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Introduction

Treatment of Psychosocial Risk Factors in Depression

David J. A. Dozois and Keith S. Dobson

Clinical depression is the single most common mental disorder globally, with an annual prevalence that has been estimated to be between 7% and 20%, depending on the methodology used and the specific country or group that is under consideration (Li et al., 2021; Lim et al., 2018). In addition to the enormous emotional, social, and health-related toll of the condition, the global annual economic toll associated with anxiety and depression is approximately \$1 trillion USD (“Global Health Matters,” 2020). Clinical depression has sometimes been referred to as the “common cold” of mental disorders, a term that no doubt understates its potentially devastating nature but does speak to its ubiquity.

Given the global impact of clinical depression, it should not be surprising that the condition has garnered extensive attention over time. This includes descriptive studies of its experience, models of diagnosis and nomenclature, epidemiological investigations of its rates, studies of the moderating and mediating variables that intersect with the disorder, reports of commonly co-occurring or comorbid conditions, and reports of its often pernicious and persistent course (e.g., Herrman et al., 2022). There are theoretical accounts of depression from a variety of perspectives, most notably those that encompass biological, psychological, and/or social or cultural vantage points. Associated with these theories are myriad studies of precursors, correlates, and consequences of depression, which, in turn, often serve as a prelude to studies of prevention, treatment, and rehabilitation. As a quick example, a search of the keyword “depression”

(with no adjectives or modifiers) in the American Psychological Association's (APA's) PsycInfo database yields no fewer than 13,649 articles in the year 2021 alone.

Predicated on the extensive focus on depression seen in the literature, remarkable achievements have been made in recent years, both related to the risk factors for depression and the implications of these risk factors for treatment. Some years ago, we endeavored to capture this literature in an edited book titled *Risk Factors in Depression* (Dobson & Dozois, 2008). That work included information related to biological, psychological, and social risk factors in the field of depression. The current volume, in some respects, is the next logical book in that sequence. However, in the intervening time, the sheer volume of theory and research necessitated that we restrict the current work to psychological and social or cultural risk factors, but we have extended the discussion to include both what is known about risk factors and how these risk factors can be reimagined from the perspective of intervention. As the chapters in this book demonstrate, many of the psychosocial risk factors that have been identified are indeed modifiable risk factors, and, as such, are ideal targets for intervention. Furthermore, even more distal risk factors, such as early life adversity, confer vulnerability to depression in the form of ongoing stress responses, beliefs, and coping strategies that can then be considered from the vantage of intervention.

The current volume examines a broad range of evidence-based risk factors for clinical depression and, perhaps more important, considers those risk factors from the perspective of intervention. This is an innovative approach to the field, as few books attempt to connect interventions for depression directly to the putative risk factors. Further, the volumes that do make a direct connection between a risk factor and its associated intervention typically only address one or a limited number of such factors, and none of them do so in a comprehensive manner. As the reader will see, the focus here is on risk factors that are not historical and relatively static, such as early life experience (although we recognize that adverse life experiences can create other risk factors for later depression), but instead on those psychosocial risk factors that are potentially modifiable and that, thus, can become the focus of intervention.

In developing this book, we tried to provide enough guidance to the authors that the resulting chapters would have some degree of uniformity, even while we recognized that the amount of research and knowledge varied among the different risk factors that were the focus of each chapter. We invited authors to operationally define the primary and related constructs that they discussed, and to address the measurement of these constructs, as we are deeply aware that any idea or concept can only be discussed with as much precision as it can be measured or evaluated with. Given these directives, authors were then asked to review the risk literature in an extended fashion. Finally, the implications of the risk research were reimagined from the vantage point of intervention. Where existing models and methods of treatment exist for a given factor the literature is reviewed, but we note that in some cases the authors

have proposed treatment innovations that could be the object of future study. Finally, to keep the entire volume grounded in the actual work that clinicians do with clients with depression, authors were asked to provide a case example of how the interventions they reviewed or proposed could be brought into practice.

As the astute reader will appreciate, and is often repeated in this volume (e.g., Chapter 1, Chapter 17), although it is conceptually simpler to consider psychosocial risk factors in their own right, it is apparent that they interact in complex and dynamic fashions. Many of the risk factors in this volume can be conceptualized as both the precursor and consequence of others. As just one example, individuals who develop negative beliefs about themselves, perhaps due to early life bullying, are likely to scan their interpersonal environment for experiences that confirm these beliefs. Even more, they are likely to avoid social circumstances that would challenge their worldview, and, as a result of avoidant coping, engage in rumination about their interactions with others, and further enhance their negative beliefs and potentially pessimism about change. This “vicious spiral” of cause and effect in the psychosocial world of individuals with depression makes it extremely challenging to delineate risk and response.

Both of us have worked in the field of depression for many years. We have worked directly with our own clients who struggle with this problem and have consulted with distraught family members who wish to help as they can. As academics, we have conducted laboratory-based research to understand basic principles and processes related to depression, and we have participated in and led clinical research to advance the development of our treatment armamentarium. We are both deeply committed to the use of evidence-based strategies to further understand clinical phenomena such as depression and to provide clinical care to those members of society who struggle with these conditions (Dobson & Dozois, 2019). We have both trained other health professionals in the assessment and deployment of evidence-based interventions for clinical depression. As we hope is apparent, we are passionate about the need to understand people who struggle with mental health problems, to help to conceptualize human suffering, and to provide the very best possible assistance to our fellow humans who struggle with depression themselves, or in those they love. In the spirit of these varied commitments, we hope that this volume will be read and used by others with a similar set of compassions.

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