

Rehabilitative Proposal

Major Depressive Disorder

Psychopathology

ECAP6006

By Kayleigh Evans



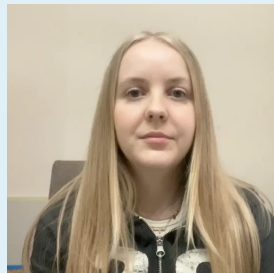


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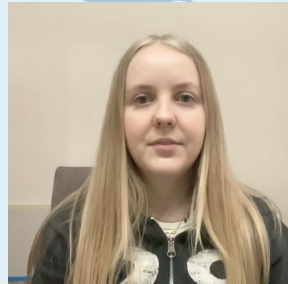
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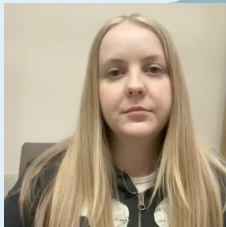
Proposed Title

A Rehabilitation Programme for Individuals
with Major Depressive Disorder: A
Cognitive Behavioural Therapy Approach



Lay Summary

- Aim: Transform mental health and well-being of those with Major Depressive Disorder (MDD)
- Objective: Equip individuals with essential skills to reduce relapse risk
- Framework: The Cognitive model and Cognitive Behavioural Therapy (CBT)
- Duration: Tailored CBT sessions (10-20 sessions) based on symptom severity (Yang et al., 2018)
- Assessments: Beck Depression Inventory (Beck et al., 1996) and Quality-of-Life Inventory (Frisch et al., 2005). Two-way within-groups ANOVA to compare scores throughout treatment
- Visual Representation: Gantt chart outlining program duration



Major Depressive Disorder: Background Literature

Major Depressive Disorder is a mental illness characterised by persistent feelings of sadness, loss of interest or pleasure, and other symptoms such as changes in sleep, appetite, and energy levels, significantly impacting a person's daily life (Bains & Abdijadid, 2020).



Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition: Criteria of MDD

Major Depressive Disorder

Diagnostic Criteria

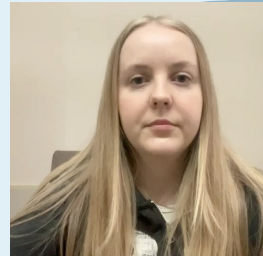
- A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

Note: Do not include symptoms that are clearly attributable to another medical condition.

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful). (**Note:** In children and adolescents, can be irritable mood.)
 2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).
 3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (**Note:** In children, consider failure to make expected weight gain.)
 4. Insomnia or hypersomnia nearly every day.
 5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
 6. Fatigue or loss of energy nearly every day.
 7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
 8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
 9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.
- B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- C. The episode is not attributable to the physiological effects of a substance or to another medical condition.

Note: Criteria A–C represent a major depressive episode.

(DSM-5; American Psychiatric Association [APA], 2013)



280 million

People worldwide with depression

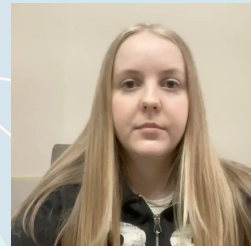
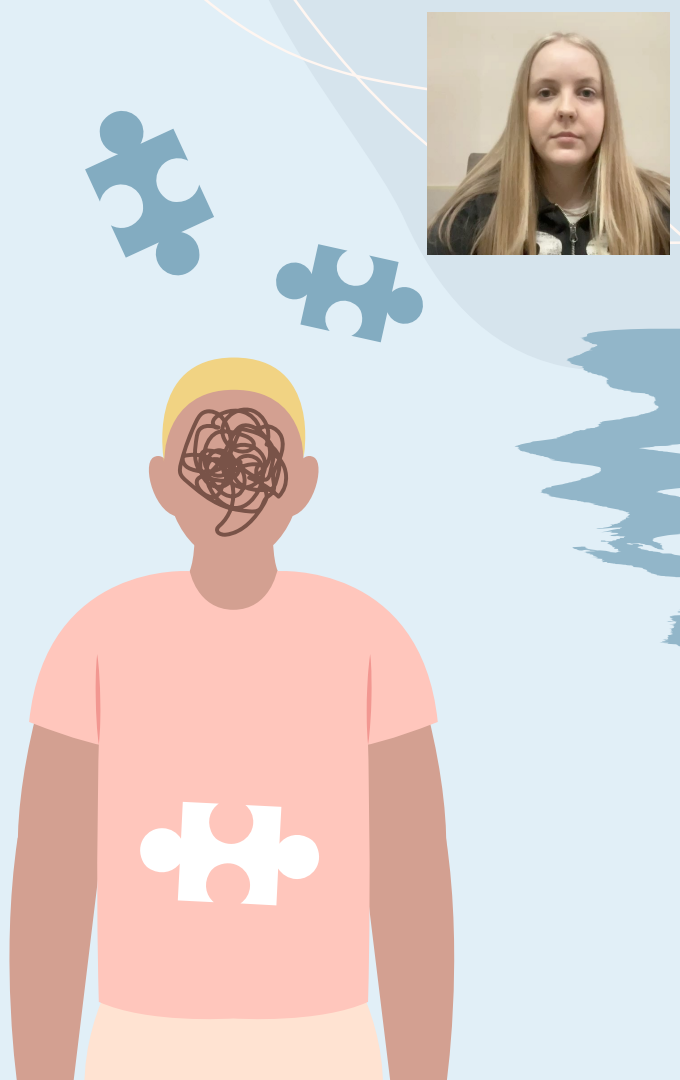
700,000

Deaths from suicide annually

50%

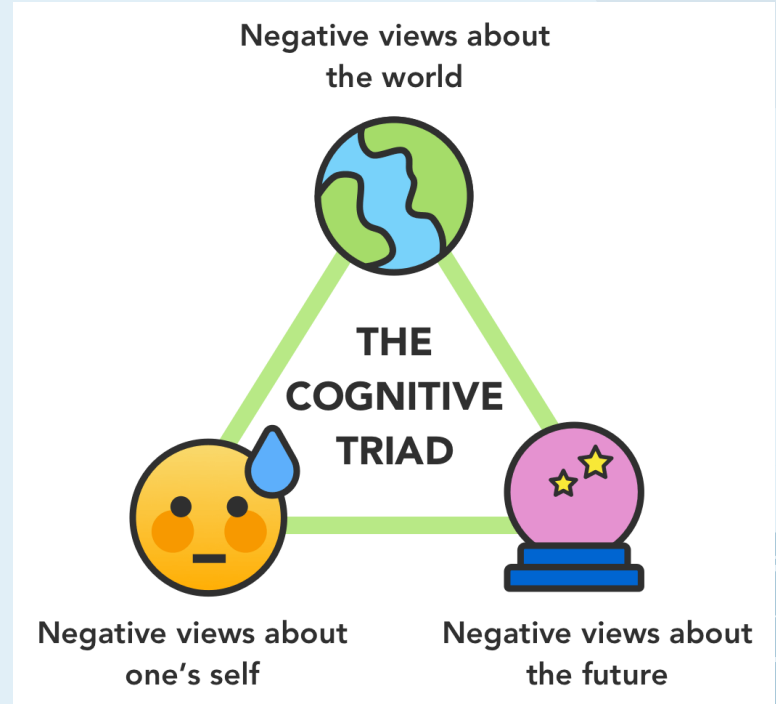
More common in women than men

World Health Organisation (2021)

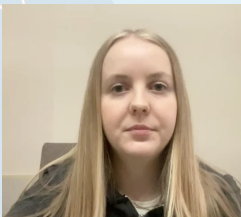


Cognitive Model (Beck, 1967)

The cognitive model of psychology, commonly applied to depression, is based on the idea that a person's thoughts, beliefs, and interpretations of events play a significant role in shaping their emotions and behaviours.



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Cognitive Behavioural Therapy

Cognitive Behavioural Therapy (CBT) is largely based on the principles and techniques derived from the cognitive model (Beck & Haigh, 2014). CBT integrates cognitive and behavioural techniques to address maladaptive thought patterns, behaviours, and emotions associated with various psychological disorders, including depression

Cognitive

Individuals learn to identify and challenge negative thought patterns

Behavioural

Encourage individuals to increase engagement in rewarding activities - improving mood and motivation

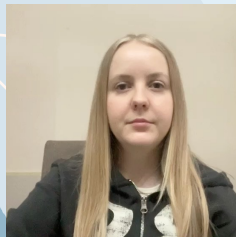
Skills Training

Equips individuals with practical strategies to address life stressors and challenges

Coping Strategies

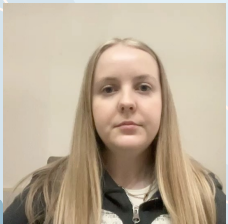
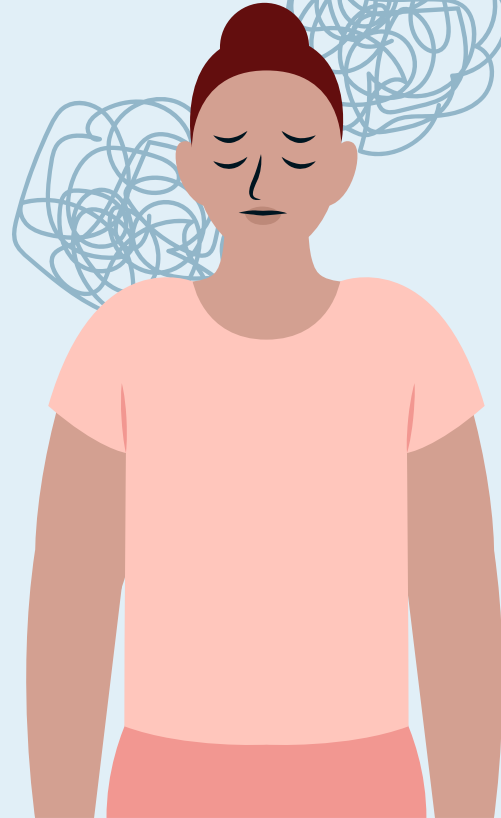
Helps individuals to manage stress and anxiety associated with depression

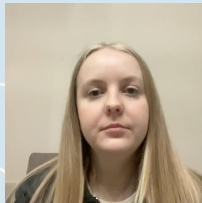
(Gautam et al., 2020; Yang et al., 2018; Zhang et al., 2018; Zhou et al., 2017)



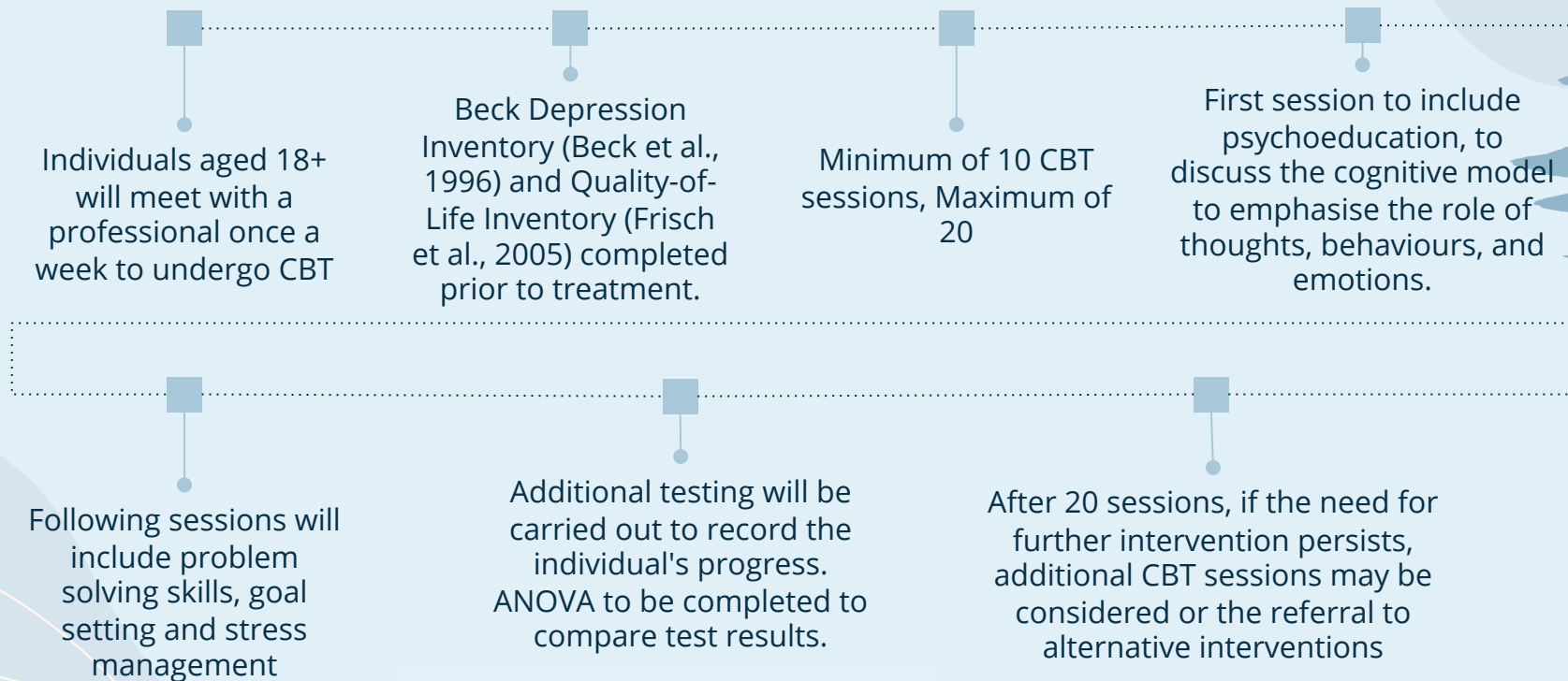
Rationale

The rehabilitative proposal for individuals with MDD is designed to address the complex nature of the condition by integrating evidence-based practices from psychology. By providing a comprehensive approach that includes CBT, the proposal aims to empower individuals to manage their symptoms effectively and improve their overall well-being (Chand et al., 2018; Zhou et al., 2017).





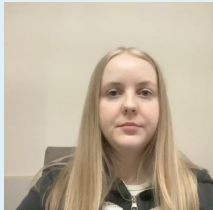
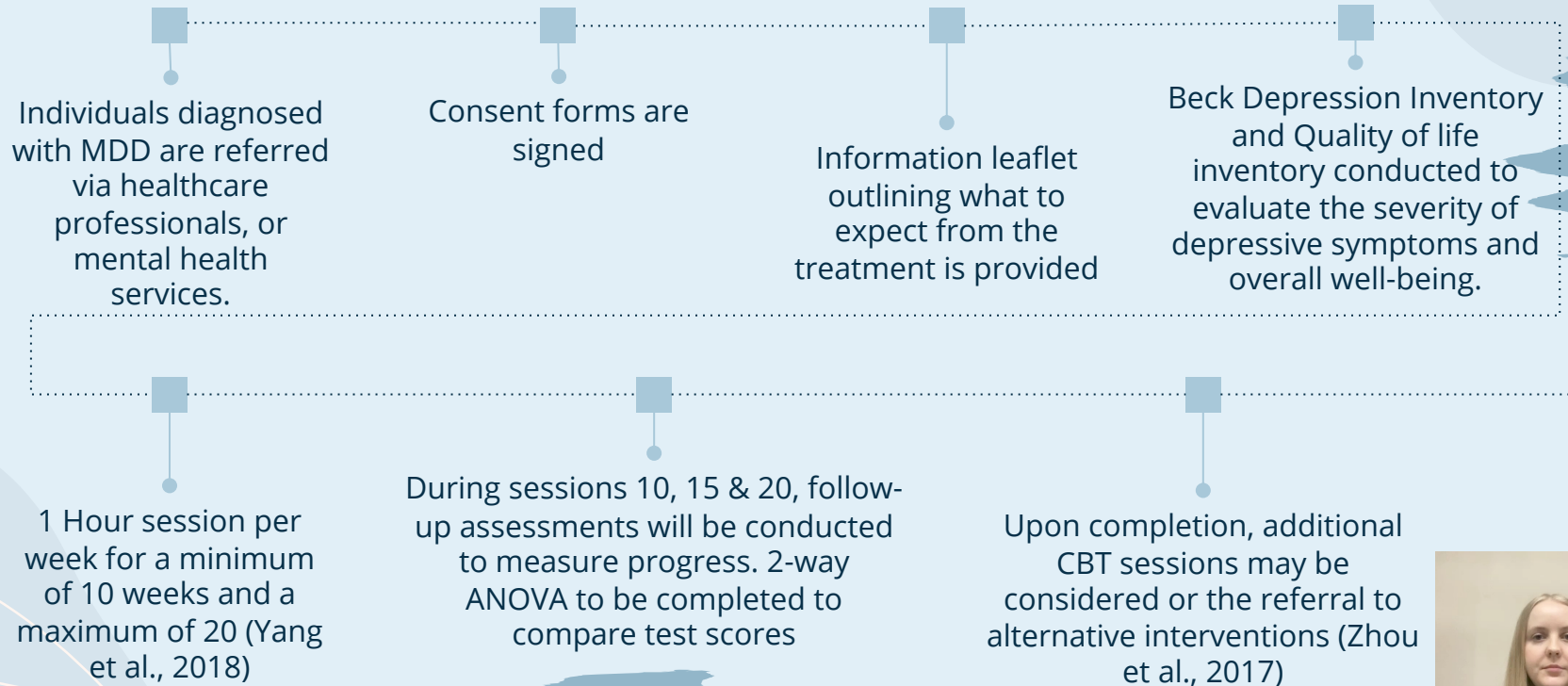
Proposed Methodology



(Cuijpers et al., 2016; Picardi & Gaetano, 2014; Yang et al., 2018; Zhou et al., 2017)

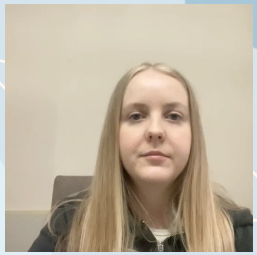
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Procedure



Ethical Considerations

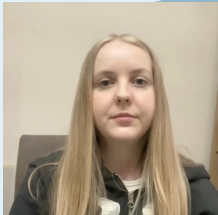
- Informed consent clearly explained to service users
- Informational leaflet provided detailing CBT intervention for Major Depressive Disorder
- Voluntary participation; individuals express desire for change
- Right to withdraw from intervention at any point without consequences
- Written consent obtained from individuals
- Systematic approach for addressing distress
- Regular check-ins for emotional management
- Options for non-verbal expression and breaks
- Crisis intervention protocols in place for urgent concerns (British Psychological Society, 2021)
- Treatment discontinued if individual not mentally stable enough, under professional guidance



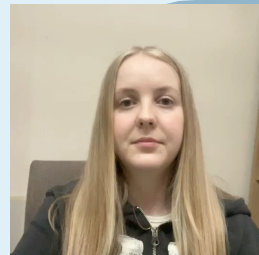
Expected Outputs

- Reduction in depressive symptoms
- Development of improved coping skills
- Increased engagement in positive activities
- Enhanced problem-solving abilities
- Enhancement of overall quality of life
- Increase in self-awareness and insight into thoughts and behaviours
- Reduction in the risk of relapse
- Fostering social support networks
- Promoting adherence to treatment
- Enhancing individual's satisfaction with life
- Promoting lasting improvements in mental health and well-being

(Hooke et al., 2018; Vîslă et al., 2018)



**THANK YOU FOR
WATCHING**



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