

LifeStories

Real Stories of Coping with Depression

Lisa A. Uebelacker, Brandon Gaudiano, Carter H. Davis, and Ivan W. Miller

Narrative intervention to disseminate ACT for depression in primary care

- * MPIs: Lisa Uebelacker and Brandon Gaudiano
- * R34 MH103568
- * Collaborators:
 - * Jake Kahn at Talk to Me Studios
 - * Alec Asten and Magda Grover at Firesite Films
 - * Carter Davis and Ivan Miller
 - * Diane, Ruth, Michael, Melissa, Justin, Tamara, Richard, Mary, Carolyn, David, Jeannette, and Jasmine



BUTLER HOSPITAL
a Care New England Hospital



Disclosure

- * Research funded by grant from NIMH

Lisa Uebelacker

- * Spouse is employed by Abbvie Pharmaceuticals

Brandon Gaudiano

- * Royalties from Oxford University Press and Routledge

Carter Davis and Ivan Miller

- * No potential conflicts of interest to disclose.

Harnessing the power of reality TV for good rather than evil

- * Treatment development study
- * Elicited stories of ACT-consistent ways of coping with depression from primary care patients with lived experience
- * Created a series of 4 video “episodes” and accompanying workbook
- * Target group: depressed primary care patients not in specialty mental health treatment
- * Goal: wider dissemination of ACT-consistent ways of coping with depression

Lifestories Segments

1a: Noticing that your thoughts and feelings are constantly changing

1b: Finding new ways of coping with your depression

2a: Defining your important life values

2b: Committing to your values by taking steps to be consistent with them

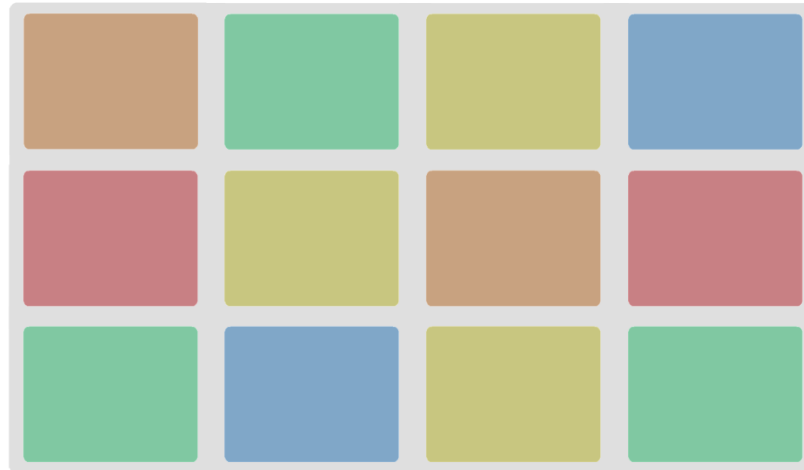
3a: Accepting your emotions and thoughts, even the painful ones

3b: Building self-compassion and learning to be kinder to yourself

4a: Staying present and being mindful of your experiences

4b: When and how to look for more help

Life Stories



**Supplemental Workbook
for Video Series**

Pilot Open Trial - Participants

- * Adults with elevated depression symptoms
- * Under the care of a PCP
- * Not engaged in specialty mental health treatment
- * N=11, 8 women and 3 men
- * 2 Hispanic/Latino, 9 white
- * Mean age = 50
- * 10 met criteria for current MDE
- * 5 taking antidepressant medication

Pilot Open Trial -- Methods

- * 8 weeks
- * Quasi-experimental AB design
- * 4 week baseline/ 4 week intervention
- * Assessed feasibility and acceptability
 - * Retention and adherence
 - * Credibility and expectancy
 - * Ratings of individual videos
 - * Post-treatment satisfaction
- * Assessed outcomes
 - * Primary: depression, as assessed by QIDS
 - * PHQ-9, anxiety, functioning

Results – Feasibility and Acceptability

- * 11 completed baseline assessments; 10 completed all assessments
- * 10/11 viewed all 4 video episodes
- * Credibility and expectancy similar to that of other novel psychosocial interventions for mood disorders
- * Videos episodes rated as very acceptable
 - * Mean = 4.57 on 1-5 scale
- * Mean post-treatment satisfaction was high

Results – Key Messages

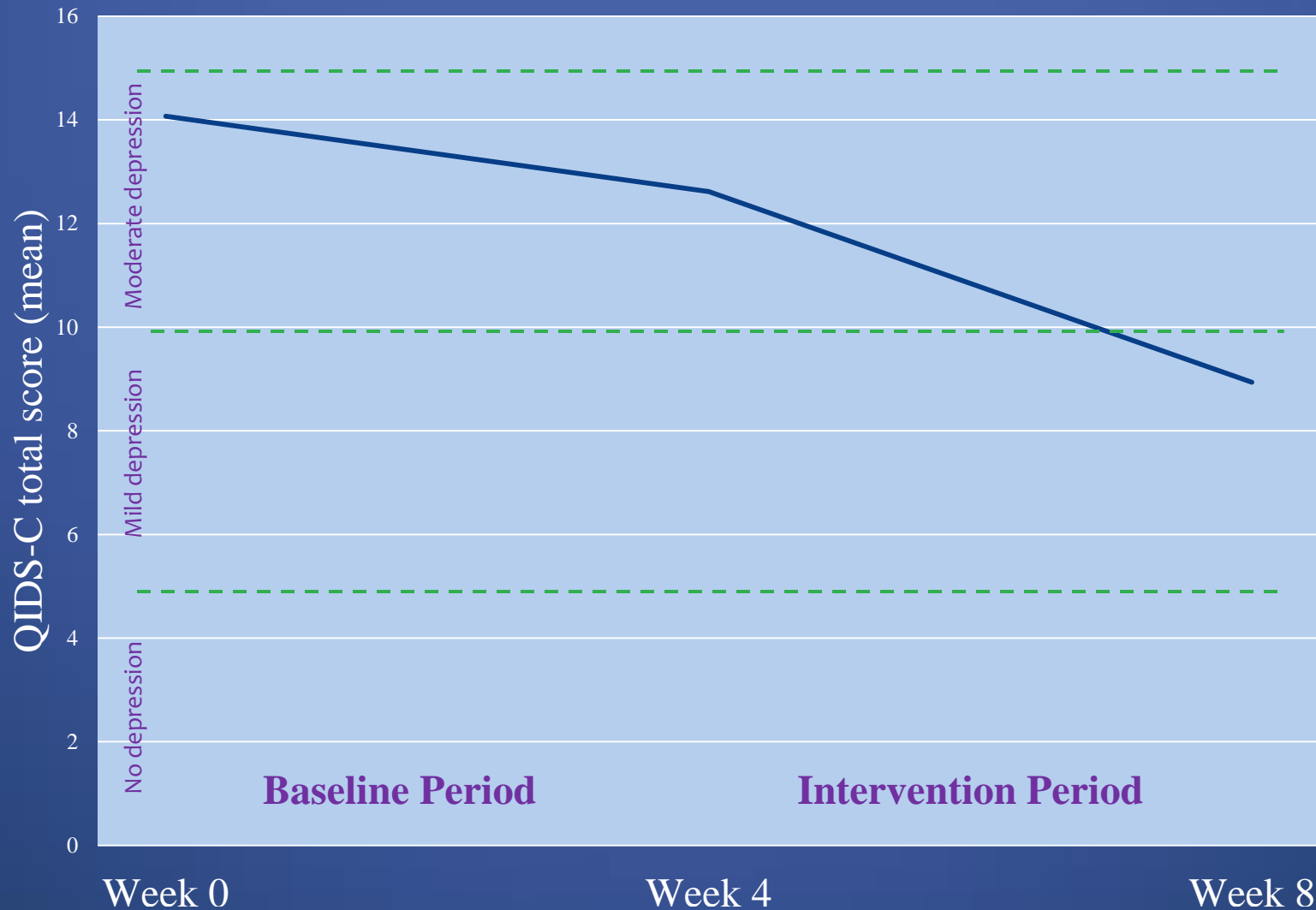
Participants understood key messages in videos

- * *“If you pay attention to your values and live true to them, mindfully, then you feel much better about yourself over time.”*
- * *“The message is you’re okay, you just have to stop letting all the emotions and the negatives make you feel like you’re not okay because you have them.”*

Results – Reactions to Videos

- * Storytellers were authentic
 - * *“The people are very real. Feel like you’re in the room with them...I can imagine getting to know them.”*
- * Different participants related well to different stories.
- * Only key message with some negative comments: focus on mindfulness.
 - * Most liked the focus on mindfulness
 - * Three commented on how difficult it can be to practice

Change in Depression over Time



Other outcomes

- * Reliable change on QIDS during intervention
 - * 4 showed no change
 - * 0 showed clinical deterioration
 - * 7 showed reliable improvement
- * Significant reduction in PHQ-9 scores
- * No changes in anxiety or psychosocial functioning scores
- * Change in depression scores associated with increased behavioral activation (BADs)

Next steps

WellTV

A VIDEO PROJECT: *Testing ways video can improve wellness in depression.*

- * Pilot RCT
 - * Lifestories vs. WholeDay
- * N=40
- * Data collection just complete
- * Feasibility and acceptability look good
 - * Able to recruit one person per week
 - * High rate of assessment completion

How might these types of video-based interventions be helpful?

- * Wider dissemination of ACT-consistent ways of coping with depression
 - * More attractive than other types of self-help
 - * More accessible way to learn ACT
- * Allows people to learn from others with lived experience
- * May serve to prompt people to start psychotherapy
- * May extend impact for people already engaged in ACT