009)

Implications

- EF problems might make it hard to...
  - Take advantage of depression treatment
  - Stop negative thoughts
  - But what about revictimization?
    - Executive function performance linked to number of familial traumas (DePrince et al., 2009)

Revictimization and Risk Detection

- Process and respond to danger cues
  - Marx and colleagues

Risk Detection: Deontic Reasoning

- Reasoning about “what one may, ought, or may not do in a given set of circumstances” (Cummins, 1996a, p. 161)
  - Social contract
  - Safety
  - Critical to navigating social relationships and institutions

Handout Page 7
Descriptive Reasoning
- Reasoning about some description of the world
- Difficult!
  - Children as young as 3-4 (as well as grown-ups) are better at detecting violations of deontic than descriptive rules.
    - [e.g., Cosmides, 1989; Cosmides & Tooby, 1992, 1997; Enzer et al., 2006; Klastrup et al., 1993; Light, Blaye, Gillis, & Giroire, 1999; Cosmides, 1996b; Núñez & Harris, 1998].

Wason Selection Task
- Rules in the form: If p, then q.
- 4 cards, see information on one side, but not the other:

Descriptive Safety Problem
- The following rule describes the cards: "If a card has an X on one side, then it has a 3 on the other side."
- Each card has a letter on one side and a number on the other. Which of the following can you definitely disprove by turning over one of the cards?

Social Contract Problem
- The Officer’s want their children to keep their rooms clean, so they made a rule: "If you watch TV, your room has to be clean."
- You would like to find out whether any of the Officer's kids ever breaks this rule.
- The cards below have information about three of their kids: A's card and D's card are seen. One side of the card tells whether the kid is watching TV and the other side tells whether the kids room is clean. Which of the following cards would you definitely need to turn over to test if any of the Officer's kids violated the rule?

Errors by Problem Type and Group: Young Adults
- Bar chart showing errors by problem type and group: Descriptive, Safety, Social Contract.
Presented at Annual Meeting of NIBPS. May 2012

Process | Intervention Target
---|---
Fail to notice external danger cues (e.g., something in the environment, such as the expression on another person) | Increase EF to the environment (directing attention)
Fail to notice internal danger cues (e.g., one’s own feelings of fear) | Increase EF to emotions; improve emotion labeling/awareness
Notice cues(s), but fail to maintain and use this information or become distracted; thus, multiple danger cues seem disconnected and unrelated. | Increase EF (working memory, interference control)
Notice danger and know what to do, but fail to change or inhibit current behaviors. | Increase EF (set-shifting; inhibition)
Notice danger, but have difficulty generating possible behavioral responses. | Increase EF (cognitive flexibility); increase knowledge of possible responses
Have difficulty planning or initiating a response. | Increase EF (planning); Practice generating ways to respond

Can EF problems be modified?

- Attention and mindfulness-based interventions
  - (e.g., Ma & Teasdale, 2004; Segal, Williams, & Teasdale, 2002; Teasdale et al., 2000; Mohlman, 2004; Papageorgiou & Wells, 2000; Siegle et al., in press).
  - Teach clients better self-regulation of attention

Putting the pieces together?

- Trauma-related cognitions
  - Therapists likely vary in the degree to which they talk about trauma-related thoughts in a standard CBT for depression intervention.
  - Our Modification: Add sessions that address directly trauma-related cognitions

Executive Function

- Cognitive behavioral therapies (CBTs) rely heavily on EFs:
  - Noticing and evaluating thoughts: working memory
  - Introducing coping thoughts in lieu of negative thoughts: inhibitory control
  - To take advantage of CBT, clients may need help with attentional control first.

- Our Modification: Augment existing interventions with mindfulness-based interventions

Attentional-control training

- Employed with adults diagnosed with MDD (e.g., Papageorgiou & Wells, 2000; Siegle et al., in press)
- Recommended with anxious adults (Mohlman, 2004).

- Mindfulness-based cognitive therapy (MBCT) used to address relapse prevention in MDD.
  - e.g., Ma & Teasdale, 2004; Segal, Williams, & Teasdale, 2002; Teasdale et al., 2000
  - Also used in anxiety disorders (see Orsillo & Roemer, 200X)
A Primer Mindfulness/Acceptance-based Interventions

CBTs
- Conceptualize clinical problems as learned, habitual, serving a function
- Teach clients to understand difficulties and strategies for change
- Increase behavioral flexibility
- Increase awareness
- Use out-of-session practice
- Demonstrated efficacy with wide-range of problems

Imagine for depression:
- Identify negative automatic thoughts (NATs)
- Understand thought-emotion-behavior links
- Counter/structure NATS
- Behavioral activation
- Coping thoughts

Acceptance-based Behavioral Therapies (ABBTs)
- Acceptance and Commitment Therapy (ACT; Hayes et al., 1999)
- Dialectical Behavior Therapy (DBT; Linehan, 1993)
- Mindfulness-based Cognitive Therapy (MBCT; Segal et al., 2002)
- Integrative Behavioral Couples Therapy (IBCT; Jacobson & Christensen, 1996)

ABBTs
- Targets relationship with internal experiences
- Target function underlying diverse presentations
- Target overall functioning more explicitly
- More explicit emphasis on flexibility

What problems with internal experiences?
- Absent or impaired awareness
- Narrowed, restricted
- Reactive, critical, judgmental
- All can be considered aspects of "fused", "entangled", "hooked" relationship
  - e.g., Seeing experience as indicator of Truth

Baer et al., 2006; Mennin, 2005; Wells, 1994; Leichschetz & Eid, 2003

What might these correspond to in depression or revictimization?

Mindfulness
- Paying attention in a particular way
  - On purpose
  - In the present moment
  - Nonjudgmentally

Kabat-Zinn, 1994
**Mindfulness**
- Meditation in action
- What is the spirit of mindfulness?
  - Be here now
  - Allow life to unfold without prejudgment
  - Be open to an awareness of the moment as it is and what the moment holds
  - Relaxed state of attentiveness to both our inner world of thoughts and feelings, as well as our outer world of actions and perceptions

**Characteristics of Mindfulness**
- Mindfulness is...
  - Mirror thought
    - Reflects only what is presently happening and in exactly the way it is happening
  - Non-judgmental observation
    - Ability of the mind to observe without criticism
  - Impartial watchfulness
    - The mind does not take sides, does not get hung up... the mind just perceives.
  - Nonconceptual awareness
    - The mind registers experiences, but does not compare them.
    - The direct, immediate experience of what is happening without the medium of thought, reflection, memory

**Characteristics of Mindfulness**
- Mindfulness is...
  - Present-time awareness
  - Goal-less awareness
  - Non-egoistic alertness
  - Awareness of change
  - Participatory observation

**Non-Mindfulness...**
- Examples that relate to psychological distress:
  - Believing our thoughts
    - "I will fail"
    - "I'm unlovable"
    - "This is hopeless"
  - Following our feelings/fighting our feelings
    - Avoiding painful feelings
    - Ruminating in bad feelings
    - Following anxious thoughts to an anxiety attack

**What happens when we are not mindful?**

**So, if mindfulness is:**
- Mirror thought
- Non-judgmental observation
- Impartial watchfulness
- Nonconceptual awareness
- Present-time awareness
- Goal-less awareness
- Non-egoistic alertness
- Awareness of change
- Participatory observation

*Why might a lack of these things be linked to depression or revictimization?*
Data on mindfulness-based interventions

- MDD
  - e.g., Papageorgiou & Wells, 2000; Siegle et al., 2007
- Anxiety disorders
  - e.g., Romer & Orsillo, 2010; Mohlman, 2004
- BPD
  - e.g., Linehan and colleagues
- Data more limited with youth

What we go interested in....

- Siegle et al. (2007)
  - Clients randomly assigned to receive attentional training showed the following changes from pre-post-treatment:
    - decreases in depressive symptoms,
    - increased dorsolateral prefrontal cortex (DLPFC) activity in response to difficult executive function tasks,
    - increased amygdala response to positive stimuli.

Papageorgiou and Wells (2000)

- 4 clients completed increasingly difficult auditory monitoring exercises designed to increase attention control over the course of five sessions.
- Using a multiple baseline design, clients showed improvements on depression and anxiety measures, with scores dropping from clinical to non-clinical range:
  - effect sizes were large (d=3.7-6.3).
  - gains were maintained 12 months post-treatment.

Mindfulness-based cognitive therapy (MBCT, formerly called attentional control training)

- to treat depression and relapse prevention following MDD.
- Randomized clinical trials with adults, MBCT has repeatedly demonstrated decreased relapse rates relative to TAU (e.g., Ma & Teasdale, 2004; Segal, Williams, & Teasdale, 2002; Teasdale et al., 2000).

MBCT targets EFs by teaching clients to increase

- concentration;
- awareness of thoughts, feelings, bodily sensations;
- attention to the present (e.g., versus ruminations about the past or worries about the future).

Limited trials with kids (see Semple, Lee, & Miller, 2006).

- Feasibility studies (e.g., Semple et al., 2005) demonstrate that mindfulness can be taught in developmentally appropriate ways for youth.
Deployment-focused (Weisz et al., 2004)

- Basic idea:
  - treatment development should integrate community practice perspectives;
  - “clinic-ready” treatments are constructed by involving practitioners who treat referred youth in real world clinics;
  - evidence for treatment effects is evaluated in clinics with referred rather than recruited youth.
- This approach should increase the probability of successful application of the new treatment in clinical practice settings.

Aurora Mental Health Center

Aurora-Adolescent Mood Project (A-AMP)

Phase 1
- Initial manual
- One-day meeting with therapists
  - Dr. Liz Roemer did a ½ day training on mindfulness-based interventions
- Weekly meetings with therapists
  - Discussed sessions in depth
  - Made revisions to manual

Phase 1
- 2 clients
  - Maria and Ana
### Session Number

<table>
<thead>
<tr>
<th>Number</th>
<th>Topic</th>
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<tbody>
<tr>
<td>1</td>
<td>Introduction to Therapy, Depression, and Mood Monitoring</td>
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<tr>
<td>2</td>
<td>Introduction to Automatic Thoughts</td>
</tr>
<tr>
<td>3</td>
<td>Countering Negative Automatic Thoughts</td>
</tr>
<tr>
<td>4</td>
<td>Cognitive Restructuring Revisited</td>
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### Mindfulness Skills

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<tr>
<td>AMP</td>
<td>Modifications (AAMP)</td>
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<tr>
<td>1</td>
<td>Introduction to Therapy, Depression, and Mood Monitoring</td>
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<td>2</td>
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<td>Countering Negative Automatic Thoughts</td>
</tr>
<tr>
<td>4</td>
<td>Cognitive Restructuring Revisited</td>
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</table>

Meeting 1

But, we don’t have to be an auto-pilot – we can be an ACTING PILOT!

1. **Mindfulness**
   - Mindfulness is a way to put attention in a “functional” way, not reacting to the moment, and doing unreflexively.
   - This means we are not reacting to what we want, what we want to, and what makes us feel bad.

Meeting 2

### You Try! Role Play

- **Groups of 3**: 1 client, 1 therapist, 1 observer
- **Client**: 20 year old female who meets criteria for Major Depressive Disorder. Long-standing history of depression; treatment hasn’t worked before; discouraged about trying treatment again, but boyfriend made you call therapist. Not sleeping, can’t concentrate, don’t want to go out with friends. Starting to miss work because feel too ill to go.
- **Therapist**: Introduce mindfulness... find a metaphor that works for client to illustrate concept.
- **Observer**: Observe and offer feedback.

Meeting 2

When we practice building up observing muscles, our thoughts can wander off track and other things happen. Recognize or thoughts about the future:

- **Your attention may wander**: This happens, what should you do?
- **You realize your thoughts going**: Being aware of your thoughts can help you to stop thinking about things you want to focus on.

**Observing Exercise**

- We can look at things without really seeing them. We’re going to practice noticing something, like colors, around you. You might notice things you never noticed before.

**Observing Exercise**

- Noticing our breath is the most basic way to mind break, which helps us to develop what direction are we in today?
Client: Our soccer team is pretty bad, and we won a game, and I was in a pretty good mood, and then my sister started talking about everything that was going on in the house, and everyone was all happy, but then I was all mad and everything. And really quiet. But I should’ve been happy, because we had just won a game.

Therapist: Yeah – your mind switched into autopilot. We want you to build those muscles so you can be where you really are.
You Try! Role Play

- Continue in groups of 3
  - 1 client, 1 therapist, 1 observer
- **Therapist:** Bring together concepts from sessions 1-4 to make case for ‘participation’ in behavioral activation.
- **Client:** Use some judging language about self to give therapist a shot at addressing!
- **Observer:** Observe and offer feedback.

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Mindfulness of Thoughts

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<th>Session</th>
<th>AMP</th>
<th>A-AMP</th>
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<tbody>
<tr>
<td>5</td>
<td>Introduction to Stress Management</td>
<td>Mindfulness of Thoughts</td>
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<tr>
<td>6</td>
<td>Engaging in Pleasant Activities as a Positive Coping Mechanism</td>
<td>Noticing Thoughts: Hey, they’re not facts!</td>
</tr>
<tr>
<td>7</td>
<td>Obstacles to Engaging in Pleasant Activities</td>
<td>What to do with all the fish in the fish tank?</td>
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</tbody>
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Meeting 5-7

- **Meeting 5**
  - Introducing negative automatic thoughts (NATs)
- **Meeting 6**
  - Noticing thoughts…not facts
- **Meeting 7**
  - What to do with all those thoughts?

---

Meeting 7

- **Meeting 7**
  - You can shift your attention to some helpful thoughts.
  - Instead of watching the thoughts in your head, you can observe other things—like colors or sounds.

---

Meeting 7

- **Meeting 7**
  - You can shift your attention to some helpful thoughts.
  - Instead of watching the thoughts in your head, you can observe other things—like colors or sounds.
You Try! Role Play

- Rotate!
- Observer move to group to the right
- Observer become client; Client become therapist; Therapist become observer
- Client: Same client…Give therapist a run-down of event that prompted depressed mood this week.
- Therapist: Pull together options for what to do in response to NATs.
- Observer: Observe and offer feedback.

Meeting 8

<table>
<thead>
<tr>
<th>T-NAT</th>
<th>Posting</th>
<th>Have I heard these thoughts before?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very bitter, I hate this, I can’t go on...</td>
<td>Sadness</td>
<td>Share</td>
</tr>
<tr>
<td>I want to be alone, I want to withdraw</td>
<td>Anxious</td>
<td>Optimum</td>
</tr>
<tr>
<td>I can’t see a way through, it’s all too much</td>
<td>Fear</td>
<td>Rooted</td>
</tr>
<tr>
<td>I’m not doing well at work or school because of this</td>
<td>Worry</td>
<td>Parallel</td>
</tr>
<tr>
<td>I’m feeling like I have to do the whole thing</td>
<td>Cynicism</td>
<td>Dual</td>
</tr>
<tr>
<td>I’m feeling a sense of guilt</td>
<td>Guilt</td>
<td>Inversion</td>
</tr>
</tbody>
</table>

Meeting 9

You Try! Role Play

- Client: Same client…Give therapist a run-down of event that prompted depressed mood this week; tie to T-NAT.
- Therapist: Facilitate discussion of T-NAT and impact
- Observer: Observe and offer feedback.
Presented at Annual Meeting of NIBPS. May 2012

Meeting 10

Problems in relationships can contribute to negative moods, HIV, and depression:

Just live when we go on autopilot and our thoughts drive our feelings and behavior the same way we can’t ignore what our unconscious does.

For example, if someone thought: “No one will ever love me because of what happened to me.”

- How was this person hurt?
- What caused this person to think this?
- How was this person’s progress with a boyfriend or girlfriend?

To figure out this unconscious stuff, we have to put our minds in this order. In particular, we need to describe the relationship - time, where and what we think about them - without judging.

Meeting 10

You Try! Role Play

- Rotate!
- Observer move to group to the right
- Observer become client; Client become therapist; Therapist become observer
- Client: Same client…Give therapist an interpersonal conflict to work with.
- Therapist: Address conflict through mindfulness lens!
- Observer: Observe and offer feedback.

Meeting 11

Meeting 12

Is it working?
Phase 2

- Randomized control trial
- Comparing mCBT to TAU

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