



SAYBROOK
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The Pathways Model and Depression Case Study: Abigail

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TAKE-HOME MESSAGE

- This case study was chosen to show that the Pathways Model is relevant for challenging and difficult patients, and not just the moderate cases! The patient in this case study initially seemed a good candidate for involuntary hospital-based care, but responded positively when invited to participate in her own recovery.



INITIAL VISIT

- Contact with Abigail began with a call from her primary care physician: “Will a member of your staff accompany her on a home visit to a severely depressed 39 year old Mom?”
- Abigail was a 39 year old divorced mother, living with her 6 year old daughter, Mandy
- Previously employed as an accountant, she had not worked since the daughter’s birth
- Her older sister Ruthi asked the physician to intervene, out of concern for her niece’s welfare



INITIAL VISIT

- Upon arriving at the house at 2:30 PM, the physician and therapist found Abigail sitting in her pajamas in the living room, rocking in a chair, with the curtains drawn.
- She was well-oriented but downcast, with minimal eye contact, staring at the floor through much of the interview
- She admitted eating no lunch but had planned a meal to prepare later for the daughter



PREMORBID CONDITION AND DEPRESSION ONSET

- Abigail had been in good health, with one episode of depression prior to her pregnancy
- That first depression came on when her older sister left home for college (Abigail was 12)
- Abigail's pre-morbid temperament and manner were described as ascerbic, cynical, and bitter, but without melancholia
- The onset of depression was evident two days following the daughter Mandy's birth



RELEVANT SOCIAL HISTORY

- Abigail's mother was a teacher, who suffered a post-partum depression following Abigail's birth.
- The mother became reclusive, bonded poorly with Abigail, and left most of the infant and child care to Ruthi, her firstborn.
- The mother committed suicide by medication overdose on Abigail's 4th birthday.
- The father began to drink excessively and on several occasions during childhood awoke Abigail in the night to scream about her causing the mother's death



SOCIAL HISTORY

- Ruthi was a nurturing sister and caregiver, and Abigail recalled childhood as painful but mostly happy
- The depression triggered by Ruthi's departure was severe but resolved within three months
- Abigail was an excellent student and earned a masters in accounting
- She was successful in accounting work, and developed a reputation for attention to detail
- During Abigail's college year her father moved geographically, remarried, and broke contact with both daughters



SOCIAL HISTORY

- Abigail married after graduate school, and the marriage seemed positive until onset of her depression
- The husband divorced her 8 months following their daughter's birth, and accepted a job out of state
- The husband provided child support and sent birthday cards, but had not visited Mandy or Abigail in two years
- He was contacted by Ruthi, but declined to become involved in addressing the current problems



COURSE OF THE DEPRESSION

- Abigail reported sadness and tearfulness initially after the birth, and intense fears of being a terrible mother
- She became compulsively attentive to the baby at first, bathing her several times a day, sleeping on the floor next to the crib, and changing her diapers and clothing constantly
- Over time, she reported a loss of energy, loss of joy, loss of appetite, weight loss, sleep disturbance with delayed onset and early morning awakening, episodes of uncontrolled crying



COURSE OF THE DEPRESSION

- Initially, Abigail requested and received anti-depressant medication, but experienced sedation from the medicine, and refused further medication
- By the time the spouse left, she was sitting and staring much of each day, eating sporadically, and declining any activity outside the home
- The sister Ruthi began to help Abigail in child care, and to shop for the family



COURSE OF THE DEPRESSION

- Abigail's depression moderated several times, to a degree that she began to discuss job-seeking
- Each time unexpected financial problems, or arguments with a relative or neighbor, provoked relapses in depressed mood
- When Mandy began first grade, Abigail abruptly slid back into inactivity and severe depression



DIAGNOSTIC ASSESSMENT

- Abigail's symptoms supported the diagnosis of a major depressive disorder, recurrent
- A secondary diagnosis of post traumatic stress disorder was added, and an obsessional cognitive style noted
 - She admitted regular flashbacks and nightmares to scenes from her traumatic childhood,
 - In spite of depression, she exhibited a vigilant perceptual style and frequent startle reactions
 - She reported constant anxiety and obsessional ruminations about replaying her mothers' life



PATHWAYS ASSESSMENT: RELEVANT PATHWAYS

- Genetic disposition to depression, with a history of three generations of depressed females
- Disturbed early bonding and early loss of her mother
- Traumatic experiences with a depressed and intoxicated father
- Obsessional cognitive style, replaying negative self-messages
- Post-partum onset suggesting initial hormonal disturbance
- Lack of movement and activity



PATHWAYS ASSESSMENT: RELEVANT PATHWAYS

- Disturbed sleep with delayed onset and early morning awakening
- Lack of movement and activity
- Constant anxiety, with breath-holding, sighing, and episodes of hyperventilation
- Lack of social supports, loneliness, and isolation
- Absence of any rewarding activities or relationships
- Ineffective interpersonal skills, with alternating passivity and irritability



PATHWAYS ASSESSMENT: READINESS FOR CHANGE

- Abigail admitted a deep sense of hopelessness and pessimism
- She doubted that any medical treatment would help her, and questioned how any action on her own part could make a difference
- Following Prochaska's readiness for change model, Abigail seemed to be stuck at the "Pre-contemplation stage"
 - Pervasive lack of awareness that life can be improved by change in behavior



INITIAL INTERVENTION

- The treatment team of physician and psychologist was worried, about the virtual neglect of the child and Abigail's high suicide risk
- In a second visit, with Abigail, sister Ruthi, and both the physician and psychologist, a narrow set of options were defined:
 - Involuntary hospitalization, transfer of custody for the child, twice weekly outpatient treatment with her cooperation, and medication for depression
- Abigail wished to avoid hospitalization or loss of custody at all costs, and agreed to a written treatment contract



PATHWAYS INTERVENTIONS LEVEL ONE: MEDICATION

- Abigail feared medication side effects, and knew that her mother had died with an overdose of anti-depressants
- Nevertheless, her physician persuaded her to accept a prescription for Celexa, an SSRI with a relatively low side effects profile, and lower lethality for overdose
- Abigail felt a lift in energy in the third week on Celexa
- Her physician gradually increased the dosage to 60 mg, due to the powerful obsessional ruminations
- Abigail admitted that it seemed easy to set her worries and troubling thoughts aside



PATHWAYS INTERVENTIONS LEVEL ONE: MOVEMENT

- Initially, psychotherapy consisted of supportive psychotherapy, building trust, and monitoring of Level One Interventions -- what Abigail called Baby Steps.
- Abigail agreed to increase movement – walking to her rural mailbox and back twice daily, then after a week walking to her sister’s less than a city block away, and then walking daily to a nearby park with Mandy
- Abigail was surprised at enjoying the walks, especially the beauty of the nearby park. She also admitted enjoying more contact with her sister.



PATHWAYS INTERVENTIONS LEVEL ONE: SOOTHING

- Abigail was encouraged to continue rocking whenever anxious, and this was labeled as a “self-soothing coping skill.”
- She had been ashamed of “rocking like a mental patient,” and this cognitive re-framing brought a smile to her face.
- She also was encouraged to hum and pray when anxious, and found herself humming songs that her sister had sung to her in childhood. The praying led to recalling bedtime prayers from childhood.



PATHWAYS INTERVENTIONS PROLONGING LEVEL ONE

- Abigail was kept in Level One Interventions longer than usual because the Level One activities seemed to be reducing her anxiety, and she continued to be pessimistic about skill-building and self-regulation



PATHWAYS INTERVENTIONS LEVEL ONE: SLEEP

- Abigail was educated about sleep hygiene, and asked to study her sleep environment and habits
- She identified that her bedroom had a number of reminders of her failed marriage, including her ex-husband's clothing and several photos
- Her sister helped her remove reminders of the past, and helped her to re-paint the walls in a soothing lavender
- She began to play soft music in the bedroom, to shut out neighborhood noise



PATHWAYS INTERVENTIONS LEVEL ONE: BREATHING

- Initially, Abigail was taught a very simple mindful breathing routine as an aid to sleep onset
- The routine emphasized breathing from the abdomen, pursing the lips on the outbreath, and taking large relaxed, effortless breaths, at a rate about six per minute
- The breathing helped Abigail in sleep onset, reducing her feelings of being “wired” and edgy
- She was encouraged to practice her mindful breathing throughout the day, whenever tense or worried



PATHWAYS INTERVENTIONS LEVEL TWO: YOGA

- Abigail had pursued yoga in college, and had very positive feelings about Eastern practices and fitness
- She signed up for a twice weekly beginning level Hatha yoga class at a nearby yoga studio
- Her sister attended with her, which Abigail welcomed
- She found the postures and the yogic breathing soothing, and felt more comfortable in her body after three weeks of yoga classes and home practice



PATHWAYS INTERVENTIONS LEVEL TWO: EMOTIONAL JOURNALING

- The Pennebaker expressive writing format was reviewed with Abigail, and she showed a positive interest in expressing herself on paper
- She was given a copy of the Pennebaker (2004) *Writing to Heal* guide for journaling
- She was invited to write once daily for about 20 minutes, following the Pennebaker guidelines
 - Pennebaker, J.W. (2004). *Writing to Heal: A Guided Journal for recovering from trauma and emotional upheaval*. Oakland, CA: New Harbinger Press.

Dr. Pennebaker's Basic Writing Assignment

Over the next four days, write about your deepest emotions and thoughts about the emotional upheaval that has been influencing your life the most. In your writing, really let go and explore the event and how it has affected you. You might tie this experience to your childhood, your relationship with your parents, people you have loved or love now, or even your career. Write continuously for 20 minutes.



PATHWAYS INTERVENTIONS LEVEL TWO: EMOTIONAL JOURNALING

- Abigail began to write frantically, journaling twice daily for about 40 minutes a session, until her writing triggered an intense episode of sobbing and shaking
- She took a break from journaling and began again, with the guidance to journal no more than once a day, for 15 to 20 minutes, and to stop whenever the process became too painful
- She cried often during her journaling, but began to feel a lifting of the heavy subjective weight around her mother's death



PATHWAYS INTERVENTIONS LEVEL TWO: A SUPPORT GROUP

- Abigail enjoyed several encounters with other mothers in the nearby park, and one invited her to attend a mothers' support group, at a nearby church
- Abigail checked out the group through this new friend, and assured herself that there was no proselytizing, or heavy religious messages
- For the first time, she began venting to her treatment team about an oppressive religious dogmatism in her childhood home and church



PATHWAYS INTERVENTIONS LEVEL TWO: A SUPPORT GROUP

- She began attending the support group, and found more common ground emotionally than she expected. She was relieved to learn that many of her reactions to daughter Mandy were common and “normal” reactions shared by other women.
- She also began to visit other mothers and arrange play dates through them for Mandy.
- She asked her treatment team to give her “Level Two credits” for the support group.



PATHWAYS INTERVENTIONS LEVEL THREE: HEART RATE VARIABILITY BIOFEEDBACK

- Abigail observed biofeedback equipment in clinic offices, and asked whether biofeedback could help her relax
- She had calmed significantly, primarily through her mindful breathing, yoga, and expressive writing, yet still found her upper body muscles tight, her hands and arms jittery, and her mind racing
- Much of her anxiety seemed post-traumatic. She admitted listening for footsteps in the night, and tensing as she recalled her father's voice blaming her for the mother's death.



PATHWAYS INTERVENTIONS LEVEL THREE: HEART RATE VARIABILITY BIOFEEDBACK

- Abigail's therapist discussed respiratory biofeedback and heart rate variability (HRV) biofeedback as useful tools for anxiety and tension
- The therapist gave her an article by Maria Karavidas on the usefulness of HRV training for major depression
- Depression lowers the variability of the heart; HRV training restores normal variability and lifts mood.
- Abigail began with respiratory biofeedback training, learning to pace her breathing more evenly and with less effort



PATHWAYS INTERVENTIONS LEVEL THREE: HEART RATE VARIABILITY BIOFEEDBACK

- Next her therapist assessed Abigail's *resonance frequency*, the breathing rate that produced for Abigail the highest magnitude in heart rate oscillations (Lehrer, 2000)
- Abbey began to train at this optimal breathing frequency, 5.5 breaths per minute
- Breathing at this rate gradually increased the amplitude in her heart rate oscillations, from an initial 8 beats to a sustained mean of 24 beats



PATHWAYS INTERVENTIONS LEVEL THREE: HEART RATE VARIABILITY BIOFEEDBACK

- Abigail felt she had “mastered” the heart rate variability skills in about 4 sessions, based on her previous experience with yoga and mindful breathing
- Her therapist pushed her to stay with the training, and by 12 sessions she reported much more impressive results
- Abigail was convinced she could calm herself now, in the face of any stressful situation
- She reported that she could feel her mood lighten each time she practiced at her resonance frequency at home



PATHWAYS INTERVENTIONS LEVEL THREE: HYPNOSIS AND HYPNOTHERAPY

- After Abigail's sixth session of HRV biofeedback, her therapist invited her to accept some sessions of hypnosis and hypnotically enhanced psychotherapy
- Initially, Abigail's therapist used trance-induction to enhance her depth of relaxation, and she found herself relaxed to a depth she could not remember since childhood



PATHWAYS INTERVENTIONS LEVEL THREE: HYPNOSIS AND HYPNOTHERAPY

- Abigail's therapist invited her into a series of age regressions, dwelling on the happy and playful moments in Abigail's childhood days with Ruthi
- Following Yapco's principle that both depression and hypnosis share the quality of a heightened focus, Abigail's focus was guided to peak moments in the sunnier periods of her childhood years
- As hypothesized, the healthiest core of Abigail's psyche seemed to anchor around Ruthi's devotion to "Abbey"



PATHWAYS INTERVENTIONS LEVEL THREE: HYPNOSIS AND HYPNOTHERAPY

- Abigail left the therapy session several times humming or softly singing songs from her summer vacations with Ruthi, and the two sisters re-connected with several cousins who had been playmates in childhood
- The age regressions triggered painful awareness of losses related to the mother's death, but also a growing awareness that her childhood had been a mixture of joys and tears



PATHWAYS INTERVENTIONS LEVEL THREE: HYPNOSIS AND HYPNOTHERAPY

- Abigail exhibit several abreactions of emotion and spontaneous upsurges of childhood memories during and after her HRV and hypnosis sessions
- The abreactions were alternately joyful and sad, but the intensity of the sad and traumatic episodes began to wear on Abigail
- Abigail learned to utilize self-hypnosis between session, returning to a safe place via imagery, and watching her painful memories through a tinted window



PATHWAYS INTERVENTIONS LEVEL THREE: HYPNOSIS AND HYPNOTHERAPY

- Both the dissociative suggestions and the relaxation served to de-sensitize her for the traumatic emotions accompanying the memories
- Gradually, her memories became more factual and less painful
- EMDR was discussed, but the hypnotic trancework seemed to desensitize her trauma adequately, and her mood improved perceptibly



ABIGAIL TODAY

- This particular case study is one still in process
- Three years have passed since Abigail's physician called and initiated the interventions
- Abigail now is employed in a half time book-keeping job, with less responsibility and less stress than her original job
- She sees her sister and several new friends regularly, and enjoys Mandy's soccer games and dance recitals



ABIGAIL TODAY

- Abigail's Beck Depression Inventory and Beck Anxiety scores have moderated dramatically since her initial evaluation
 - Baseline BDI – 42 (severe)
 - BDI at three years – 14 (mild)
 - Baseline BAI – 41 (severe)
 - BAI – 9 (mild)
- She reports sleeping 7-8 hour most nights, and jokes that her appetite is now a little too good



ABIGAIL TODAY

- Abigail now prefers her childhood nickname of Abbey
- She began to date, but the beginnings of closeness frightened her, and she retreated from these relationships
- She still occasionally awakens with a nightmare of her father's screaming episodes
- She has written to her father, thinking to resolve the trauma by a face-to-face meeting, but the letter came back unopened, stamped "Refused"



ABIGAIL TODAY

- Abigail continues to use mindful breathing, yoga, journaling, and friendships as her everyday coping strategies
- She has a breath “pacer” on her I-Phone™, and practices breathing at her resonance frequency several times a week
- She continues, at her own request, to utilize intermittent hypnosis and psychotherapy sessions to place frustrations into perspective, and refresh her relaxation and self-hypnosis skills