

Professor Keith Dobson's *Clinical Depression: An Individualized, Biopsychosocial Approach to Assessment and Treatment* is an excellent resource for clinicians at all levels of experience and training. Dobson, who has been at the forefront of research on depression for several decades and is a world leader in the field, has provided the reader with a balance of scholarly research and practical clinical guidance. This superb book will help the reader understand the complex nature of depression, the antecedence and vulnerabilities, the underlying risk for depression, and the debilitating consequences of depression. Rather than focus on one approach, Dobson reviews and gives examples of the major models of intervention that have empirical validation. Throughout the book, there are clear clinical examples of application, so the reader will come away with an expanded knowledge of the latest work in the field and a sophisticated practical resource for conducting therapy. Written in an accessible and humane voice, this is a book that I will recommend and I will personally refer to in my own work. Bravo!

—**ROBERT L. LEAHY, PhD**, DIRECTOR, AMERICAN INSTITUTE FOR COGNITIVE THERAPY,
NEW YORK, NY, UNITED STATES

This book brings a biopsychosocial model of depression to life in a way that is comprehensive and yet clinically accessible. From cognition to exercise, if substantial data exists in support of a method for addressing depression, it finds its place in this volume as part of a coherent, step-by-step, personalized approach that will be appealing to students and practitioners from a variety of evidence-based orientations. A clear step forward for the field from one of the masters.

—**STEVEN C. HAYES, PhD**, FOUNDATION PROFESSOR OF PSYCHOLOGY EMERITUS,
UNIVERSITY OF NEVADA, RENO, RENO, NV, UNITED STATES

Written by one of the foremost experts on depression, Dr. Keith Dobson surveys the contemporary literature on the nature and treatment of depression with a particular focus on cognitive behavioral therapy. This is an excellent and well-written book that should be part of every clinician's library. Individuals suffering from this debilitating and common condition will equally benefit. I highly recommend it.

—**STEFAN G. HOFMANN, PhD**, ALEXANDER VON HUMBOLDT PROFESSOR,
PHILIPPS-UNIVERSITY OF MARBURG, MARBURG, GERMANY

Dobson's long and broad immersion in research on depression and its treatment has resulted in an engaging guide for trainees and experienced clinicians alike. His accessible and personal writing style comprehensively describes the many presentations of clinically significant depression, multifaceted risk factors and models, and diverse psychotherapy treatments. He makes the case that today's therapists need to understand how each client's depression is different and illustrates how diverse empirically supported treatment models and interventions may contribute useful components.

—**CONSTANCE HAMMEN, PhD**, DISTINGUISHED RESEARCH PROFESSOR EMERITUS,
DEPARTMENT OF PSYCHOLOGY, UNIVERSITY OF CALIFORNIA, LOS ANGELES, LOS ANGELES, CA,
UNITED STATES

This is without question one of the best clinician handbooks ever written on depression and its treatment. If there was only one professional book my graduate student trainees could read on depression, this is the book I would highly recommend. My unbridled enthusiasm for this book is based on its many strengths.

—**DAVID A. CLARK, PhD**, PROFESSOR EMERITUS, CLINICAL PSYCHOLOGY,
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Introduction

Developing Multifaceted Models and Interventions for Depression

“**D**epression.” The word is so simple, and yet it has so many implications. The term is used to describe the mood of feeling sad, down, despondent, or helpless. It is also common to think about depressed behavior, as in being lethargic, slowed down, or withdrawn. Depression also has a cognitive component that includes negative ideas about the self, pessimism about the future, and potential hopelessness. Quickly it becomes clear that depression is not a simple or monolithic construct but rather has multiple levels and aspects.

Depression is considered a clinical syndrome. Clinical depression, or major depressive disorder (MDD) as it is termed in the American Psychiatric Association’s (2013, 2022) *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., *DSM-5*; 5th ed., text rev., *DSM-5-TR*), has nine potential symptoms, and a diagnosis of MDD requires at least five of these symptoms (including one of two key criteria) experienced for a period of at least 2 weeks. This definition is consistent with the one in the World Health Organization’s (2019) *International Statistical Classification of Diseases and Related Health Problems* (11th ed., *ICD-11*), which also uses the term “major depressive disorder.” In this book, the word “depression” is used as a shorthand term for MDD, even though a single term cannot do justice to its complexity and dynamic nature. Indeed, as this book suggests, it is extremely challenging to reflect the multifaceted nature of depression in either its clinical presentation or the broad array of potentially helpful interventions to address this condition.

Throughout this book, depression is never referred to as an illness. At least for me, the word “illness” is fraught with unhelpful and potentially erroneous

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by K. S. Dobson

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connotations. It is unhelpful because illness typically is considered to be a state that is a polar opposite to health or wellness. In contrast, depression is a dimensional condition, as individuals can vary in terms of the number and severity of the signs and symptoms they experience. Further, being ill is often considered an enduring condition, which is different from the way depression is envisioned here. It is more helpful to see depression as a typically time-bound condition, which can be attenuated and truncated with sufficient and timely care. Furthermore, the term “illness” is often seen as a stigmatized state. There is ample evidence that depression is also stigmatized (see Chapter 3), but adding the idea that depression is an illness can only compound said stigma. Finally, at least in the Western world, illnesses are typically viewed as biomedical in cause. As I argue strongly in this book, such a causal model for depression is not only unhelpful but, ultimately, wrong. Instead, I argue for a comprehensive, biopsychosocial perspective in the broadest sense possible. For example, biological factors include both genetics and epigenetics as well as current neurological functioning, diet, and sleep. Similarly, social factors do not simply include friends and relations but also include the broad influence of culture and cultural heritage as well as spirituality. As is detailed in Chapter 3, the biopsychosocial perspective has many implications for the conceptualization of risk and resiliency, the ways in which we should think of disorder, and manifold consequences for the provision of treatment.

This book has been written with clinicians as the primary audience. I have used the convention of referring to you, the reader, as if you are a clinician who works with clients who struggle with depression. At the same time, I expect that students in professional programs related to the field of mental health will learn much by reading this text and that individuals who deal with the experience of depression may learn novel ways to think about and manage the challenges.

In writing this volume, I adopted a structure that is, hopefully, optimal for the clinician. I start with discussion of some of the broad issues related to depression before delving into key considerations in assessment and the many potentially helpful ways to assist someone who struggles with clinical depression. As such, Part I discusses the variable presentation of depression, the well-established risk and resilience factors for the disorder, and the ways in which our models have evolved over time. Part II of the book addresses the intake and assessment process and the important issue of client engagement in treatment. The chapters in Part III present some of the major, evidence-based strategies to help clients who present with depression. In that section, I argue that there is no single, “best” treatment for depression. Rather, each case needs an idiographic assessment and case conceptualization that will guide the selection of optimal interventions. Unfortunately, even with experience and excellent knowledge about the range of possible interventions, it may be discovered that what “should” help does not, and so clinicians need broad knowledge about options and ways to shift from one strategy to another. Part IV addresses the process of ending therapy and other considerations in the treatment of

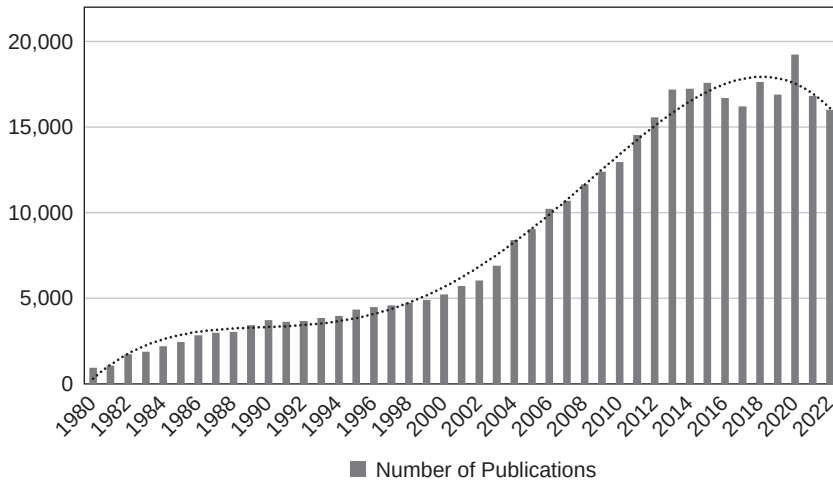
depression, and Part V presents future considerations needed in the development of evidence-based care for depression.

Each chapter in this book is structured to facilitate a flexible and idiographic approach to care, beginning with a brief review of the theoretical argument for that chapter and the literature related to the chapter's content. From an evidence-based foundation, the major intervention strategies that can be extrapolated are exposed and discussed. Finally, in an effort to make this discussion more real, two hypothetical cases are presented throughout the book to see how these strategies can be implemented in practice.¹ The cases follow two clients (Michael and Miranda) and their therapists (Dr. Mason and Dr. Morales) from pretreatment to the intake interview, key moments in later sessions, and finally the end of treatment. I recognize that two cases can include only a limited number of elements of the complex presentation of depression, and, as such, they are presented in the knowledge that they typify some common assessment, case conceptualization, and treatment issues that can emerge. As argued throughout the book, the presentation of depression is complex and can vary even within the same client over time, so interventions always need to be carefully titrated against the client's evolving and unique needs.

Metaphorically, this book has been decades in its genesis. I have worked in the field of clinical depression since approximately 1980, and, in that time, I have conducted laboratory-based studies of depression, led and co-led clinical trials for both the treatment and prevention of depression, treated many patients in my private practice and as a research trial clinician, trained and supervised many students and professionals, and conducted training workshops in many countries around the world. It has been my extreme privilege to work with some of the best-known and well-published people in the field. I continue to read the literature as much as possible, although the volume of work in this field is frankly overwhelming. Relative to when I began in the field, the amount that is now known about clinical depression is almost impossible to portray. As just one index, a literature search since 1980 using the keyword "depression" in the American Psychological Association PsycInfo database yields the number of annual publications shown in Figure 1. Although the number of annual publications seems to have reached a bit of a plateau in recent years, it would be a daunting task to try to keep up with the approximately 16,000 published works on depression each year!

Models hopefully evolve as the theories and data themselves grow. My own thinking about the optimal ways to conceptualize and treat depression has certainly changed over time. Thus, while this book reflects a foundational cognitive behavior therapy (CBT) framework and a corresponding model of psychopathology and psychotherapy, many ideas in this book are adapted or simply incorporated from other models. My touchstone has been the research evidence. If a strong conceptual model and an evidence base support a treatment

¹All cases presented in this book are fictitious and represent illustrations drawn from my experience but not any specific person.

FIGURE 1. Annual Number of Depression-Related Publications

Note. The data in this figure is from a search of the PsycInfo database. Results show the number of publications per year from 1980 to 2022 that use the keyword “depression.”

recommendation, that recommendation is included within this volume. For example, while many professionals in the field of CBT would not consider exercise as a key aspect of the treatment of depression, I argue the evidence is now compelling that regular and modest aerobic exercise is an evidence-based treatment for clinical depression, and so you will find a recommendation for this strategy in this book. As such, the book goes well beyond a standard CBT approach to the topic of clinical depression. I have pushed the literature somewhat and have tried to challenge some conventional ways that clinicians practice therapy. I note in this regard that some treatment recommendations in this book can be provided in diverse fashions, such as with apps or web-based programs, and by a range of clinicians from different professional backgrounds. Although I am a clinical psychologist, I certainly see an enhanced role for many health practitioners in the treatment of depression, optimally working in a collaborative model of care.

A word or two about nomenclature. Throughout this volume I have used the word “client” to refer to any person who receives care or treatment. I recognize that in some settings in which depression is treated the more common term is “patient,” so if you work in a medical or health care setting where the common parlance is “patient,” I hope you can do that translation. My choice of the term “client” reflects a broader and more inclusive, but hopefully still accurate, term. I have also purposely minimized the use of the adjective “depressed,” as in “a depressed client.” Depression is most often an episodic and time-limited phenomenon; while a person may experience aspects of depression or even the full syndrome for a time, labeling someone as “a depressed person” is potentially both stigmatizing and inaccurate. Instead, I have tried to use “a person with depression” or some equivalent to indicate this status may end and change

over time. Finally, I have avoided wherever possible gendered language, so instead of “his” or “her,” you will find “their” in most places. This terminology is consistent with current American Psychological Association publication guidelines and avoids gendered terms where they are not needed or helpful. I note, however, that if the gender of a person is known, as for example in the two extensive cases included throughout the book, or if the gender of an author is known, then specific gender labels are used.

As this brief introduction hopefully suggests, my range of experience is long and broad. I hope that as a reader and practitioner (or potentially someone who experiences depression or has a loved one in this situation), you will find much that is of interest and value in this work. As I noted previously, I have tried to be true to the evidence base, and I take responsibility for any of the expressed opinions. Depression is a significant global health problem that warrants every effort to understand it, to provide compassion to those who suffer, and to provide care and treatment to the maximal extent possible.