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# Depressive Disorders Psychotherapy Treatment for Inpatients

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**Introduction:** As a psychiatric inpatient clinician, you are generally focused on doing a comprehensive assessment, coming up with the DSM-5 diagnoses, prescribing medications and coordinating care with other disciplines. Psychotherapy may fall by the wayside given the volume of patients and the pace of the work. However, don't forget that psychotherapy is an effective depression treatment, and if you can combine some therapy with medications, your patients are likely to improve more and to be grateful for your efforts. In this fact sheet, we provide a quick overview of effective therapeutic tools that you can deploy during your work with depressed patients.

## **Cognitive-Behavioral Therapy (CBT)**

CBT focuses on identifying and changing negative thought patterns and behaviors that contribute to depression. Common CBT techniques used in inpatient settings include:

- **Cognitive Restructuring:** Identifying distorted negative automatic thoughts, evaluating their accuracy, and replacing them with more realistic positive thoughts.
- **Behavioral Activation:** Scheduling activities and tasks that provide a sense of pleasure and accomplishment, even when motivation is low. Hospital staff can assist with activity planning.
- **Relaxation Training:** Learning breathing, imagery, and meditation techniques to reduce stress, anxiety, and depressive feelings. These can be practiced independently or with staff guidance.

## **Interpersonal Therapy (IPT)**

IPT aims to improve interpersonal relationships and social skills. IPT topics commonly addressed during inpatient treatment include:

- **Grief:** Processing feelings of loss (relationships, jobs, health). Staff help patients experience grief openly.
- **Role Disputes:** Resolving conflicts in relationships with family members, friends, or colleagues. Staff coach effective communication.
- **Role Transitions:** Adjusting to major life changes. Staff validate feelings and provide practical support.
- **Interpersonal Deficits:** Improving assertiveness and relationship-building skills. Staff give feedback during group interactions.

## **Mindfulness-Based Cognitive Therapy**

This integrates mindfulness meditation practices with cognitive therapy principles. Patients learn to pay purposeful, nonjudgmental attention to the present moment to reduce rumination on negative thoughts. Common techniques include:

- **Mindfulness Meditation:** Focusing on breathing and observing thoughts/feelings without judgment. Done independently or with guidance.
- **Yoga:** gentle stretches and poses while paying mindful attention to the body. Provides mild exercise and relaxation.
- **Body Scan Meditations:** Mentally scanning the body to notice areas of tension and release. Helps connect the mind and body.

## **Positive Psychology Interventions**

Positive psychology aims to build positive emotions, character strengths, and a sense of meaning. Examples include:

- Gratitude Journaling: Writing 2-3 things one is thankful for each day. Helps reframe thinking.
- Using Signature Strengths: Identifying top character strengths through assessment and intentionally applying them. Builds self-confidence.
- Acts of Kindness: Doing small acts of kindness for others on the unit. Boosts mood through contribution.
- Savoring: Mindfully enjoying pleasant experiences, like savoring favorite foods. Can be scheduled into each day.
- Hope Therapy: Envisioning and taking steps toward a positive future. Staff help patients articulate life goals.

## **Dialectical Behavior Therapy (DBT)**

DBT provides coping skills to manage difficult emotions and self-destructive urges. Patients attend DBT groups and/or individual coaching on skills like:

- Distress Tolerance: Crisis survival tactics to resist urges to self-harm when extremely upset.
- Emotion Regulation: Strategies to understand emotions and reduce emotional reactivity.
- Interpersonal Effectiveness: Assertiveness and relationship-building skills.
- Mindfulness: Staying present in the moment nonjudgmentally.

Helping patients build an inpatient psychiatrist treatment "toolbox" of research-backed approaches like CBT, IPT, mindfulness, and DBT provides a solid foundation for managing depressive symptoms initially and maintaining mental health after discharge. The supportive inpatient environment allows patients to practice new skills with staff feedback, enabling effective learning of therapeutic techniques to support the transition to outpatient treatment.