

Dialogical and Narrative Processes in Couple Therapy for Depression

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Dialogical and Narrative Processes in Couple Therapy for Depression

Design:

- Randomized multicentre study: Couple Therapy group N= 28; Treatment as usual Control group N=21
- Naturalistic: To follow what happens in the real world by trained family therapist– no therapy manuals; no defined number of sessions or length of therapy
- Therapy processes in relation to the treatment outcome

AIMS:

1. To develop couple therapy for depression
2. To see the effectiveness of couple therapy in comparison to individual treatment as usual

DIALOGISET JA NARRATIIVISET PROSESSIT MASENNUKSEN PERHETERAPIASSA

Research sites:

- Kuopio – Northern Savo Health District and Kuopio University Hospital
- Tornio – Western Lapland Health District
- Espoo – Jorvi Hospital outpatient clinics

Time:

- 2006 – 2010

Dialogical and Narrative Processes

- Qualitative analysis of the treatment processes will be conducted by (a) analysing the video or audio recordings of the dialogues; (b) by conducting a Session Rating Scale (SRS) after each therapy session and Outcome Ratings Scale (ORS) before each session. Both the clients and the therapists will assess the Session Rating Scale. The entire treatment processes will be analyzed in a (c) specific co-research interview after 3 months after the termination of the treatment
- Dialogical Investigations in Happenings of Change and other narrative analyses

Effectiveness of couple therapy

- Statistical analysis include (a) assessment of depression by Hamilton Depression Rating Scale inventory and BDI and SCL self report ratings scales; (b) analysis of couple satisfaction by Dyadic Adjustment Scale (DAS) self report rating scale; and (c) analysis of psychological status of the patient by GAF rating. In addition to these, (e) domestic violence, use of alcohol (AUDIT) and other psychosocial factors will be analyzed in interview.
- At the outset, and after 6, 12 ,18 and 24 months from the beginning of the treatment.

Participants

N= 134

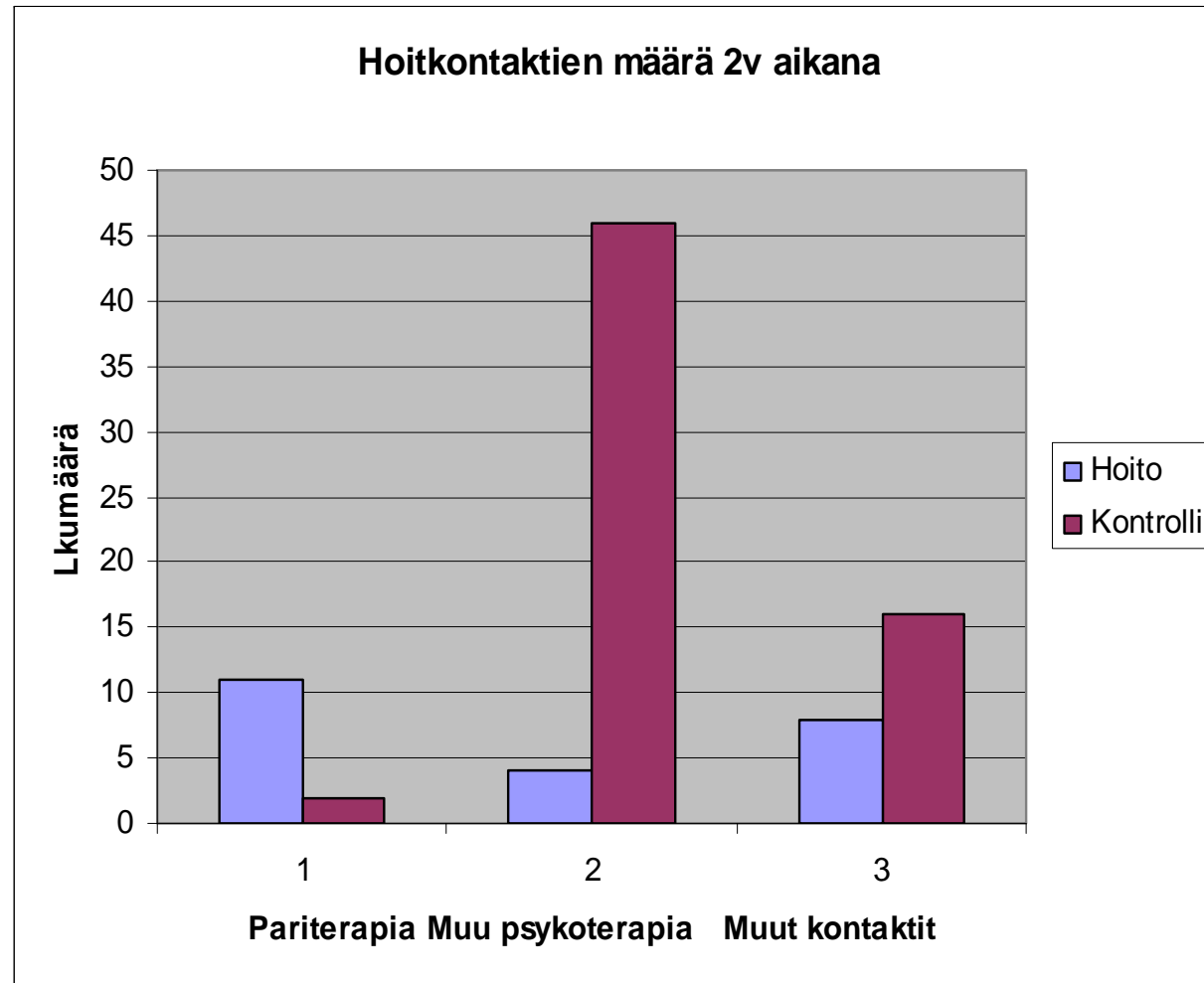
Participated 68 (52 %) Refused 66 (48 %)

- Female 45.5 % 76.1 %.
- Mean age 42.98, *kh*=10.56 37.53, *kh*=11.30
- Preschool age 0.39, *kh*=0.86 0.74, *kh*=1.04
- Studying 1.6 %, 11.5%.
- On disability : 45.3 %, 21.3 % (54.5 %)
-

Attrition at follow up

- $n= 18$ (27.3 %).
- 55.6 % ($n= 11$) CT group
- 44.4 % ($n= 7$) control group
- More preschool age children (0.83) v.s. (0.23).

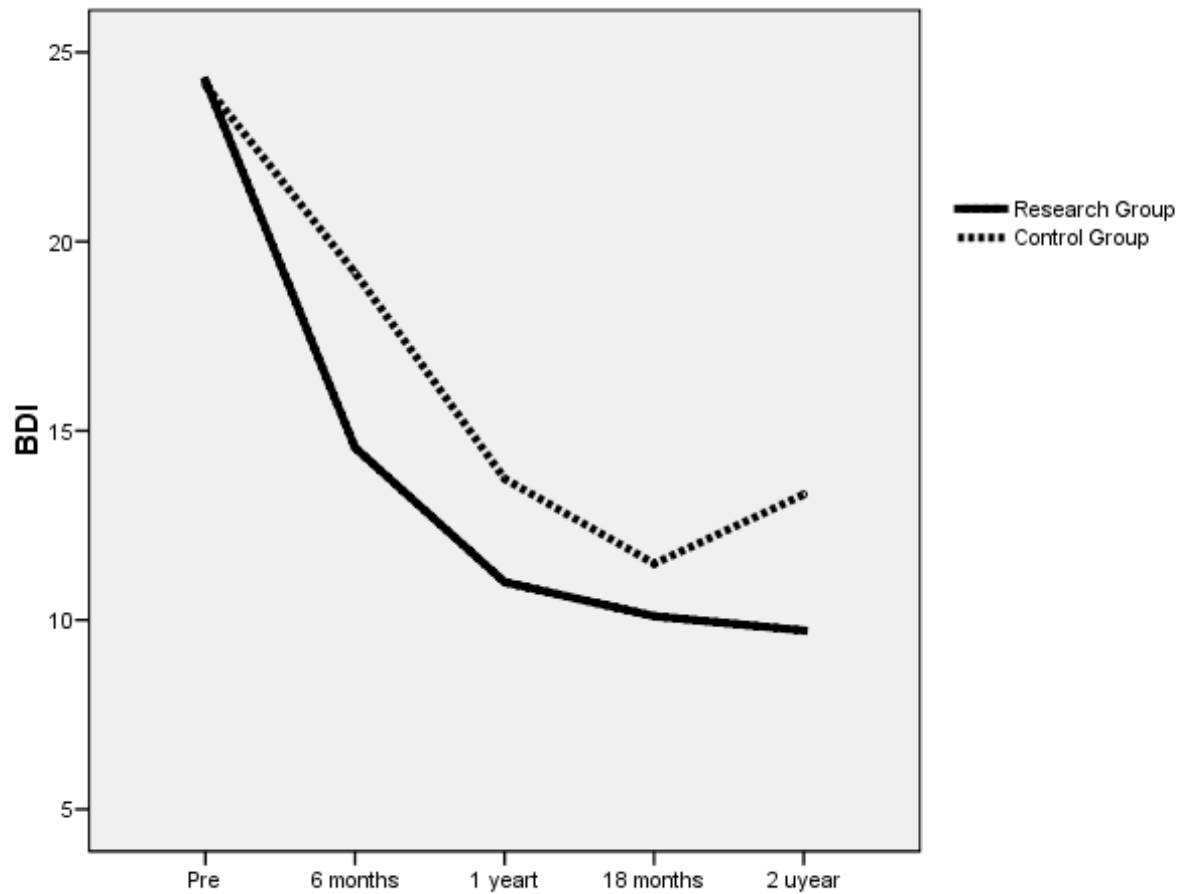
Therapy sessions



Number of therapy session and other treatment events in Research and Control Groups during the two years follow-up period.

	Research Group		Control Group		F	p
	Mean	SD	M	SD		
Number of family sessions	11	7,4	2	3,5	9,68	.003
Number other psychotherapy sessions	4	10,3	46	46,4	17,14	.000
Number of other treatment events	9	8,0	16	18,8	6,10	.017
Total	24		64			

BDI mean value for research and control groups.



Core of outcomes

- CT significantly less therapy efforts
- CT significantly better outcome in depression and general mental health:
 - - 79 % vs 71 % significantly improved
- The main difference occurred during 6 months and stayed
- Better significant improvement compared to single method efficacy studies

INVITING THE SPOUSE OF THE DEPRESSED PERSON TO PARTICIPATE IN THE THERAPY

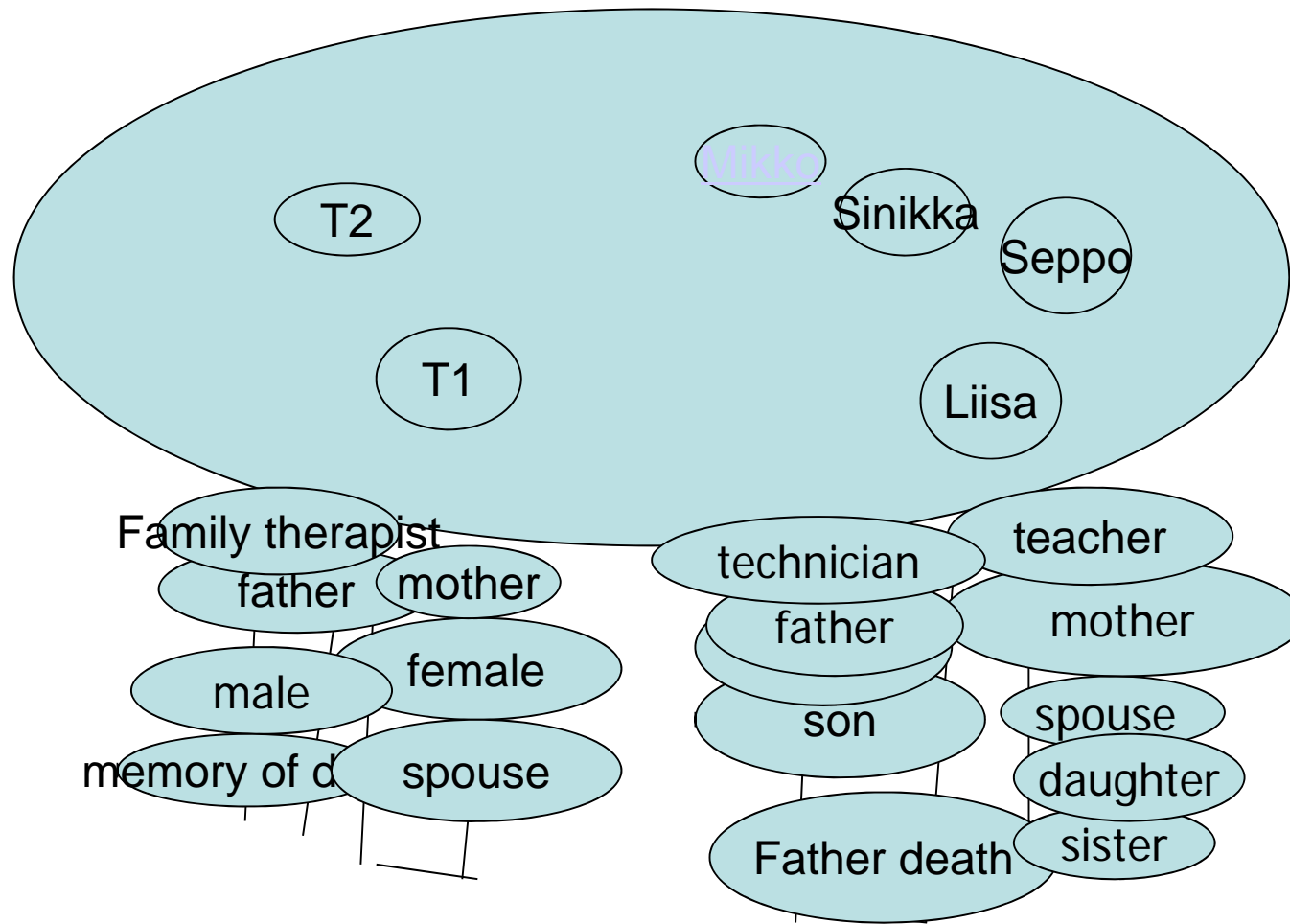
- For whom? Both with relational problems and for couples who are satisfied with their relationship
- How to invite? Explain the idea thoroughly, talk about it many times, listen to obstacles for coming together
- Negotiating the goals: Who is the client?
- When the spouse takes part in the therapy, recovery from depression happens faster

SPECIAL THEMES CONCERNING DEPRESSION

- Problems with alcohol are more openly talked about
- Relational problems need to be a focus of therapy, if they exist
- Both spouses might be depressed, important to pay attention to this
- Sexuality and intimacy
- Violence

DIALOGICAL PRACTICE

- Dialogical practice and crisis centered thinking fit well with work with depression
- Therapists should be sensitive to spouses' needs and themes that are important for them and also to clients' emotional experiencing
- Therapeutic change doesn't necessarily require clients' verbal skillfulness, therapists need to adjust their language area to the clients' one
- Evaluating one's own work and feedback from the clients are important: Both session by session (ORS and SRS) and by collaborative evaluation interviews (co-research interviews)



- "Vertical polyphony" = inner voices

SIMPLE GUIDES FOR THE DIALOGUE IN PRESENT MOMENT

- Prefer themes of the actual conversation instead of narratives of past - be realistic
- Follow clients stories and be careful with your own openings – repeat the said (and imitate movements)
- Guarantee response to spoken utterances. Responses are embodied, comprehensive
- Note different voices, both inner and horizontal
- Listen to your own embodied responses
- Take time for reflective talks with your colleagues
- Dialogical utterances, speak in first person
- Proceed peacefully, silences are good for dialogue

DIALOGUES WITH COUPLES

- Space and time for both spouses
- Possibilities for reflective positions for both spouses
- Helping the spouses to listen to one another
- Talking about love
- Practising dialogues
- Couple groups

- Questions, comments, ideas, feedback?
- Contact us, in the congress or by email:
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THANK YOU!