RE-SHIFT project

Dr. Davide Papola

TAXONOMY OF COMPONENTS v2.6

16/10/2024

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Component family | Component - Process level | | Technique/exercise level | |
| Name of the component | Description | Techniques employed | description |
| Psychoeducation | Psychoeducation refers to the process of providing individuals and their families with information and understanding about mental health conditions, including their symptoms, treatment options, and management strategies. Psychoeducation focuses on explaining symptoms, their treatability, and the connection between symptoms and life stressors. Psychoeducation can occur in various settings, such as therapy sessions, support groups, or educational programs. | | | |
| Cognitive techniques | Insight building | The ability to describe and differentiate between thoughts and feelings, identify common patterns of faulty thinking (all-or-nothing thinking, overgeneralization, catastrophizing) and re-evaluate thoughts, emotions, behaviors and beliefs to make thoughtful conclusions based on their link and associations with symptoms. | Linking thoughts, feelings, and/or behaviors | Any technique used to identify, differentiate, and reflect on thoughts or behaviors related to a particular emotion or life event, and their connections and associations. |
| Self-monitoring | It involves tracking one's own behaviors, thoughts, and feelings over time. By keeping records, individuals can gain insight into the triggers and consequences of certain behaviors, which can inform strategies for change. This includes **during-intervention assessments with symptom scales** and **reviewing homework** with the therapist. Therapists specifically inquire about how the new behavior affected mood and confidence to reinforce insight building. |
| Socratic questioning | A method of questioning that encourages deep thinking and reflection. Therapists use this technique to help clients explore their beliefs and assumptions, leading to new insights. |
| Imagery techniques | Using mental images to explore thoughts and feelings. Techniques such as guided imagery can help individuals visualize and process emotional experiences, leading to new insights. |
| Cognitive restructuring | Cognitive restructuring aims to modify the interpretation of events through examination of the patient's reported thoughts, typically through the generation and rehearsal of more realistic, alternative counter­statements. This may include the study of antecedents and consequences impacting a patient's thoughts, emotions or behaviours, but also recognizing or describing emotions, and what might lie beneath feelings. Includes re­attribution, framing and re­framing, logical questioning, practicing realistic thinking etc. | Decatastrophizing | Challenging catastrophic thoughts by exploring the actual likelihood and impact of feared events. Individuals are guided to consider more realistic outcomes and develop coping strategies for worst-case scenarios. |
| Reappraisal/Reattribution | Generating multiple explanations for a given event or situation to change the way a situation or event is interpreted to view it in a more positive or realistic light. By looking for positive aspects or considering a situation from different perspectives, individuals can alter their emotional response. |
| Acceptance | Acceptance involves acknowledging and embracing the full range of your thoughts and emotions rather than trying to avoid, deny, or alter them. | Cognitive defusion | A skill or technique that is primarily used to detach, separate, or get some distance or “unhook” from our thoughts and emotions.  The purpose of cognitive defusion is to enable the person to be aware of the actual process of his/her thinking so he/she is better able to reflect objectively and problem solve effectively before taking any action. Viewing thoughts for what they are (i.e., passing words, pictures, sensations), facilitates letting them go and being able to be present and focus on your broader experience. |
| Self-compassion | Practices that promote being kind and understanding towards oneself. Exercises such as self-compassion meditations or writing self-compassionate letters help individuals accept their flaws and mistakes. |
| Creating Space for Thoughts and Emotions | Allowing thoughts and emotions to exist without trying to suppress or change them. Techniques such as the "expansion" or the “making room” exercise are used, where individuals imagine creating space within themselves to hold their feelings. |
| Letting go | Releasing the need to control thoughts and feelings by means of visualization exercises that involve letting go of thoughts like leaves falling from a tree can promote acceptance. |
| Mindfulness | Exercises designed to facilitate present­focused observation of experiences as they occur, with a strong emphasis on being “in the moment.” This can involve the patient's conscious observation of feelings, thoughts, or situations. | Grounding | Techniques that help individuals anchor themselves in the present moment. These practices involve focusing attention on the physical world or immediate sensory experiences to manage intense emotions and interrupt negative thought patterns. |
| Emotional awareness | Becoming aware of and accepting emotions as they are. Techniques like emotion-focused mindfulness help individuals fully experience their emotions without resistance and tolerating distressing situations |
| Stress &  Emotion  management | Relaxation | Techniques or exercises designed to induce physiological calming | muscle relaxation |  |
| breathing exercises |  |
| meditation |  |
| Emotion regulation | Focuses on people’s attempts to influence emotions, defined as time-limited, situationally bound, and valenced (positive or negative) states. Specific skills are used to manage and tolerate emotions, and to adjust reactions. E.g., stepping away from a heated discussion, counting to ten, etc. | Attentional deployment | Involves directing one's focus to influence emotional responses. By choosing what to pay attention to and what to ignore, emotions may be manager more effectively. Examples are diverting attention away from negative stimuli (**distraction**) or by recurrently directing attention toward causes and consequences of emotion (**rumination**), or by focusing intensely on a specific aspect of the situation, often something positive or less distressing (**concentration**). |
| Response modulation | Involves influencing one's emotional responses directly after the emotion has been generated. Response modulation focuses on managing the physiological, experiential, and behavioral aspects of an emotional response to alter its intensity or duration. For e.g., preventing outward expression of internal emotional state (expressive suppression), directly altering emotion-relevant physiology using actions or substances (physiological intervention), or writing about one's emotions to process and reduce their intensity (expressive writing) |
| Problem management | Training patients to use techniques, discussions, or activities designed to bring about solutions to targeted problems, usually with the intention of imparting a skill for how to approach and solve future problems in a similar manner. Includes components such as listing problems, select and define a problem, brainstorming, weighing pros and cons, decision analysis, choosing a solution, design an action plan, and/or evaluating the results. | | Listing problems | List problems as solvable (can be influenced or changed) or unsolvable (cannot be influenced or changed). |
| Choose a problem | Choose an easier (solvable) problem to start with. |
| Problem definition | Choose the elements of the problem that are practical in nature and can be controlled or influenced to some extent. Keep the explanation of the problem as specific and as brief as possible. Try not to include more than one problem. If a problem has many parts, break it down and deal with each part separately. |
| Brainstorm | • First, encourage the client to think of as many possible solutions to the  problem as they can. Do not worry if the solutions are good or bad at this  stage.  • Think of what the client can do by themselves and also think of people who  can help them manage parts of the problem.  • Consider existing personal strengths, resources or support.  • Try to encourage the client to come up with ideas rather than directly giving  them solutions (remember the strategy of asking what they would say to a  friend first, if you are tempted to give advice!). |
| Decide and choose helpful strategies | • From the list of potential solutions, choose those that are most helpful to  influencing the problem.  • Helpful strategies have very few disadvantages for the client and others.  • Helpful strategies can be carried out (e.g. the person has the financial means,  other resources or ability to carry out the solution).  • You can choose more than one solution here. |
| Action plan | • Develop a detailed plan for how and when the client will carry out the solution(s).  • Help them pick the day and time when they will do this.  • Help them choose which solutions they will try first if there are more than one.  • Discuss what resources (e.g. money, transport, another person and so on) they might need to carry out the solution.  • Suggest aids to remind the client to carry out the plan (notes, calendar, schedule activities to coincide with meals or other routine events). |
| Behavioural activation | Behavioural activation targets the cycle of inactivity that clients get stuck in when they are doing fewer activities because of depression or anxiety. Behavioural activation encourages a person to develop or get back into activities which are meaningful to them. BA involves scheduling activities outside of therapy, monitoring behaviors and looking at specific situations where changing these behaviors and activities may be helpful. | | Identifying Goals | Helping individuals identify main areas in which depressed people often reduce their activity as well as personal values and set meaningful goals that align with these values to increase motivation and purpose |
| Activity Scheduling | Planning and structuring activities in advance to ensure regular engagement in positive and rewarding behaviors. Encouraging participation in enjoyable or meaningful activities to boost mood and provide positive reinforcement |
| Graded Task Assignment | Breaking down tasks into smaller, more manageable steps to gradually increase activity levels and prevent feelings of being overwhelmed. |
| Addressing Avoidance Behaviors | Identifying and reducing behaviors that contribute to avoidance and inactivity, which are common in depression |
| Interpersonal relationship and support | Strengthening social support | Identifying or arranging instrumental or emotional social support (e.g. from friends, relatives, colleagues, 'buddies' or staff) to facilitate a task, behaviour and/or relationship. This may include building the individual or collaborative skills of the client and/or the support persons.  This could be done directly by involving a significant other in the sessions, encouraging the patient to establish contact with old friends, spending more time with family members or indirectly, for example by helping family members understand what depression is and ways to treat it. | Involving the significant other | It involves involving family members in therapy sessions to help them understand what depression is and how to treat it. |
| Establishing/maintaining regular communication with family and friends |  |
| Receiving feedback from the group | By sharing their thoughts (self-disclosure), the group members provide positive ideas which strengthen positive feelings and adaptive thoughts. This generates a supportive emotional bond (cohesion) within the group. In the group, each member represents a model in particular area of functioning. By others observing the “model” (modeling), the group members learn to gain control of their feelings, to cope with difficulties and to solve current and possible future problems. Members learn not only to understand themselves and their own issues but also become "therapeutic helpers" for other members. |
| Income generating skills | To help participants acquire basic livelihood skills that will enable them to identify income generating activities that will improve their livelihoods thus enabling them to take control of their lives. |
| Interpersonal Focus | The therapeutic process and goals target one or more of the patient's interpersonal including discussing and resolving interpersonal conflicts. Problematic areas under investigation are usually: grief, role dispute (struggle, disagreements with others), role transition (life changes), and interpersonal deficits (loneliness/isolation). | Clarification | Helping clients understand and articulate their feelings and thoughts about interpersonal issues |
| Communication Analysis | Examining and improving the ways clients communicate with others. |
| Role Playing | Practicing new interpersonal skills in a safe therapeutic setting. |
| Interpersonal inventory | This tool by which the therapist carefully reviews the important people in the patient’s life and the quality of those relationships.  The therapist seeks to understand the sources of social support, nature of confiding relationships, romantic attachments, interpersonal communication style, and relationship difficulties that may be a cause or consequence of the depressive episode.  The therapist uses information from the interpersonal inventory to select the interpersonal problem area among the following: grief; role dispute; role transition; interpersonal deficits (loneliness and social isolation). |
| Giving sick role |  |
| Assertiveness training | Assertiveness training is a therapeutic approach designed to help individuals develop the skills necessary to communicate their needs, desires, and feelings effectively and respectfully. It aims to empower individuals to stand up for their rights while respecting the rights of others, thereby improving their interpersonal relationships and overall self-esteem. | Assertive communication | Assertive communication is the ability to directly state feelings and needs in a respectful manner. Assertive communication is directed by the three Cs of effective communication:  Be clear: you communicate in a straightforward way that directly states your thoughts and feelings without dressing up your language.  Be consistent: what you say today reflects what you said yesterday, rather than changing daily without explanation.  Be courteous: you respect your listener and communicate in a manner that doesn’t pass judgment on them or presume ill-intent. |
| Acting on personal values | The counselor helps the client identify and clarify his or her core values and encourages the client to take concrete steps to live a values-based life and to face adversities with an assertive attitude. It involves setting goals and taking actions aligned with one's values. |