Cognitive Behavioral Analysis of Psychotherapy (CBASP) is a therapy practice designed specifically to treat adults suffering from chronic depression. This type of therapy can produce rewarding outcomes because it focuses on fully understanding the nature of chronic depression and then applying this understanding to tangible forms of treatment.

One of the major problems people with chronic depression face is detachment. Many patients’ primitive verbal thought and behavior patterns hinder them, rendering them perceptually disconnected from their environment. As a result, they are unresponsive to environmental consequences and feedback. We are constantly informed by our environment and adjust accordingly depending on the information we receive. However, people with chronic depression are disengaged from the environment and because of this disconnect, behavior change is difficult. CBASP strives to counteract this perceptual discrepancy by replacing the disconnectedness with a perceived-functionality expectancy set, or a perspective that patients acquire which allows them to identify the consequences of their behavior. This notion of environmental disconnect forms the basis of understanding chronic depression.

**Breaking Chronic Depression Down**

CBASP theorizes that chronic depression is a developmental disorder that causes people to think and behave in ways indicative of Piaget’s “preoperational thinking” stage. Piaget describes preoperational thought as something “bound to perceptual experience.” Essentially, people with chronic depression are confined to the present moment, unable to remove themselves perceptually from social-interpersonal events that are interpreted negatively. They are vulnerable to a rigid worldview, one that is not influenced by the environment. The negative and depressing view of the present is the only reality that exists for the patient; the person sees this present moment as a regurgitation of a negative past and an indicator for a negative future. This present, snapshot moment formulates their negative worldview, and this snapshot defines the rest of their life. Causal and logical thinking, or formal operational thought, is an obstacle for people with chronic depression. CBASP works on engaging formal operational thought, a thought process that allows people to extricate themselves perceptually from a present moment. CBASP teaches people to reason in formal operational thought, and this is accomplished by employing repetitive structured behavioral exercises over a period of time.

**Treating the Chronically Depressed Adult**

1) **As Therapy Starts, the Client Will Likely Feel Disconnected from Their Environment**

The first goal is to help the person identify the specific consequences or outcomes of their behavior. After becoming more engaged with the environment and allowing it to inform and change how the individual thinks and behaves, emotional control becomes a possibility. Evidence suggests that people will engage less in preoperational thought once they learn to recognize their behavioral consequences.

2) **The Client Tends to Talk about Problems in a Global Manner**
Many people with chronic depression express their problems in a general, all-encompassing manner. For example, they may say “No one will ever love me” or “I will always fail at everything I do.” They speak in global terms, and it is challenging for them to concentrate on a real, single event that occurred at a specific time. Thus, situational specificity and focused problem solving is taught and emphasized in therapy. Once they are able to focus on specific, situational problems, they can begin tackling and resolving their real-life problems.

3) Chronically Depressed Clients are (Understandably) Not Motivated to Change Their Behavior

“No matter what I do, I stay depressed.” This is a major declaration of chronically depressed people, and this statement is completely valid because it is based on their own reality. However, this means their motivation for changing or fighting back against their depression is low. To increase motivation, the therapist administers in-session negative reinforcement. Their goal is to repeatedly show the patient that the patient creates and preserves their own distress, but that they can eliminate this misery by simply adjusting their behavior. The therapists themselves also have to modify their own behavior while in session! Clinicians need to resist the urge to take charge of a therapy session, and instead let the patients take on a more assertive stance. This assertive stance and initiative allows them to explicitly confront their behavioral consequences, and thus behavior can be modified. This cannot occur if the therapist allows them to take a passive stance; nothing will come about through mere observation.

4) Previous Memories of an Injurious History Can Influence Relations with the Therapist

Therapists also need to form a relationship with the patient that provides a new, corrective emotional experience. Many patients bring emotional damage from previous relationships and this can thwart a positive relationship with the therapist. Therefore, the therapist must create in-session situations where the patients experience new, interpersonal realities that are not consistent with their previous realities. Seeing for themselves that they are not abandoned or dismissed when perhaps they are “always abandoned or dismissed” generates a corrective emotional experience and does not allow them to generalize.

CBASP

CBASP is devised to treat the pathological characteristics of the patient. The success of treatment is reliant on how effectively the therapist executes techniques to illustrate to patients that they themselves are ultimately responsible for their life crises. This tough love mantra is imperative in CBASP. While the environment may have caused emotional damage to the patient, change is only possible when the patient decides to assume control of their life, regardless of their painful past history.

The patient’s persistent feelings of helplessness and hopelessness signal perceptual disengagement from their interpersonal environment (perceived dysfunctionality) and an inability to recognize interpersonal behavioral consequences. To combat this, CBASP functions primarily on the administration of negative reinforcement. The main goals of CBASP include helping the patient identify
the consequences of their behavior (perceived functionality) and learning to recognize one’s stimulus value for others and vice versa (empathy). The therapist constantly highlights behavioral consequences.

**Three CBASP Techniques**

Two CBASP techniques, Situation Analysis and Interpersonal Discrimination Exercise, are designed to induce in-session negative reinforcement contingencies. The third technique, Behavioral Skill Training/Rehearsal, focuses more on practicing in-session skill training and rehearsal.

1) **Situation Analysis (SA)**

Situational Analysis is a social problem solving exercise involving several steps. It is specifically designed to counteract preoperational functioning, expose the maladaptive behavior to the patient in session so the behavior can be adjusted, and to reveal to the patient that their behavior does incur consequences. SA is not introduced until the third therapy session, and patients eventually learn to administer SA themselves. Evidence illustrates that those who learn SA report more positive therapy outcomes than those who do not.

This highly structured exercise demands that the patient engage in formal operations thought. The patient selects a problematic interpersonal event that has transpired recently. They are then asked to describe the event in story form, providing a definitive beginning and ending, and then offering a descriptive narrative of what occurred in between. This prohibits the patient from moving outside the beginning and ending points. This means that the issues discussed are only those developing from the analyzed event.

Many times, the patterns of the chronically depressed patient seen in SA are merely a smaller version of their interpersonal problems that they indicate in therapy. Thus, SA can be generalized across situations because lessons learned in one SA easily apply to other interpersonal situations. SA also permits clinicians to emphasize behavioral consequences that are labeled the Actual Outcome (AO) (endpoint of the situation). After isolating the Actual Outcome, patients are required to conceive a Desired Outcome (DO), what they would have liked to happen. The patients are forced to compare and contrast the AO and DO, and this underscores the consequences of their behavior. This discrepancy, between what the patient wants and what actually occurs intensifies discomfort. This discomfort or increased distress is actually the desired emotional effect; the therapist wants to induce this because it makes possible the administration of negative reinforcement during the final phase of the exercise. This distress is alleviated during the final step when the situation is fixed and the patients learn the behaviors they must enact in order to generate their Desired Outcome. Eventually, patients begin to relay situations where their Actual Outcome is the equivalent of their Desired Outcome.

Situational Analysis involves two phases, the Elicitation and the Remediation phases, which consist of a series of questions the clinician poses to the patients. The following questions are suggested by McCullough (2003):

“Elicitation Phase:
1. What happened? (Situational Description)

2. What did the situation mean to you? (Situational Interpretations)

3. What did you do in the situation? (Situational Behavior)

4. How did the situation come out for you? (Actual Outcome)

5. How did you want the situation to come out? (Desired Outcome)

6. Did you get what you wanted in the situation? (AO versus DO comparison)

7. Why didn’t you get what you wanted in the situation? (Step 7 represents a transition step between the Elicitation and Remediation Phases)

Remediation Phase:

1. How did each interpretation contribute to your getting the situational DO? (Each interpretation is assessed singly and revised if necessary to increase the possibility of the patient achieving the DO)

2. If you had interpreted the situation in light of your revised interpretations, how would you have behaved differently?

3. What have you learned in this SA today? (Wrap-up/Summary Step)

4. How does what you have learned in this SA apply to other similar situations? Be as specific as you can. (Transfer of Learning and Generalization Step)"

2) Interpersonal Discrimination Exercise (IDE)

Many chronically depressed patients reconstruct their therapists into injurious significant others from their past; this is due to their preoperational inclination. This tendency obstructs behavior change because patients expect their clinicians to reject, punish, or abandon them. While this is fictitious, this is the patient’s reality, so the therapist must address and correct this problem. This view on therapists decreases motivation for modification and can even undermine initially successful treatment. The Interpersonal Discrimination Exercise (IDE) was developed in order to rectify these interpersonal misinterpretations.

The therapist administers the Significant Other History procedure during the second session. This procedure assembles several transference hypotheses relating to the patient’s hypothesized interpersonal expectancies. The Significant Other History presents a list of 6-7 people who have had a formative and influential impression on the patient’s life. Each person is described in terms of how they have affected the patient’s life and how they have determined who the patient is. These can be either positive or negative influences. Typically, the influence tends to be more damaging and caustic.

This exercise is the first time that CBASP patients are requested to think in a functional manner. They must think “if this (was what it was like to be in that relationship)...then that (is who I am now as result
of that relationship).” Essentially, they must make correlations. Sometimes, patients encounter difficulty in making these causal connections. Some cannot express the effect of these significant others on them and the therapist must create theory conclusions with less information. However, when they are successful in describing the influence, the clinician takes these statements and combines them, producing one or more Causal Theory Conclusions about each significant other.

CBASP transference hypotheses are expressed in personal terms and involve areas from interpersonal domains such as the following examples from McCullough (2003):

“ 1) the interpersonal intimacy/closeness with the therapist
2) felt emotional need/disclosure of personal problems
3) personal failure during treatment
4) felt/expressed negative affect (anger, frustration, shame, etc) toward the therapist “

The patient must then expose the differences between the particular significant other and the therapist. Once these discriminations are accentuated, the therapist asks the patients the result of being with someone who does not generate negative emotions when closeness is experienced. At this point in the exercise, many patients experience relief from the previous discomfort. IDE has its intended effect when patients are able to understand, experience, and discuss their new interpersonal realities. CBSAP therapists want their patient to understand that they are participating in a new interpersonal reality, one that challenges their old realities.

3) Behavioral Skill Training/Rehearsal (BST/R)

This skill training involves inhibiting reflexive hostile reactions and impulsivity. It teaches patients to have patience and let the situation progress, then react with less emotion. One of the most satisfying triumphs for patients is when they learn and harness self-control. They are able to regulate their out-of-control emotional outbursts. It is important that skill training be molded to the patient’s particular needs.

Summary

CBSAP is a therapy designed for adults with chronic depression. It implements several strategies that concentrate on employing formal operational thought. Research indicates that these strategies have been helpful for those struggling with chronic depression. If you or someone you care about suffers from chronic depression, the psychologists at Lepage Associates can help. Chronic depression can lessen with therapy, greatly improving one’s life.