



Short Term Therapy for depressive outpatients – the PKP-Approach

Evaluation of treatment success and predicting factors of therapeutical changes in outpatient short time psychotherapy

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Psychiatric Short Term Therapy PKP F3 Depression

Depression Therapy Session Cards PKP

- Symptom understanding module
- Joy exposure module
- Fear exposure module
- Grief exposure module
- Anger exposure module
- Review and outlook module



Agenda

- Psychiatric Short Term Psychotherapy (PKP)
- Research questions and design
- Results
- Summary
- Discussion

Psychiatric Short Term Therapy PKP F3 Depression

Depression Therapy Session Cards PKP

Modul Freude-Exposition

Karte 14: Erinnerungen an gute Momente
Karte 15: Freude, Praktizieren
Karte 16: Erinnerungen an gute Momente
Karte 17: Erinnerungen an gute Momente
Karte 18: Aktivitäten zur Erinnerung an gute Momente
Karte 19: Spartenkarte zur Ausarbeitung

INFO Leitlinien 1. Stunde

Modul Traurigkeit-Exposition

Karte 21: Sportspiele für die Woche
Karte 22: Erinnerungen an schlechte Momente
Karte 23: Erinnerungen an schlechte Momente
Karte 24: Gute Erinnerungen - Summarisierung
Karte 25: Gute Erinnerungen - Erinnern

Symptom understanding module

Joy exposure module

Fear exposure module

Grief exposure module

Anger exposure module

Review and outlook module



Depression Therapy Session Cards PKP



Symptom understanding module

→ Joy exposure module

→ Fear exposure module

→ Grief exposure module

→ Anger exposure module

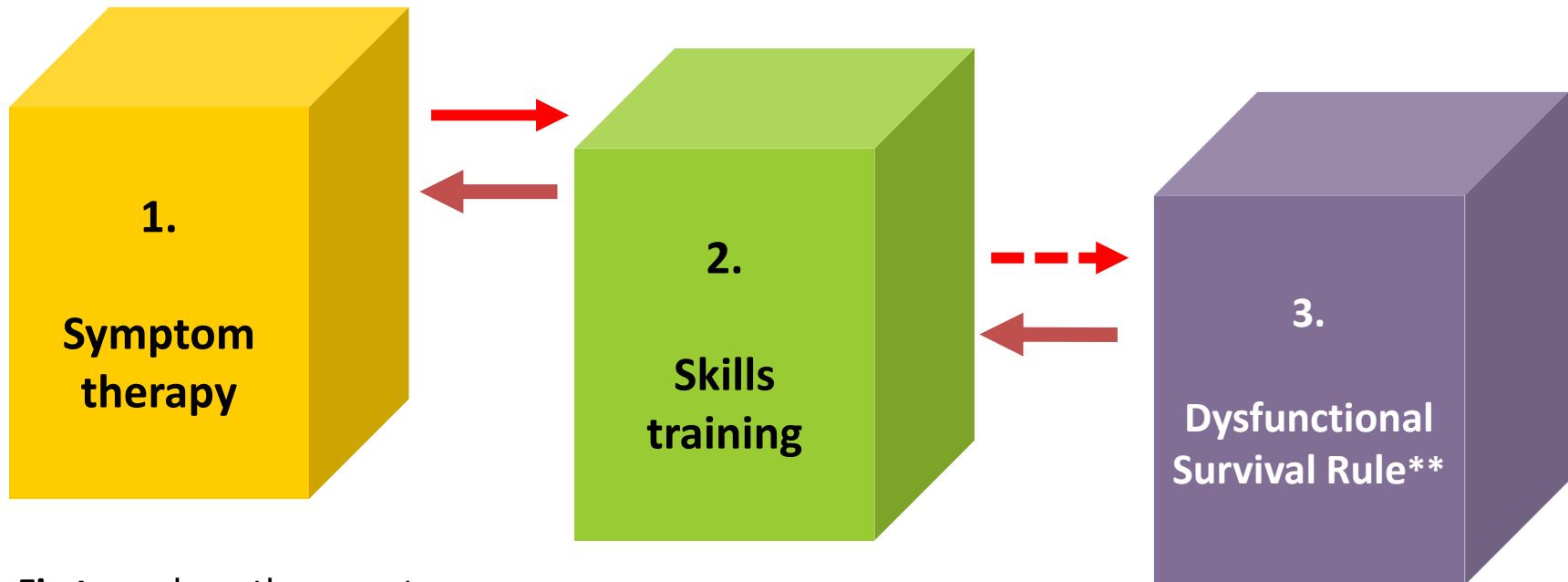
Review and outlook module

Psychiatric Short Term Psychotherapy (PKP)

- PKP: Psychiatrische Kurz-Psychotherapie
- Method is based on a therapy card system
- PKP-Modul evaluated here: Depression
- Suitable for a wide scope of applications, psychotherapists, psychiatrists,...
- For clinical and outpatient setting
- Advantages: Strategic consecutive cards, easy to keep the structure. Patient „collects“ cards, treatment splitting possible
- PKP is based on SBT (Strategic Behavioral Therapy; Sulz)
- Other than Beck and Hautzinger: Anger, grief and anxiety avoidance is seen as cause of depression



Strategic Behavior Therapy: 3 pillars of psychotherapy*



First, work on the symptom,
second on the development of absent skills.
Third: Only switch to the 3rd pillar if the change motivation is absent.
And then switch back quickly to the left. This keeps the therapy short.

* From S. Sulz: Therapy Book III: From the strategy of the symptom to the strategy of therapy (2011)

** see card set **Pillar 3: My survival rule**



Which symptoms do I have?

Simply list all the symptoms. Please list only one symptom per line:

1.
2.
3.
4.
5.
6.
7.
8.
9.

Card 7

At the same time PATIENT CARD



F3 Depression

Symptom understanding

Function of depression

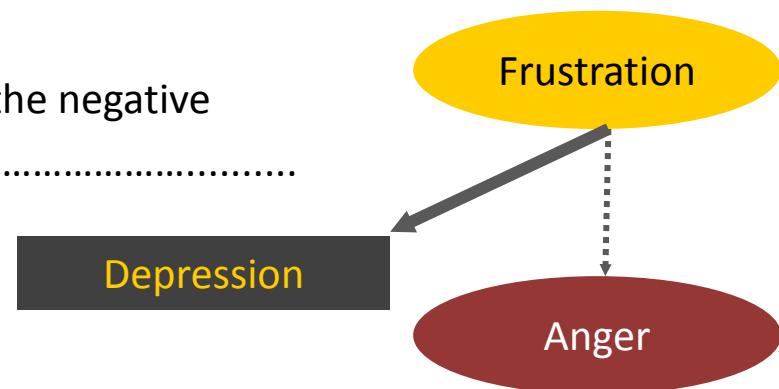
What is avoided by the depression?

What happened immediately before you became depressive?

..... (e.g. husband having an affair with another woman)

How would you or others in your place have responded to this event in order to cope with it? (e.g. fought, challenged him, not have made things easy for him)

What would have been – alongside the positive – the negative consequence of this coping response?
(e.g. there would have been even more trouble)





Depression avoids an effective defence

- In the sense of behaviour theory, depression is an operant or instrumental behaviour.
- It is maintained by its consequences.
- The consequence of a depression is avoidance.
- To understand depression, we have to understand what exactly is being avoided.

The **aim** is that the patient classifies the triggering situation in such a way that he could and should have been able to defend himself.



Depression = alienation instead of emotion

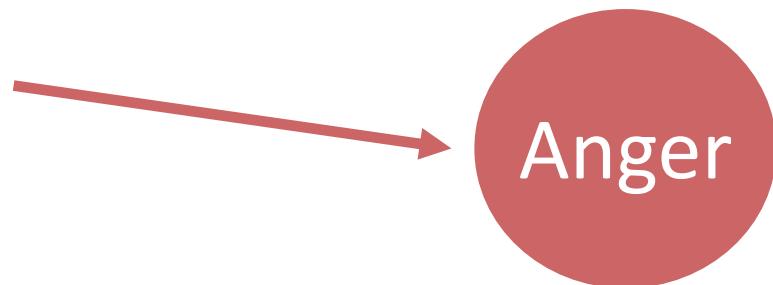




Depression therapy = anger instead of alienation

Anger exposure steps*:

- a) Perception of anger and rage
- b) Allowing intensive anger/rage
- c) Distinction between feeling and acting and between fantasy and reality
- d) Expression of anger and rage
- e) Checking if the anger/rage is adequate
- f) Constructive negotiation



* Learning to deal with anger instead of suppressing it



Depression therapy = anger instead of alienation

a) Perception of anger and rage

→ Collecting situations that give rise to anger

EXAMPLE

Situation	What makes me angry is ...	My anger goes away if ...
1. Wife is too slow getting ready for cinema	that we won't get a good seat	depressed mood
2. Colleague is lying to me	that he is abusing my trust	I think "it's my own fault"
3. Friend accuses me of keeping money	that I counted it out exactly before giving it to her	fear that she will be angry if I go into a rage



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The diagram illustrates the three pillars of psychotherapy. At the top, there are three yellow rectangular boxes: 'Psychiatric Short Term Therapy PKP' on the left, 'F3 Depression' in the center, and 'Depression Therapy Session Cards PKP' on the right. Below these boxes is a photograph of two hands reaching towards each other. To the right of the central 'F3 Depression' box is a vertical list of seven modules:

- Symptom understanding module
- Joy exposure module
- Fear exposure module
- Grief exposure module
- Anger exposure module
- Review and outlook module



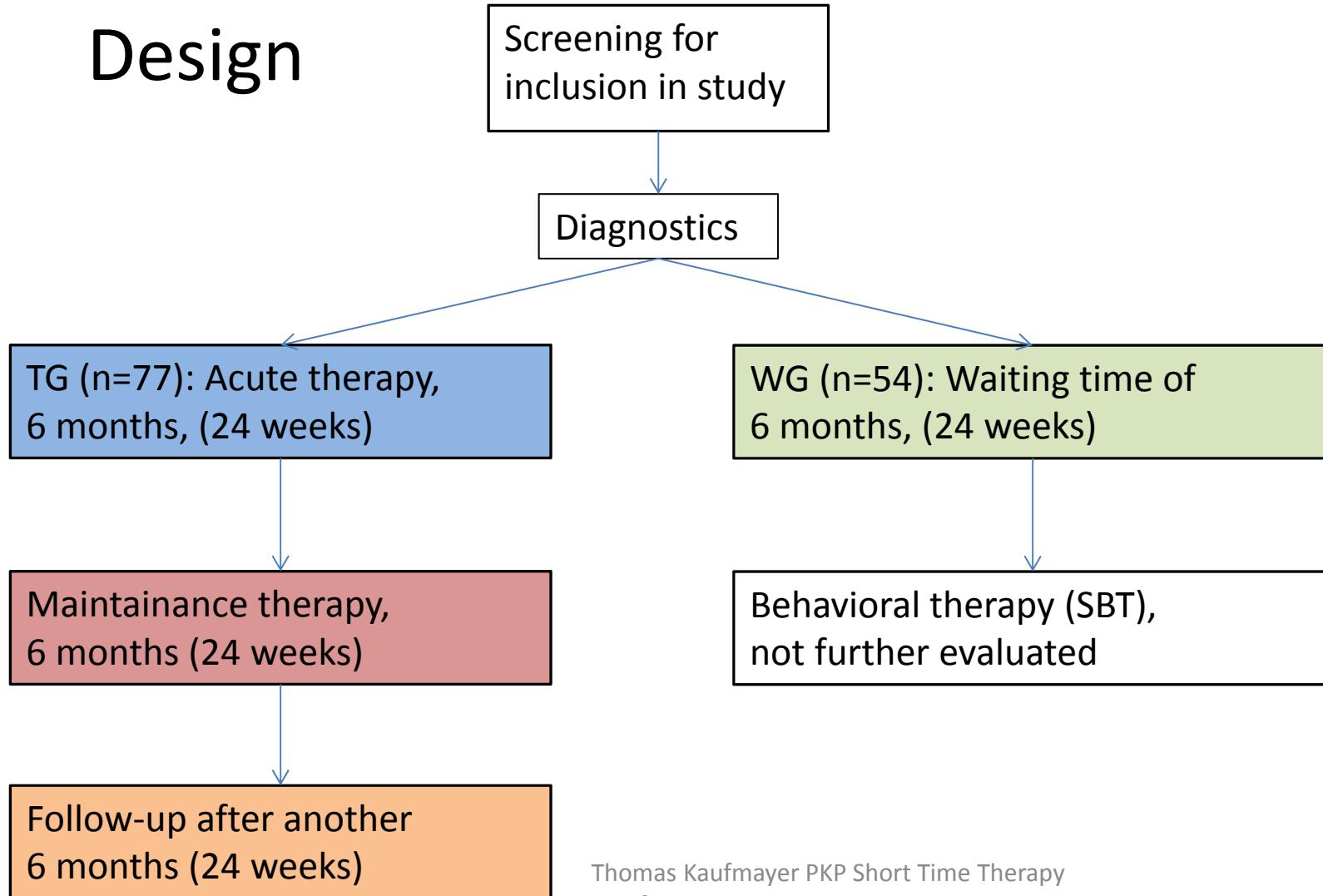
Research questions

Does the PKP treatment achieve..

- ..a reduction in overall and depressive symptoms (VDS14, VDS90, BDI-II)?
- ..an improvement of emotional experience and regulation (SEE, RMET)?
- .. a decrease in dysfunctional attitudes and cognitions (DAS)?
- ..a flexibilization of the Survival Rule (VDS35b Sulz)?

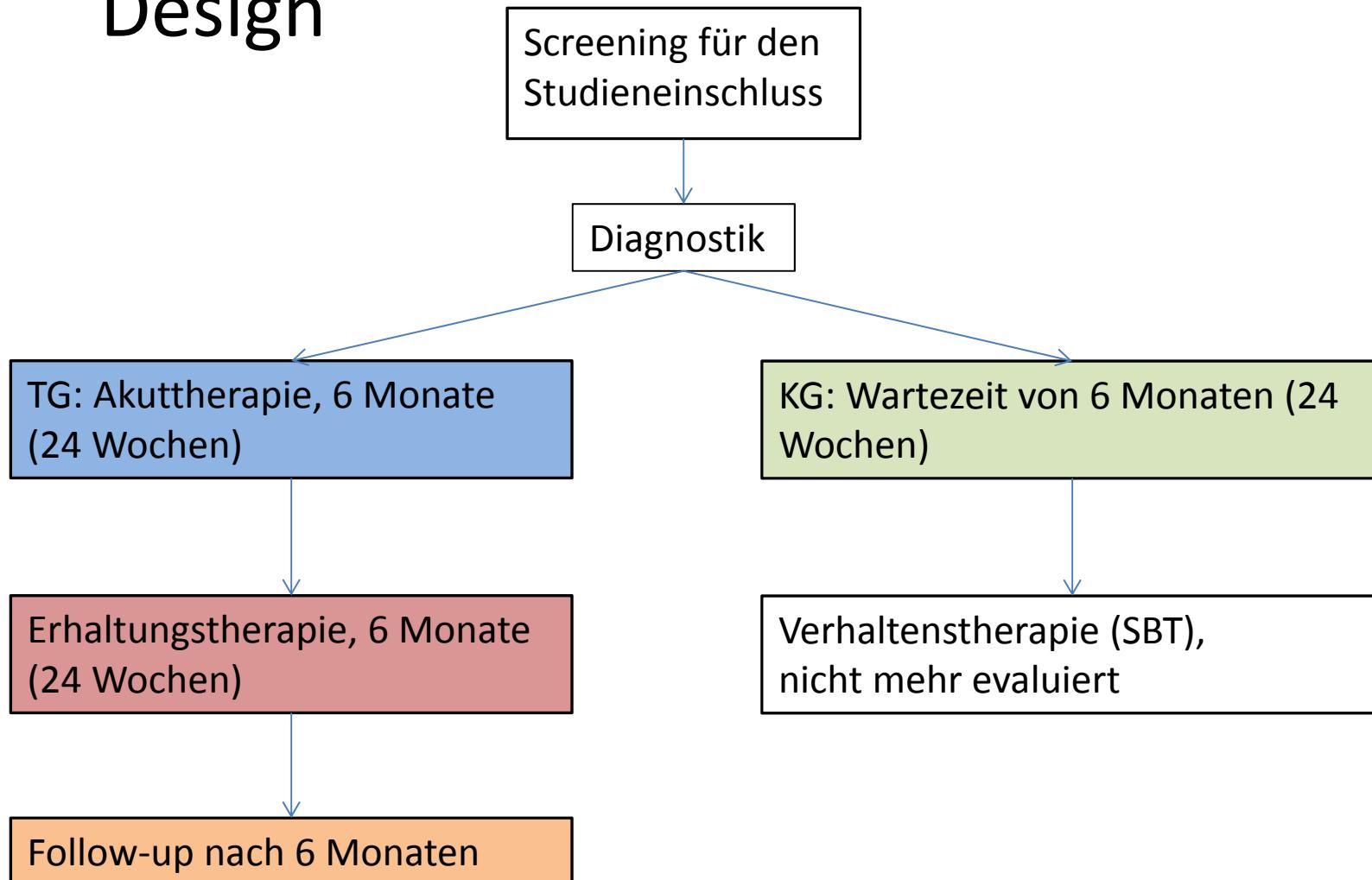


Design





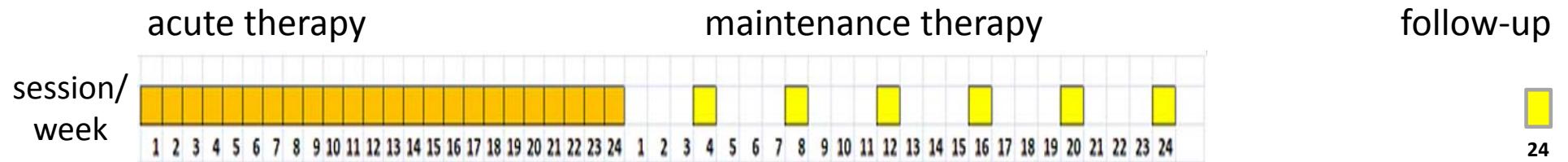
Design





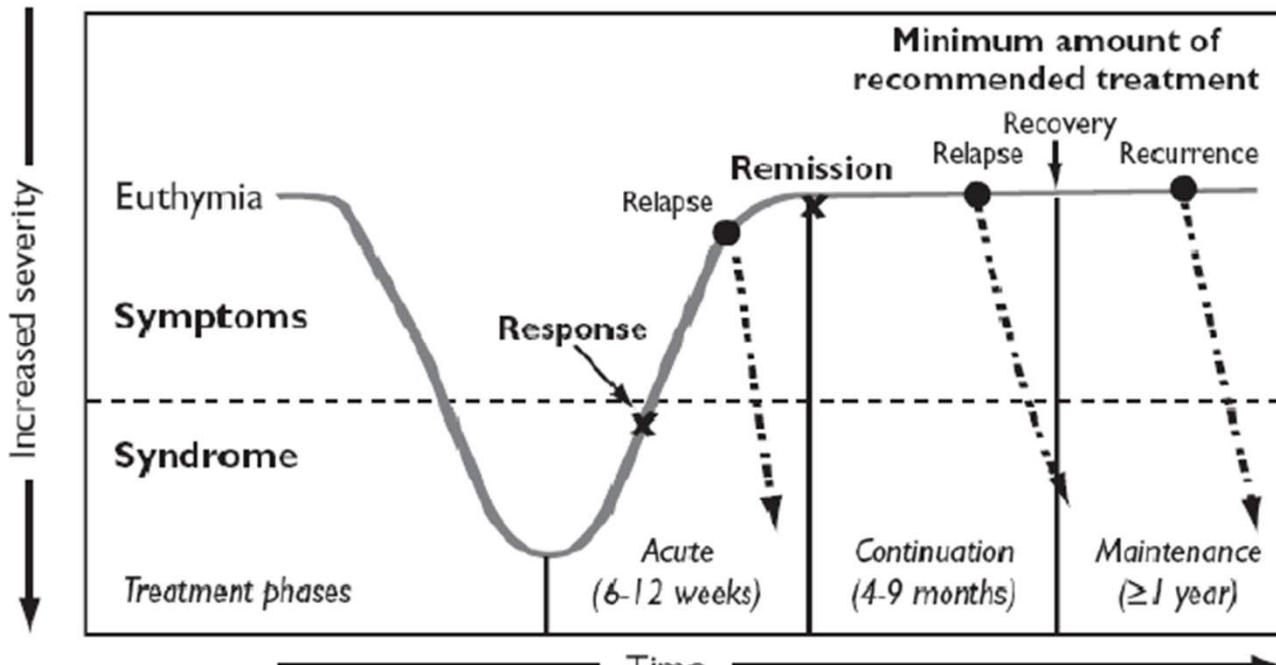
Design

Treatment phases and durations



In sum: 1 year treatment, catamnesis after 6 months
=> 30 sessions á 50 min and 1 follow-up session.

Therapiephasen der Depression



Aus Dunn & Tierney 2006



Inclusion criteria:

- Diagnosis of a Mild or Moderate Depressive Episode, Dysthymia or a Adjustment Disorder with depressed mood (ICD-10)
- Age between 18 and 75 years
- Sufficient knowledge of the German language
- Comorbidities allowed



Exclusion criteria (in short):

- Psychotic symptoms, Lifetime Diagnosis of a Psychosis
- Severe suicide risk
- Bipolar Disorder, Borderline Personality Disorder, Eating Disorder (except when remitted for at least one year)
- Self-injuring behavior
- New initial diagnosis of a Panic Disorder, Generalized Anxiety Disorder, Social Phobia, PTSD
- Substance- or alcohol-related addiction acute or in the last 2 years
- In case of respective medication: A significant change or increase in dose during the last 8 weeks



Sample

Tabelle 1: Kennwerte der Stichprobe nach Experimental- und Kontrollgruppe

Variable	EG (n=77)	WG (n=54)	Prüfgröße	df	p	Effektgröße (95%iger KI)
Alter M (SD) R	38,75 (12,00)	41,67 (12,69)	t	129	.183	-7,23-1,39
Familienstand n (%)			t	10	.830	-11,78-13,44
Ledig, alleinlebend	31 (40,3%)	18 (33,3%)				
Zusammenlebend	4 (5,2%)	5 (9,3%)				
Verheiratet	14 (18,2%)	14 (25,9%)				
Geschieden/getrennt	8 (10,4%)	13 (24,1%)				
Verwitwet	-	1 (1,9%)				
verlobt	-	1 (1,9%)				
Geschlecht n (%)			Exakter Test nach Fisher	-	.858	-
Frauen	44 (57,1%)	32 (59,3%)				
Männer	33 (42,9%)	22 (40,7%)				
Schulbildung n (%)			t	12	.837	-5,04-11,32
Kein Abschluss	-	-				
Hauptschule	11 (14,3%)	8 (14,8%)				
Realschule	17 (22,1%)	15 (27,8%)				
Gymnasium	18 (23,4%)	17 (31,5%)				
Universität	6 (7,8%)	7 (13,0%)				



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Psychiatric Short Term Therapy PKP F3 Depression

Depression Therapy Session Cards PKP

INFO Leitlinien 1. Stufe

Modul Freude-Exposition

Karte 18: Erklären eines Liedes
Karte 19: Erklären einer Melodie
Karte 20: Ausdrücken offensichtlicher Emotionen
Karte 21: Ausdrücken von Stimmungswandlungen
Karte 22: Beobachten bei Ausdruck

Karte 23: Erklären für die Woche
Karte 24: Erklären für die Woche
Karte 25: Gedächtnistraining - Gerness
Karte 26: Gedächtnistraining - Üben

Symptom understanding module

Joy exposure module

Fear exposure module

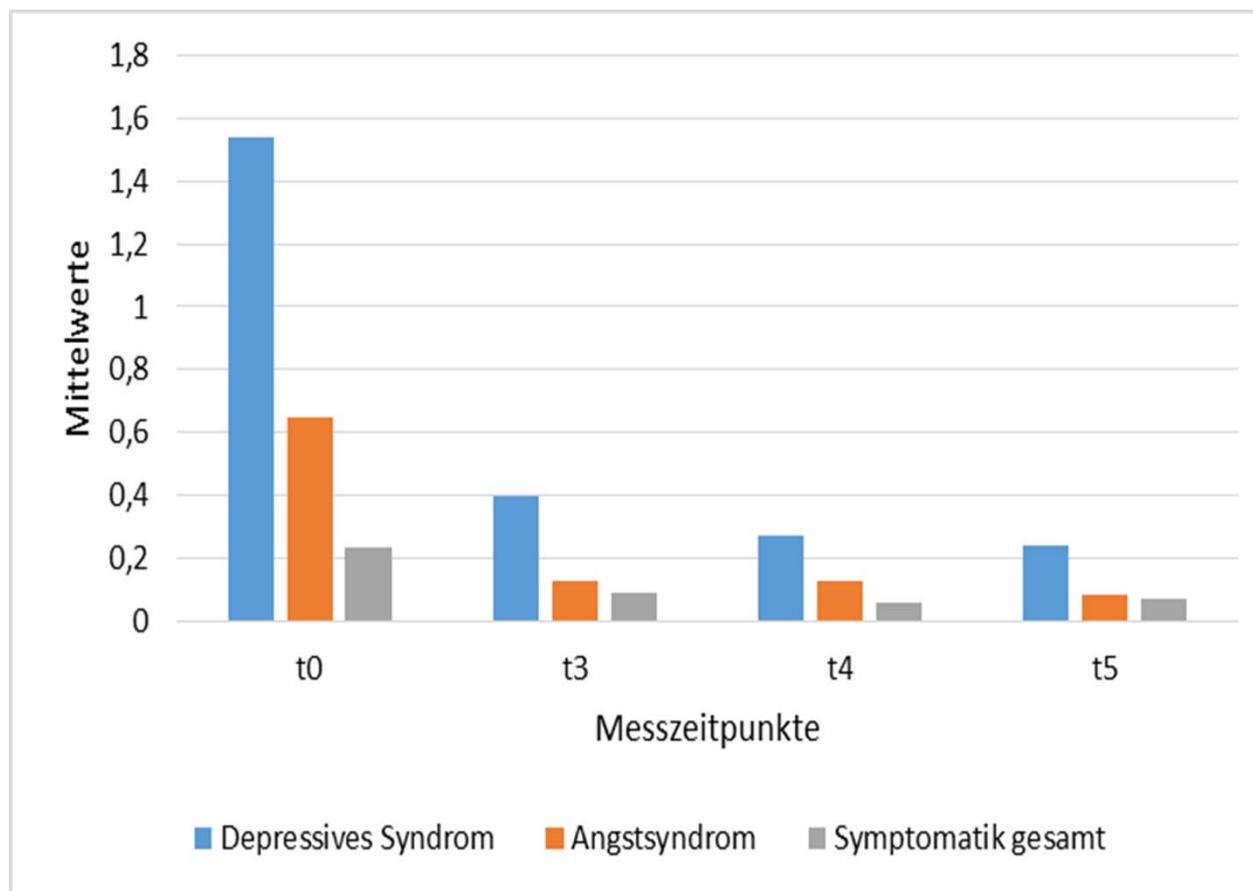
Grief exposure module

Anger exposure module

Review and outlook module



VDS14: Peer-assessment; TG





VDS14: Peer-assessment; TG

	M	SD	Standardfehler Mittelwert	95%-Konfidenzintervall der Differenz				p	Hedges g
				Unterer	Oberer	t	df		
Depression									
Paar 1 ($t_0 - t_3$)	1,19	0,84	0,12	0,96	1,43	10,22	51	< 0,001	-1,67
Paar 2 ($t_3 - t_4$)	0,13	0,79	0,12	-0,10	0,37	1,14	44	0,261	0,20
Paar 3 ($t_4 - t_5$)	-0,03	0,41	0,07	-0,18	0,12	-0,44	30	0,662	-0,06
Angst									
Paar 1 ($t_0 - t_3$)	0,44	0,92	0,13	0,19	0,70	3,48	51	< 0,001	-0,52
Paar 2 ($t_3 - t_4$)	0,02	0,40	0,06	-0,10	0,14	0,37	44	0,710	0,01
Paar 3 ($t_4 - t_5$)	0,03	0,41	0,08	-0,12	0,19	0,44	29	0,662	-0,12
Gesamt									
Paar 1 ($t_0 - t_3$)	0,16	0,24	0,03	0,09	0,22	4,81	51	< 0,001	-0,78
Paar 2 ($t_3 - t_4$)	0,02	0,11	0,02	-0,01	0,06	1,45	42	0,155	0,20
Paar 3 ($t_4 - t_5$)	-0,02	0,12	0,02	-0,07	0,03	-0,95	28	0,350	0,09



VDS14: Peer-assessment; TG

Tabelle 3: T-Test zur Entwicklung des VDS14 (Angst und Depression) bei der Interventionsgruppe:

Depression	Paarige Differenzen					t	df	P/Sig. (2-seitig)			
	M	SD	Standardfehler Mittelwert	95% Konfidenzintervall der Differenz							
				Unterer	Oberer						
Paar 1 (t0 – t3)	1,19231	,84107	,11663	,95815	1,42646	10,223	51	,000			
Paar 2 (t3 – 4)	,13333	,78625	,11721	-,10288	,36955	1,138	44	,261			
Paar 3 (t4 – t5)	-,03226	,40693	,07309	-,18152	,11700	-,441	30	,662			
Angst											
Paar 1 (t0 – t3)	,44231	,91638	,12708	,18719	,69743	3,481	51	,001			
Paar 2 (t3 – 4)	,02222	,39823	,05936	-,09742	,14186	,374	44	,710			
Paar 3 (t4 – t5)	,03333	,41384	,07556	-,12120	,18786	,441	29	,662			
Gesamt											
Paar 1 (t0 – t3)	,15717	,23563	,03268	,09157	,22277	4,810	51	<,001			
Paar 2 (t3 – 4)	,02326	,10520	,01604	-,00912	,05564	1,450	42	,155			
Paar 3 (t4 – t5)	-,02145	,12160	,02258	-,06770	,02481	-,950	28	,350			



VDS14: Peer-assessment; WG

Tabelle 4: VDS14, Wartegruppe

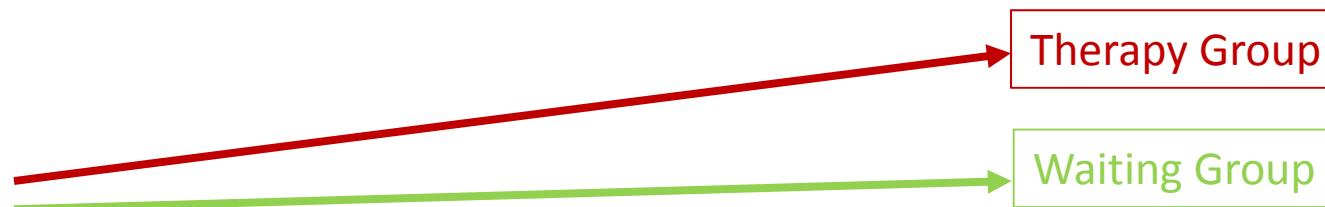
	t0 (vor der Wartezeit) (n=54)	t3 (nach der Wartezeit) (n=36)
Depressives Syndrom	M=1,5185 (SD=.66562)	M=1,5556 (SD=.73463)
Angstsyndrom	M=.5370 (SD=.79415)	M=.3889 (SD=.72812)
Symptomatik gesamt	M=.2979 (SD=.22141)	M=.2358 (SD=.20756)



VDS14: Peer-assessment; TG vs. WG

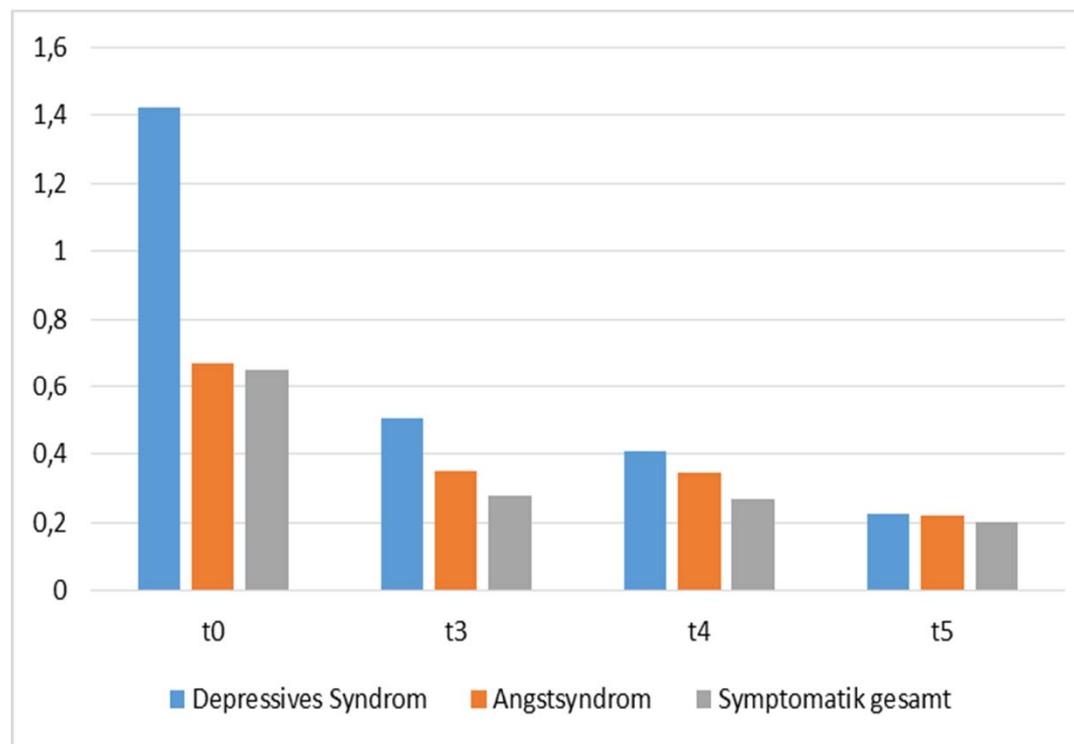
Comparison of the change in depressiveness;
TG compared with WG at t_3 :

$M = 0,09$; $SD = 0,16$ versus $M = 0,24$; $SD = 0,21$; $t = -4,06$; $df = 97$; $p < 0,001$



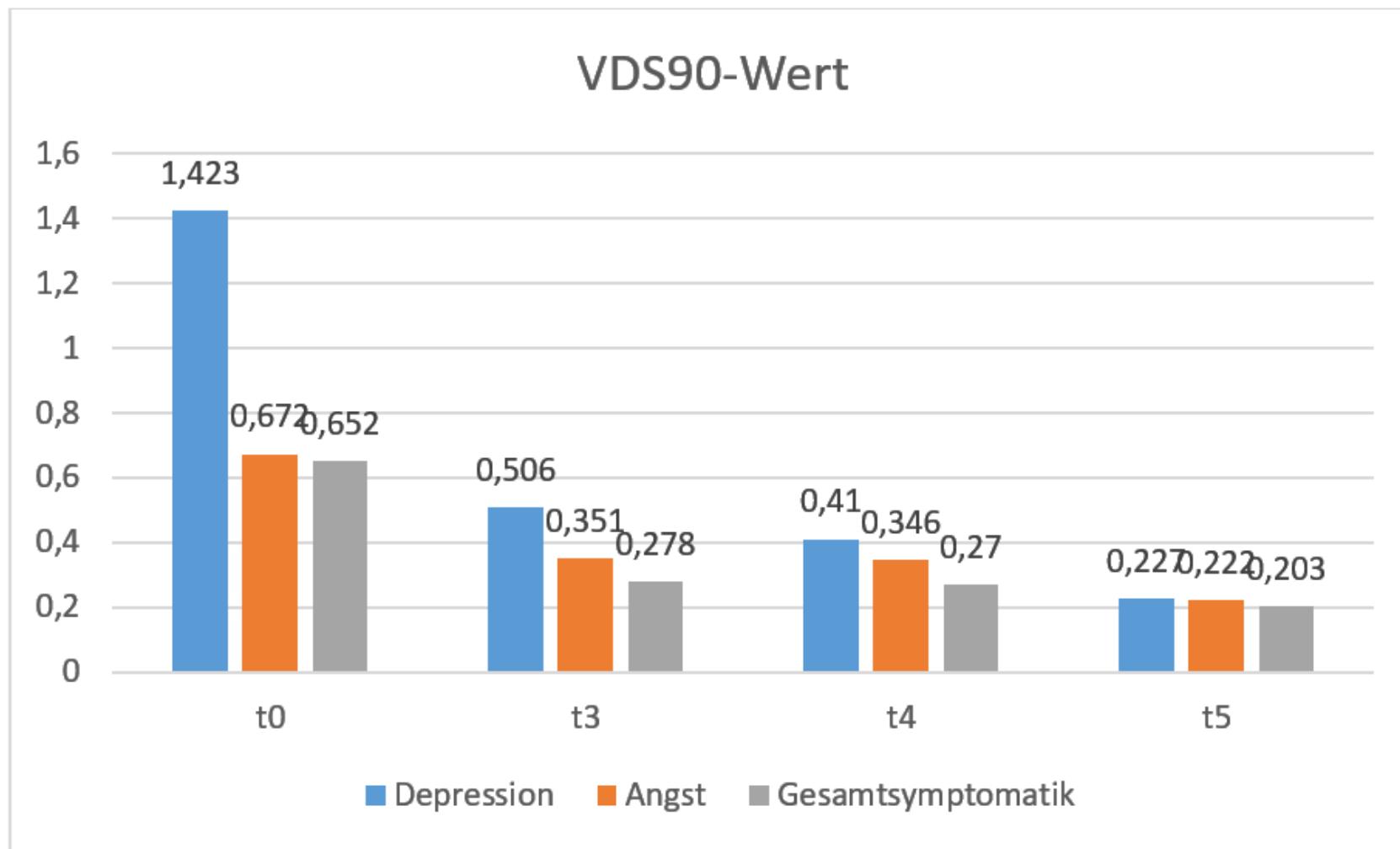


VDS90, self-rating; TG





VDS90, self-rating; TG





VDS90, self-rating; TG

	Depression	95 %- Konfidenzintervall der Differenz								
		Standardfehler	Mittelwert	Unterer	Oberer	t	df	p	Hedges g	
	Paar 1 ($t_0 - t_3$)	0,44	0,34	0,06	0,22	0,45	5,79	55	< 0,001	-1,60
	Paar 2 ($t_3 - t_4$)	0,36	0,00	0,05	-0,10	0,10	-0,01	50	0,990	0,21
	Paar 3 ($t_4 - t_5$)	0,23	0,08	0,04	0,00	0,15	1,94	35	0,061	0,42
Angst										
	Paar 1 ($t_0 - t_3$)	0,72	0,97	0,10	0,78	1,16	10,14	55	< 0,001	-0,76
	Paar 2 ($t_3 - t_4$)	0,39	0,36	0,05	-0,07	0,14	0,67	50	0,509	-0,01
	Paar 3 ($t_4 - t_5$)	0,34	0,17	0,06	0,05	0,28	2,93	35	0,006	0,39
Gesamt										
	Paar 1 ($t_0 - t_3$)	0,27	0,36	0,35	0,29	0,43	10,27	55	< 0,001	-1,53
	Paar 2 ($t_3 - t_4$)	0,22	0,01	0,31	-0,05	0,07	0,27	50	0,789	-0,07
	Paar 3 ($t_4 - t_5$)	0,21	0,04	0,03	-0,03	0,11	1,24	35	0,223	0,30



VDS90, self-rating; TG

Tabelle 7: T-Test zur Entwicklung des VDS90 (Angst und Depression) bei der Interventionsgruppe

Depression	Paarige Differenzen					t	df	P/Sig. (2-seitig)			
	M	SD	Standardfehler Mittelwert	95% Konfidenzintervall der Differenz							
				Unterer	Oberer						
Paar 1 (t0 – t3)	,97071	,71607	,09569	,77895	1,16248	10,144	55	,000			
Paar 2 (t3 – 4)	,03585	,38528	,05395	-,07251	,14421	,665	50	,509			
Paar 3 (t4 – t5)	,16665	,34109	,05685	,05124	,28205	2,931	35	,006			
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Angst											
Paar 1 (t0 – t3)	,33631	,43500	,05813	,21982	,45280	5,786	55	,000			
Paar 2 (t3 – 4)	-,00065	,36077	,05052	-,10212	,10081	-,013	50	,990			
Paar 3 (t4 – t5)	,07500	,23223	,03870	-,00357	,15357	1,938	35	,061			
<hr/>											
Gesamt											
Paar 1 (t0 – t3)	,36292	,26452	,03535	,29208	,43376	10,267	55	<,001			
Paar 2 (t3 – 4)	,00832	,22133	,03099	-,05393	,07057	,269	50	,789			
Paar 3 (t4 – t5)	,04245	,20548	,03425	-,02708	,11197	1,239	35	,223			



VDS90, self-rating; WG

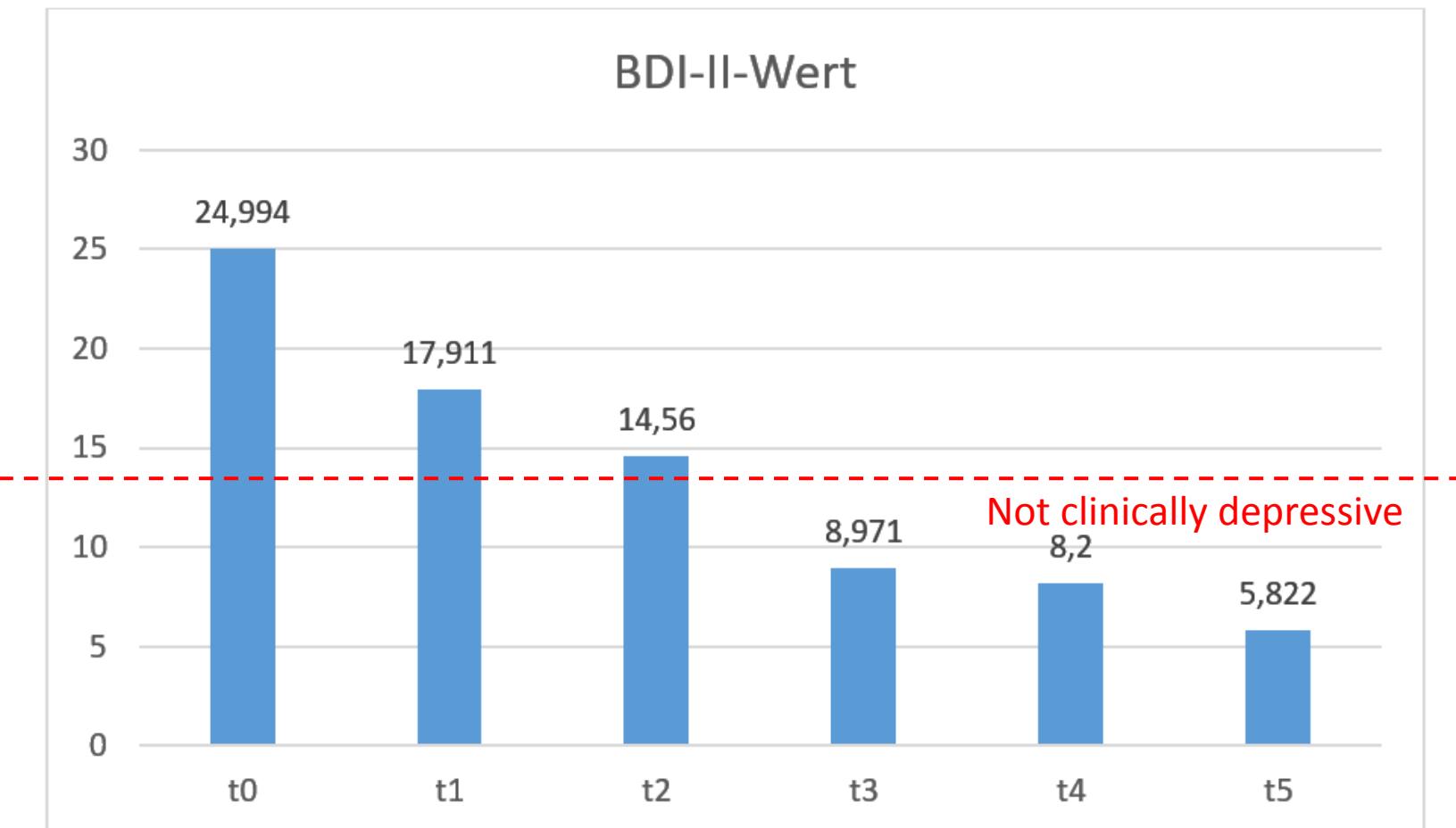
	t₀ (vor der Wartezeit) (n = 54)	t₃ (nach der Wartezeit) (n = 52)
Symptom Depression	M = 1,30 (SD = 0,58)	M = 0,96 (SD = 0,65)
Symptom Angst	M = 0,64 (SD = 0,55)	M = 0,59 (SD = 0,62)
Symptomatik gesamt	M = 0,62 (SD = 0,29)	M = 0,55 (SD = 0,36)

	95 %- Konfidenzintervall								
	M	SD	Standardfehler	Mittelwert	Unterer	Oberer	t	df	p
Depression									
Paar 1 (t₀ – t₃)	0,36	0,65	0,09	0,18	0,54	4,00	51	< 0,001	-0,08
Angst									
Paar 1 (t₀ – t₃)	0,07	0,50	0,07	-0,08	0,21	0,93	51	0,358	-0,56
Gesamt									
Paar 1 (t₀ – t₃)	0,08	0,24	0,03	0,01	0,15	2,40	51	0,020	-0,21

- Gesamtsymptomatik in der Experimentalgruppe ($M = 0,28$; $SD = 0,23$) im Vergleich zur Wartegruppe ($M = 0,55$; $SD = 0,36$) mit $t = -4,89$; $df = 114$ und einer Signifikanz von $p < .001$. Depression wird nicht signifikant im Gruppenvergleich?



BDI-II, self-rating; TG





BDI-II, self-rating; TG

Tabelle 32: t-Test zur Entwicklung des BDI-II in der Therapiegruppe (N = 77)

BDI-II	M	SD	Mittelwert	95 %- Konfidenzintervall				p	Hedges g		
				Standardfehler		der Differenz					
				Unterer	Oberer	t	df				
Paar 1 ($t_0 - t_1$)	6,83	11,70	1,40	4,04	9,62	4,88	69	< 0,001	-0,72		
Paar 2 ($t_1 - t_2$)	3,51	7,98	0,95	1,61	5,42	3,68	69	< 0,001	0,35		
Paar 3 ($t_2 - t_3$)	4,82	8,13	1,00	2,82	6,82	4,81	65	< 0,001	-0,62		
Paar 4 ($t_3 - t_4$)	0,91	9,44	1,29	-1,67	3,49	0,71	53	0,483	0,10		
Paar 5 ($t_4 - t_5$)	1,62	6,85	1,17	-0,77	4,01	1,38	33	0,177	-0,33		



BDI-II, self-rating; WG

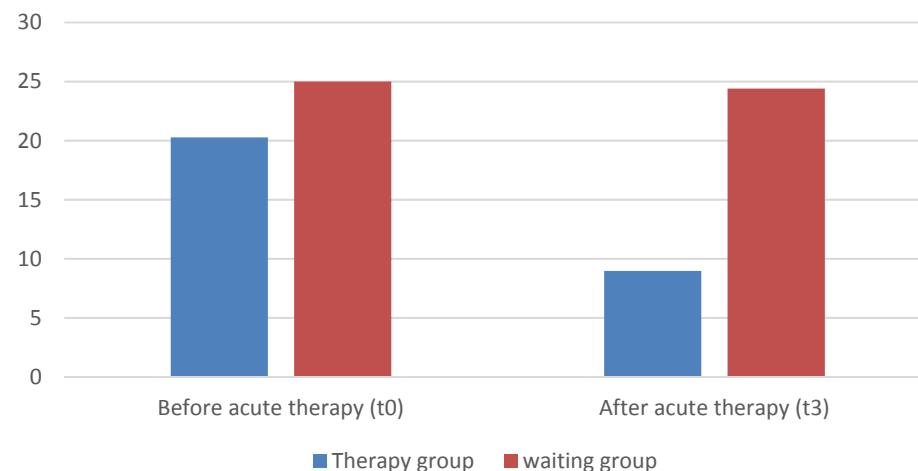
t0 (vor der Therapie) (n=53)	t3 (nach Wartezeit) (n=48)
M=24,40 (SD=10,808)	M=20,27 (SD=11,952)

Depression	M	SD	Standardfeh- ler Mittelwert		Unterer	Oberer	t	df	p	Hedges g
			Konfidenzintervall	der Differenz						
Paar 1 (t₀ – t₃)	3,49	7,04	1,03		1,42	5,56	3,40	46	0,001	-0,36



BDI-II, TG vs. WG

BDI II Depression Therapy versus Waiting Group



Before acute therapy (t_0)

$M_{WG} = 24,99$; $M_{TG} = 20,27$

$p = 0.748$

After acute therapy (t_3)

$M_{WG} = 24,40$; $M_{TG} = 8,97$

$P < .001$

Vergleich Selbst- und Fremdurteil, WG

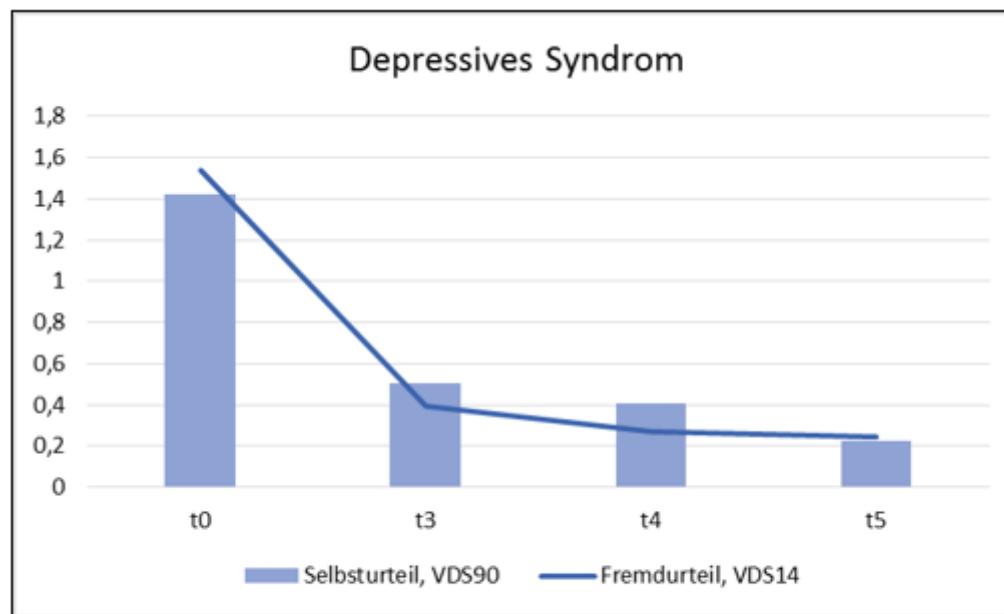
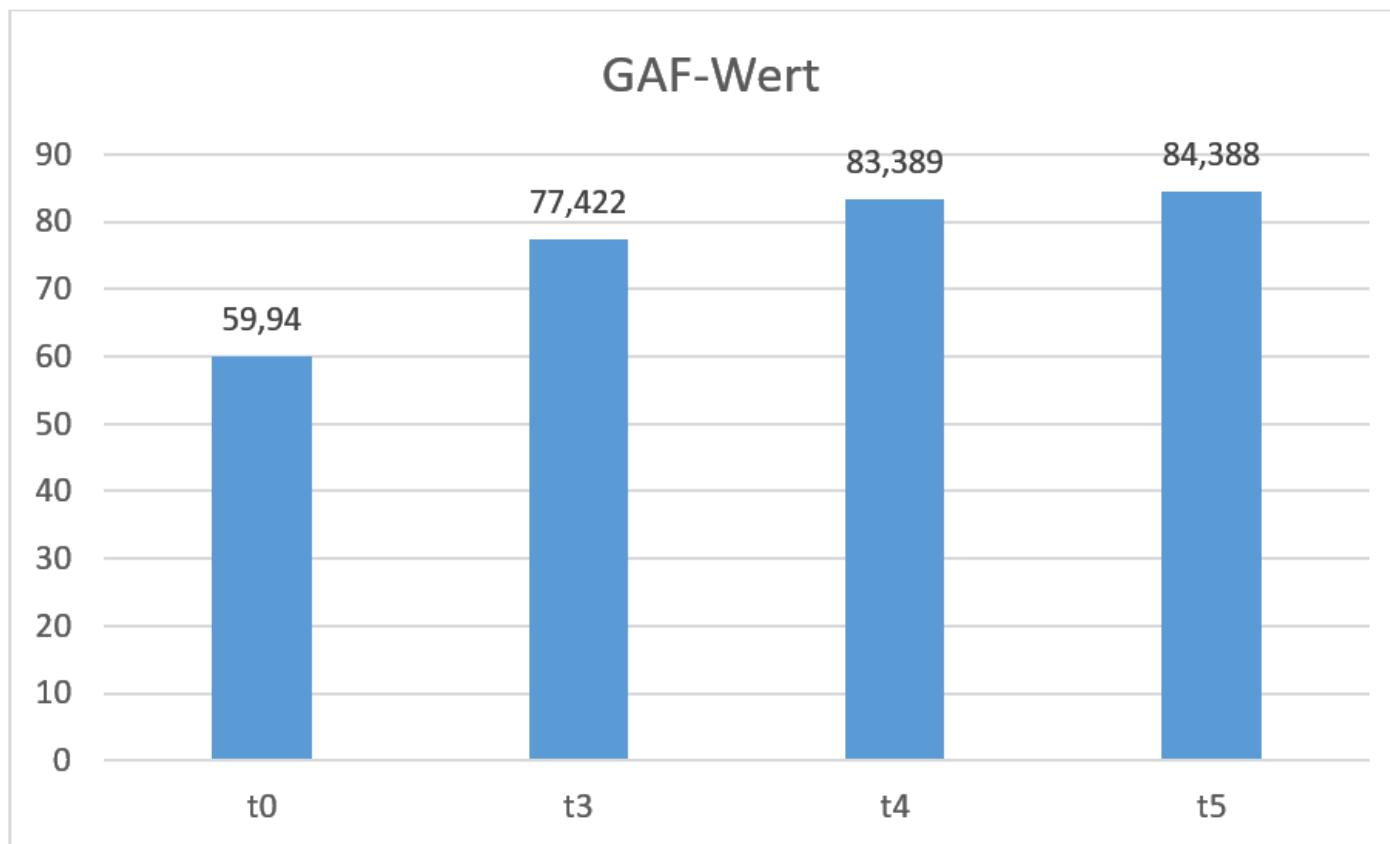


Abbildung 4: Vergleich Selbst- und Fremdurteil, depressives Syndrom



GAF, peer-rating; TG

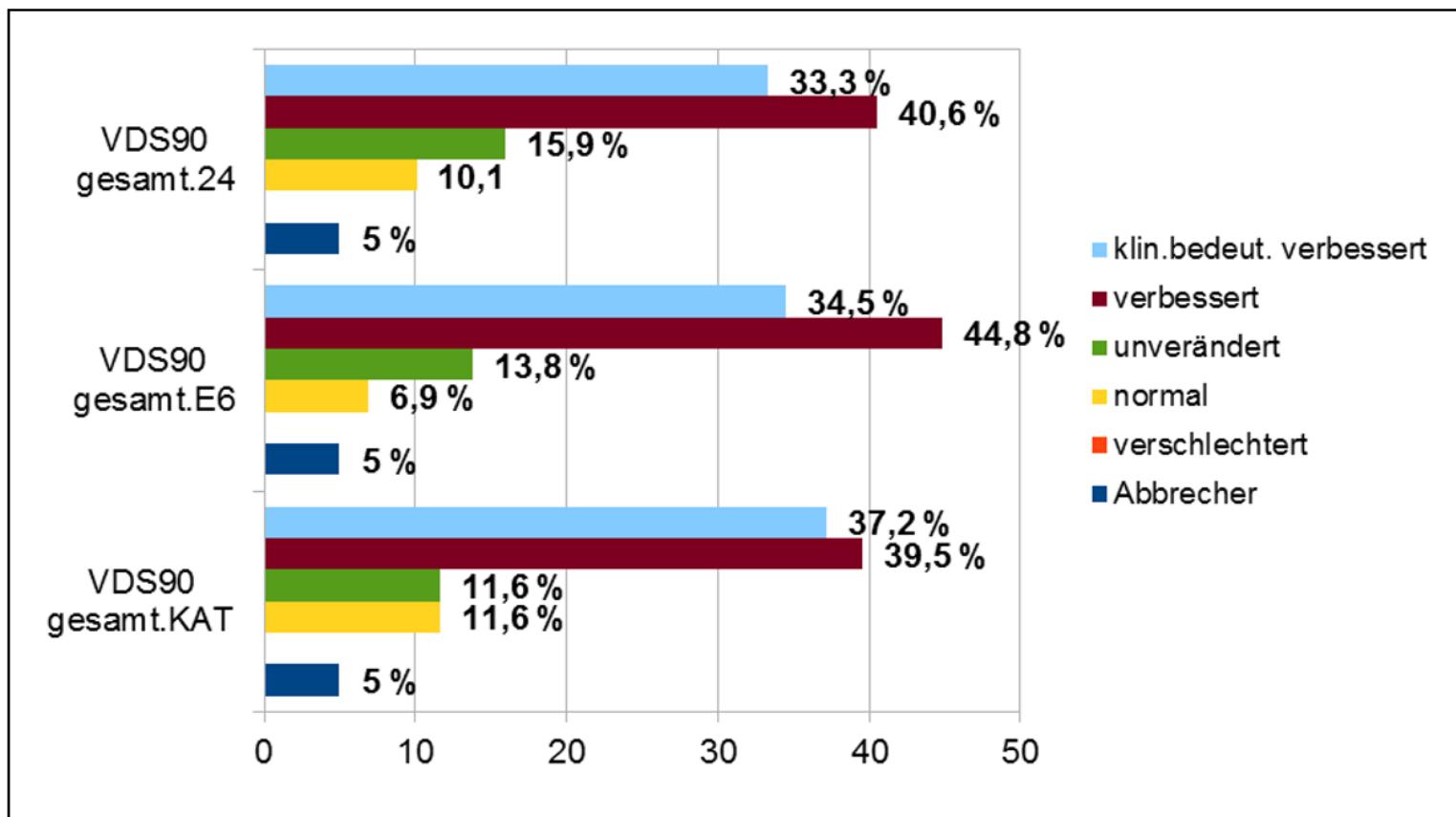




GAF; TG

	95-%-Konfidenzintervall der Differenz									
	M	SD	Standardfehler	Mittelwert	Unterer	Oberer	t	df	p	Hedges g
Paar 1 ($t_0 - t_3$)	-18,28	11,65	1,63	-1,63	-21,55	-15,00	-11,20	50	< 0,001	2,09
Paar 2 ($t_3 - t_4$)	-4,55	7,33	1,07	-4,55	-6,71	-2,40	-4,21	46	< 0,001	-0,41
Paar 3 ($t_4 - t_5$)	-1,15	5,98	1,03	-1,15	-3,23	0,94	-1,12	33	0,271	0,28

Differences in success of treatment

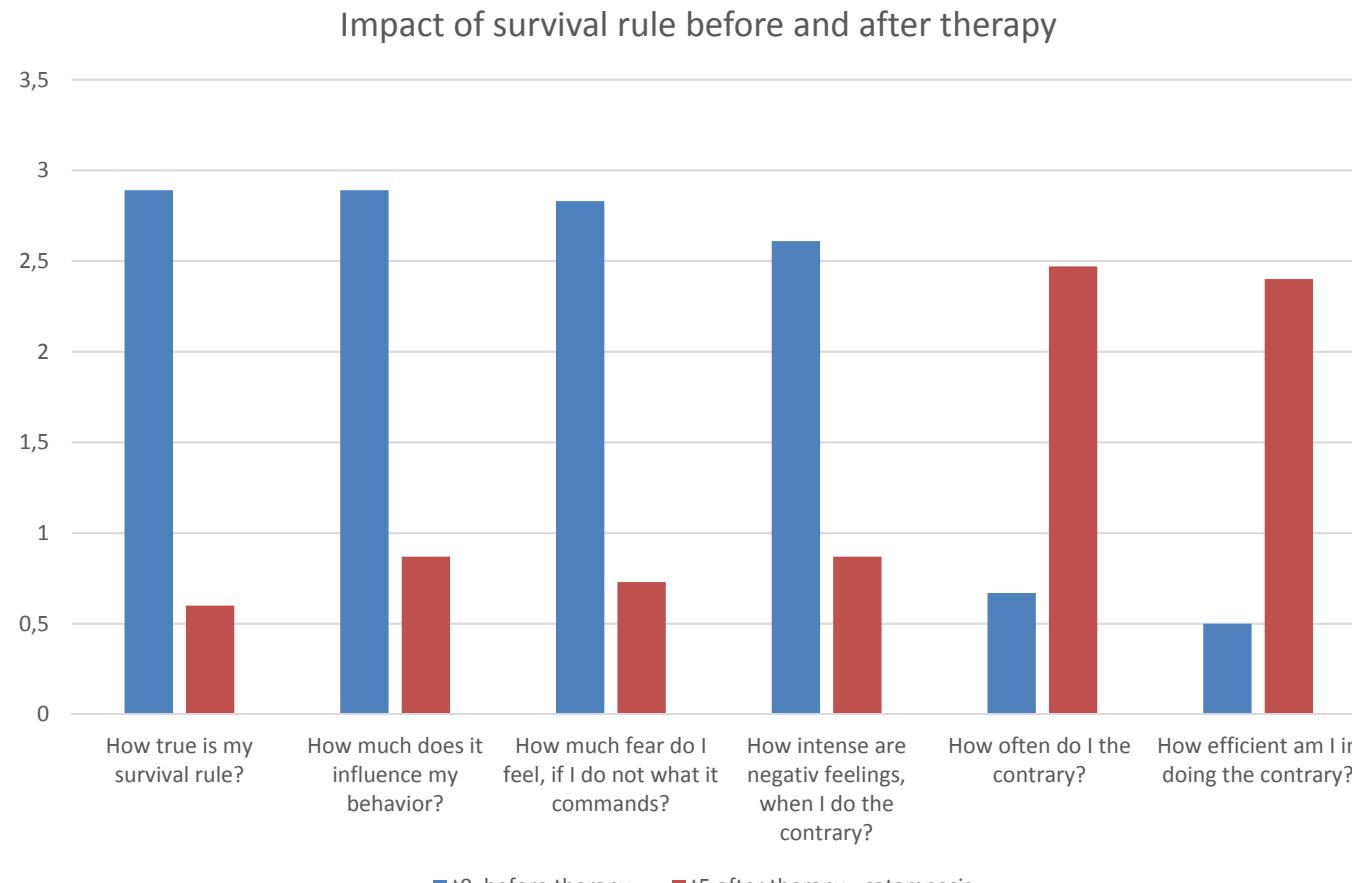




VDS35b Flexibilization in the Survival Rule (Sulz)

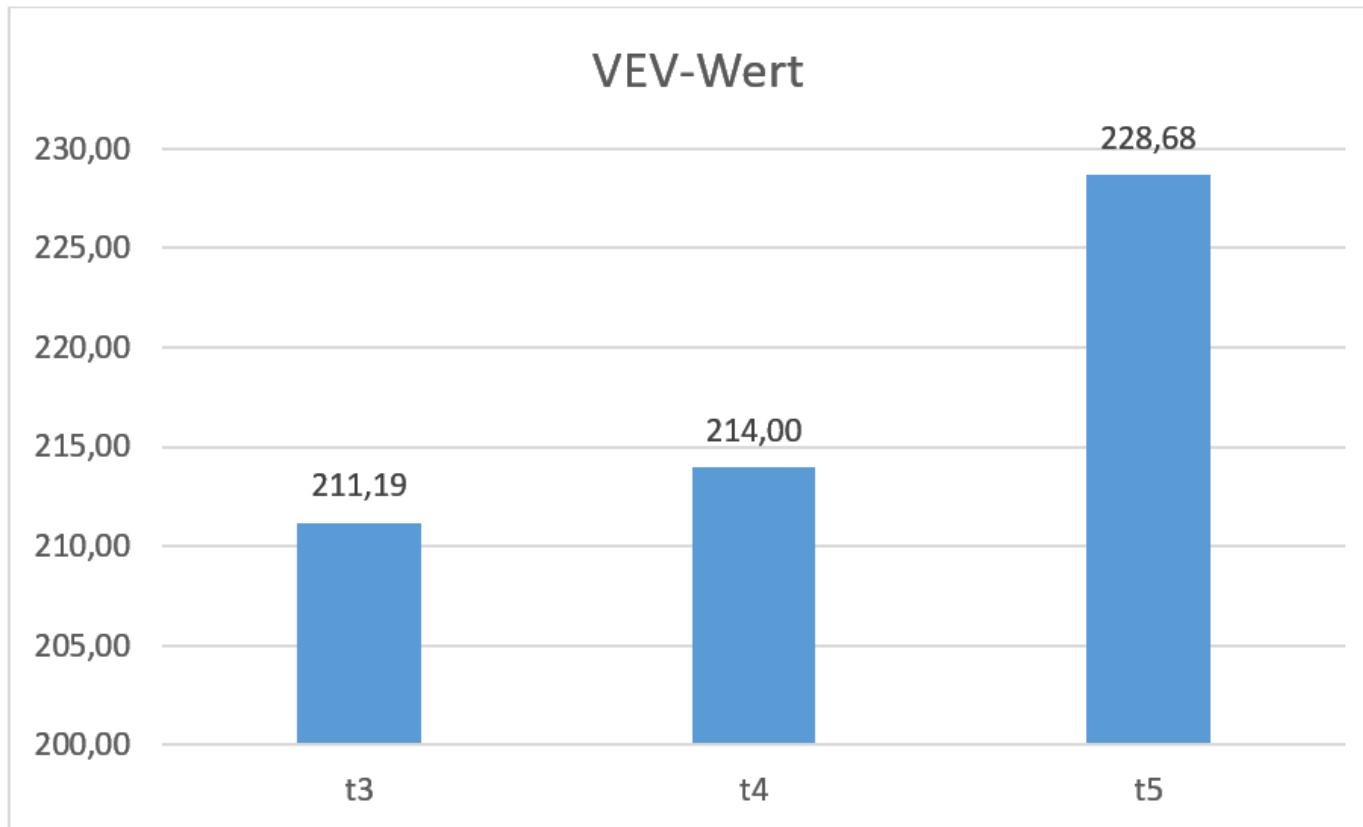
Improving significant changes in all 6 categories with **high statistical power (Hedge).**

→ It clearly came to a flexibilization of the Survival Rule.





VEV; TG

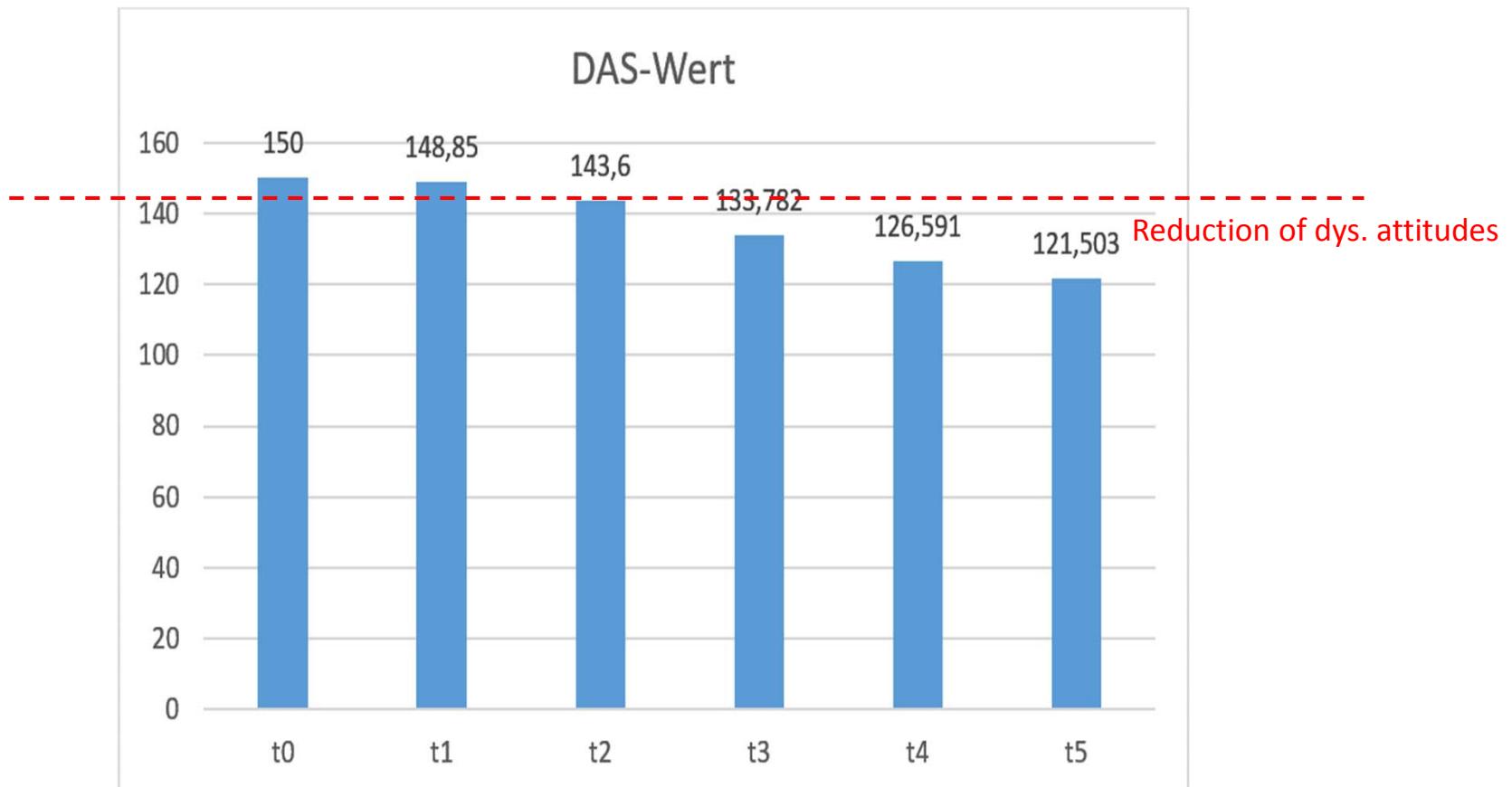


VEV; TG

VEV	M	SD	Mittelwert	95 %- Konfidenzintervall der Differenz		t	df	p	Hedges g	
				Standardfehler						
Paar 1 ($t_3 - t_4$)	-1,06	42,79	5,93		-12,97	10,86	-,18	51	,859	0,07
Paar 2 ($t_4 - t_5$)	-16,15	44,92	7,82		-32,08	-0,23	-2,07	32	,047	-0,36



DAS (Hautzinger); TG





DAS;WG

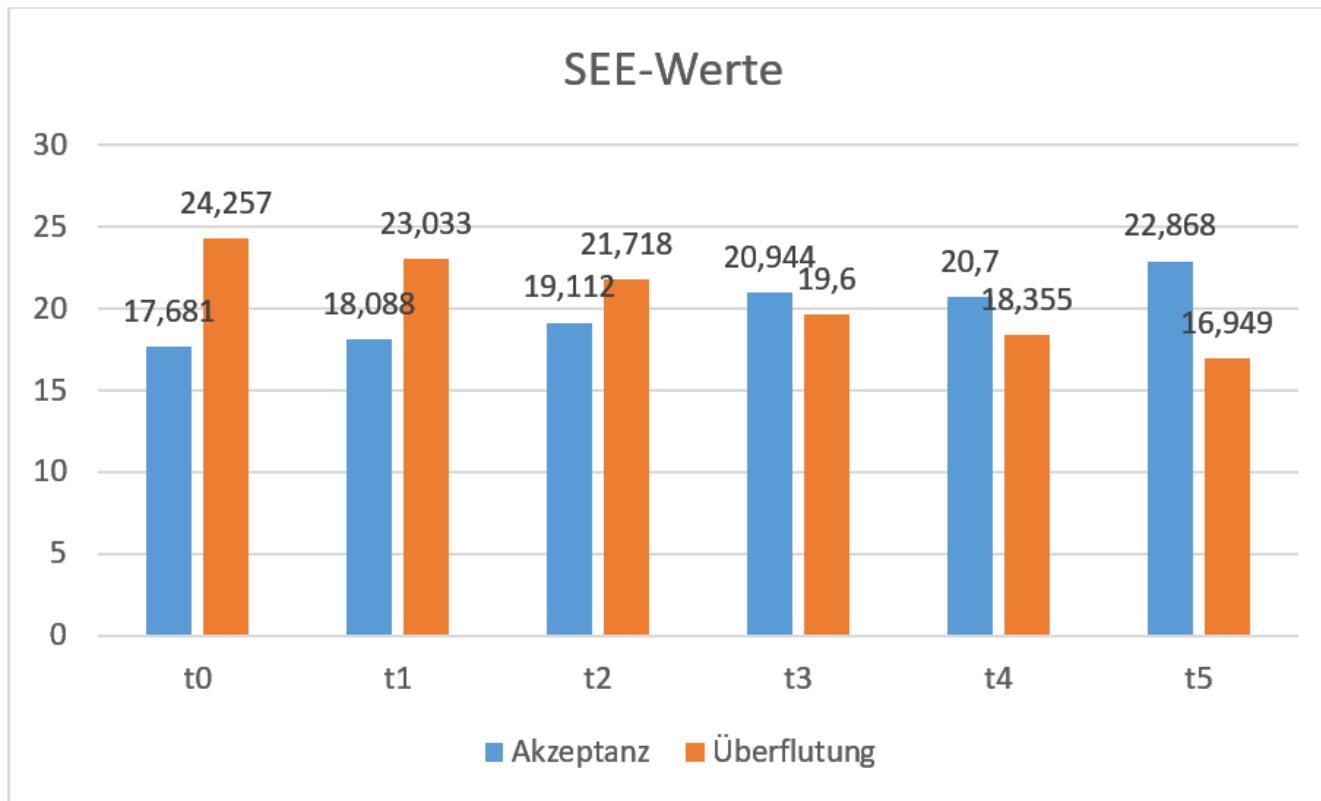
	t_0 (vor der Therapie) (n = 54)	t_3 (nach der Akuttherapie) (n = 51)
DAS-	M = 146,04	M = 141,10
Wert	(SD = 37,53)	(SD = 30,41)

DAS; WG

DAS-Wert	M	SD	Mittelwert	Standardfehler		95-%-Konfidenzintervall der Differenz			p	Hedges g
				Unterer	Oberer	t	df			
Paar 1 ($t_0 - t_1$)	2,622	27,83	3,43	-4,22	9,46	0,77	65	0,447		-0,04
Paar 2 ($t_1 - t_2$)	7,22	23,47	2,83	1,58	12,86	2,56	68	0,013		0,17
Paar 3 ($t_2 - t_3$)	9,23	26,65	3,28	2,68	15,78	2,81	65	0,006		-0,32
Paar 4 ($t_3 - t_4$)	8,28	25,17	3,46	1,35	15,22	2,40	52	0,020		0,23
Paar 5 ($t_4 - t_5$)	0,11	23,98	4,05	-8,12	8,35	0,03	34	0,978		-0,15



SEE, self-report; TG



SEE; TG

SEE	M	SD	Standardfehler Mittelwert	95 %- Konfidenzintervall der Differenz		t	df	p	Hedges g
				Unterer	Oberer				
Akzeptanz									
Paar 1 (t₃ – t₄)	0,22	3,32	0,47	-0,72	1,15	0,46	50	0,645	-0,05
Paar 2 (t₃ – t₅)	-2,84	4,49	0,73	-4,32	-1,37	-3,90	37	< 0,001	0,44
Überflutung									
Paar 1 (t₃ – t₄)	1,75	3,89	0,54	0,65	2,84	3,21	50	0,002	-0,22
Paar 2 (t₃ – t₅)	2,05	4,47	0,73	5,83	3,52	2,83	37	0,007	-0,46

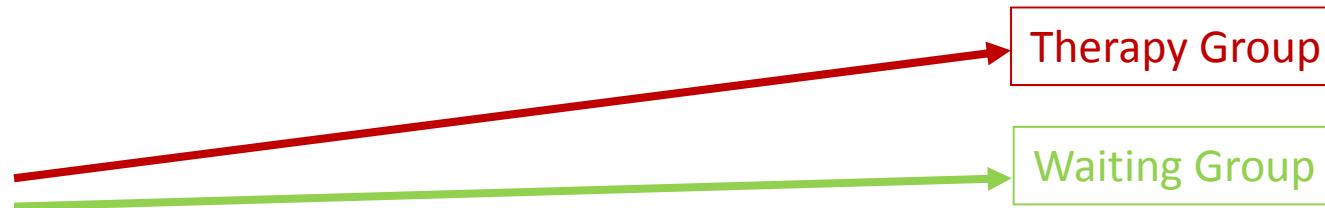
SEE; WG

SEE	M	SD	Mittelwert	95-%-Konfidenzintervall der Differenz		t	df	p	Hedges g	
				Standardfehler						
Akzeptanz										
Paar 1 ($t_0 - t_3$)	-0,45	4,42	0,62		-1,69	0,79	-0,73	50	0,469	0,09
Überflutung										
Paar 1 ($t_0 - t_3$)	1,92	5,91	0,83		0,26	3,58	2,32	50	0,024	-0,33



SEE; TG vs. WG; t_3

overall differences



Acceptance of Emotions	Emotional Flooding
$t = 2,76; df = 116; p = .007;$	$t = -2,56; df = 116; p = .012;$



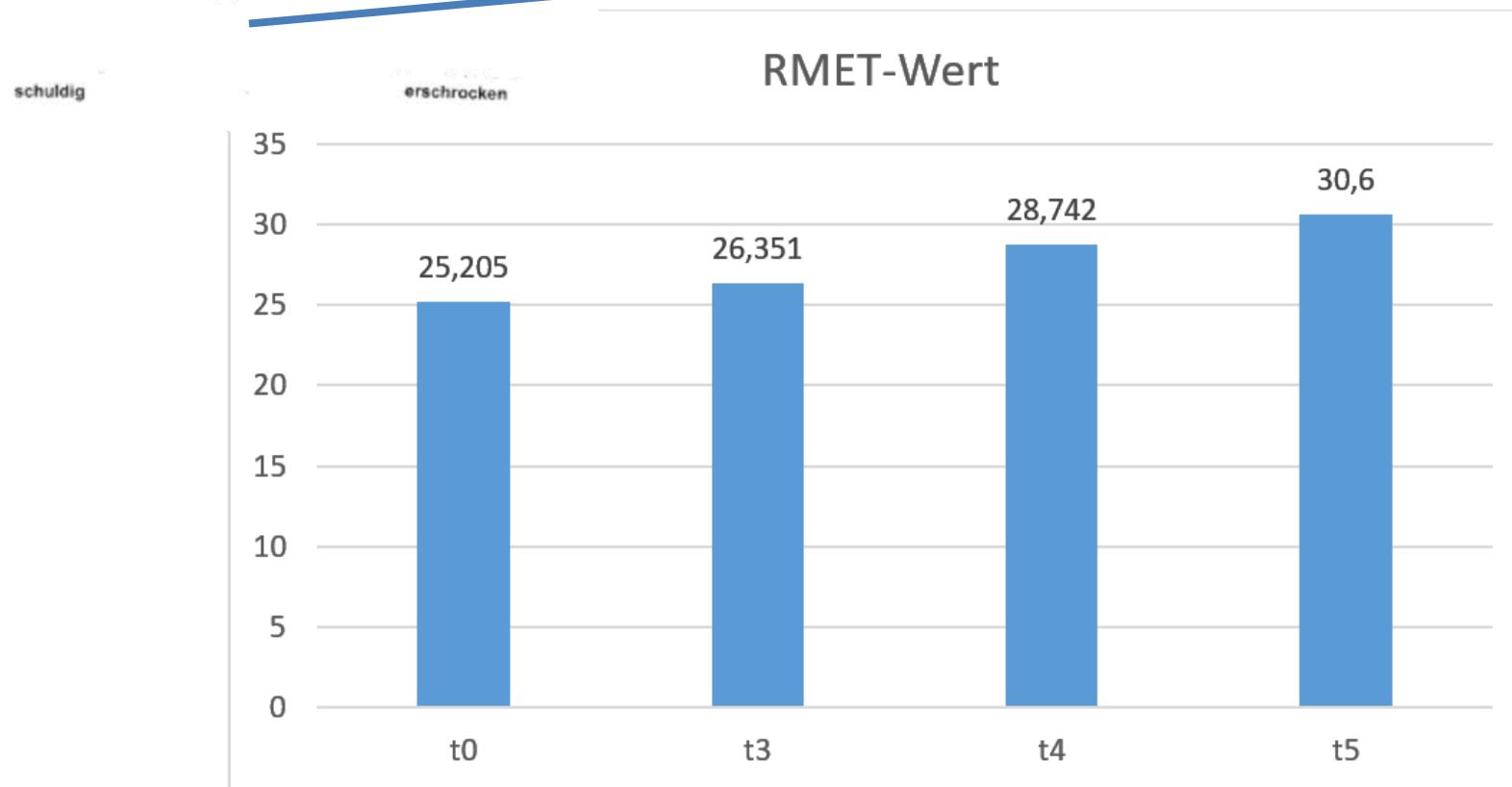
dominant

freundlich



RMET; TG

Better Reading the Mind in the Eyes



RMET; TG

	95-%-Konfidenzintervall der Differenz								
	M	SD	Standardfehler Mittelwert	der Differenz		t	df	p	Hedges g
				Unterer	Oberer				
Paar 1 ($t_0 - t_3$)	-1,18	3,44	0,60	-2,40	0,04	-1,97	32	0,057	0,24
Paar 2 ($t_3 - t_4$)	-2,00	3,67	0,71	-3,45	-0,55	-2,83	26	0,009	-0,46
Paar 3 ($t_4 - t_5$)	-2,53	6,05	1,39	-5,44	0,39	-1,82	18	0,085	0,32



Agenda

- Psychiatric Short Term Psychotherapy (PKP)
- Research questions and design
- Results
- **Summary**
- Discussion



Summary

After treating with PKP...

- ...a reduction of overall and depressive symptoms has been found.
- ...an improvement of emotional experience and regulation was gained.
- ... a decrease in dysfunctional attitudes and cognitions obtained.
- ...a flexibilization of the Survival Rule could be achieved.



Agenda

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Psychiatric Short Term Therapy PKP

F3 Depression

Depression Therapy Session Cards PKP

Symptom understanding module

Joy exposure module

Fear exposure module

Grief exposure module

Anger exposure module

Review and outlook module



Discussion

- Short term treatment can be effective and produce stable results
 - It could seem likely that long term therapy may not needed as often as it is provided
 - Acute therapy seems to be the essential factor of change
-
- Is long term therapy necessary in depression therapy?
 - Or:
- Which patients need short term therapy, which long term therapy?



Thank you for your attention.

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Download of this lecture:

<https://cip-medien.com/kostenlose-downloads/>

Psychiatric Short Term Therapy PKP

F3 Depression

Depression Therapy Session Cards PKP

Symptom understanding module

Joy exposure module

Fear exposure module

Grief exposure module

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Review and outlook module