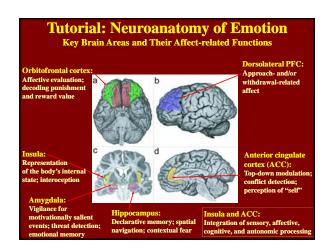
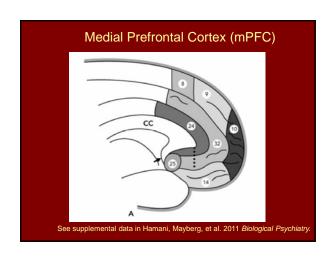
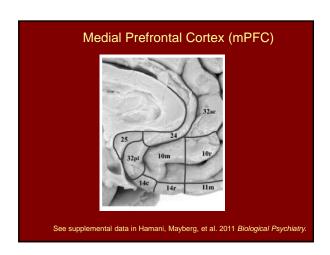


Depression: Neural circuitry & psychotherapeutic learning

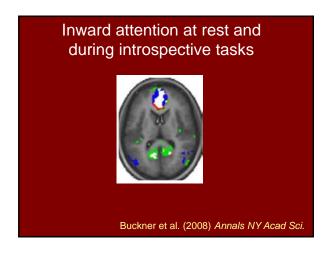
- Neural circuitry supporting emotional cognition
- Stress-related neuroplasticity
- Treatment-related neuroplasticity

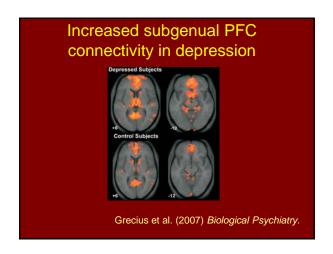


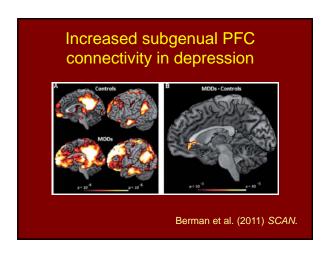


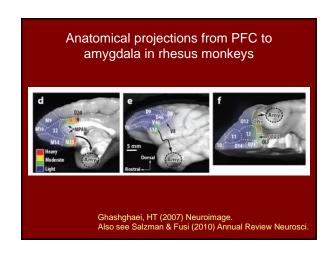


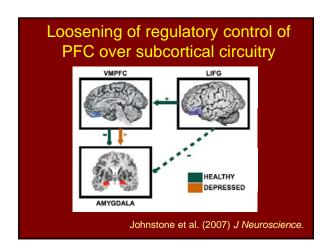
Emotional Cognition in Depression Inward-focused attention Rumination Difficulty with cognitive reappraisal & emotion regulation Negative cognitive bias Interpretation bias Memory bias





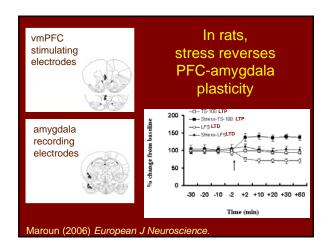


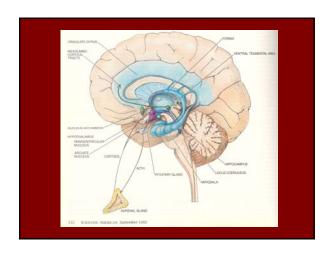


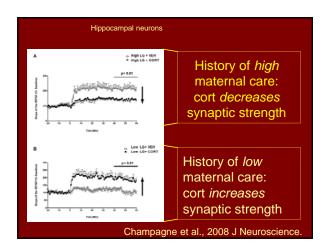


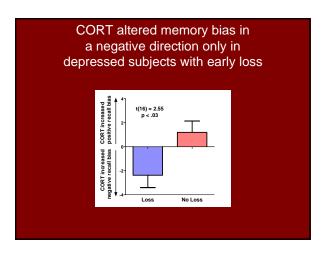
Neural alterations associated emotional cognition in depression • Inward-focused attention (increased subgenual

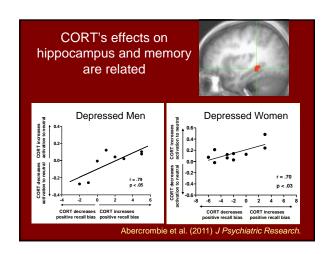
- PFC connectivity?)
- Difficulty with emotion regulation (decreased frontal inhibition of amygdala?)
- Negative biases in learning & memory (amgydalar influence over hippocampal memory processes?)











Stress-related neuroplasticity • Stress alters PFC-amygdala plasticity • Individual differences in the effects of stress & stress hormones – on learning – on hippocampal activation and/or plasticity

Therapeutic Learning

- Learning

 - Acquiring new information and/or skillsAltering/adapting behavior to meet environmental demands or contingencies
- Neuroplasticity
 - Experience-dependent changes in brain structure or function
- · Promotion of learning and neuroplasticity
- Medications may enhance neuroplastic mechanisms; changes in neural circuitry need to be sculpted through learning

Practice & Repetition

- · Behavior-induced structural brain changes occur
- Building new neural circuits requires REPETITION of the new behavior
- · "Behavior" refers to thought as well as action
- How does this apply to CBT?

Depressogenic cognitions: The mental gutter





Cognitive Behavioral Therapy: Practice & Repetition

- 1. Notice automatic thoughts and habits
- 2. Self-validation
- 3. Apply new skill



Changing behavioral and mental habits requires PRACTICE

 Insight re: the automatic thought or habit is not particularly useful unless the new skill is practiced repeatedly



Pharmacological enhancement of therapeutic learning

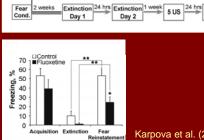
"The joint use of pharmacological and psychotherapeutic interventions might be especially successful because of a potentially interactive and synergistic—not only additive effect of the two interventions.

Psychopharmacological treatment may help consolidate the biological changes caused by psychotherapy."

Eric R. Kandel, M.D., 1998

In the absence of extinction training, fluoxetine (Prozac) did not alter the amount of fear behavior (freezing) in mice. Rather, fluoxetine added durability to extinction learning.

Water or Fluoxetine treatment

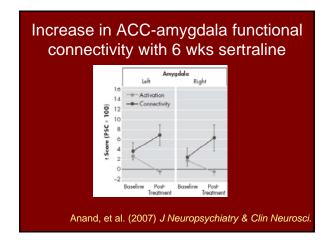


Karpova et al. (2011) Science.

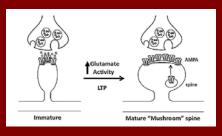
Progress in our understanding of pharmacological enhancement of therapeutic learning

"The pharmacological effects of antidepressants need to be combined with psychological rehabilitation to reorganize networks rendered more plastic by the drug treatment."

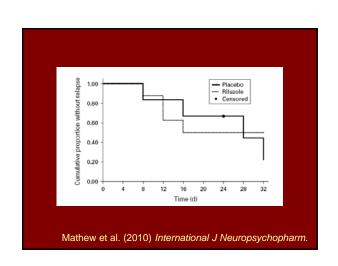
Karpova et al. (2011) Science.



Ketamine increases synaptic and structural plasticity



Duman et al. (2012) Neuropharmacology.



Therapeutic Learning & Neuroplasticity

- Insight not enough; must practice new thoughts & behaviors
- Medication may promote neuroplasticity in crucial neural circuit, but functional adaptation may require practicing new thoughts/behaviors
- Pharmacological augmentation of therapeutic learning in depression: On the horizon!

