



DEPRESSION

DEPRESSION STATISTICS

- DURING 2013–2016, 8.1% OF AMERICANS AGED 20 AND OVER HAD DEPRESSION IN A GIVEN 2-WEEK PERIOD.
- WOMEN (10.4%) WERE ALMOST TWICE AS LIKELY AS WERE MEN (5.5%) TO HAVE HAD DEPRESSION.
- OVER A 10-YEAR PERIOD, FROM 2007–2008 TO 2015–2016, THE PERCENTAGE OF ADULTS WITH DEPRESSION DID NOT CHANGE SIGNIFICANTLY.
- DATA FROM THE NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

DEPRESSION STATISTICS

- THE PREVALENCE OF DEPRESSION DECREASED AS FAMILY INCOME LEVELS INCREASED.
- ABOUT 80% OF ADULTS WITH DEPRESSION REPORTED AT LEAST SOME DIFFICULTY WITH WORK, HOME, AND SOCIAL ACTIVITIES BECAUSE OF THEIR DEPRESSION.
- DATA FROM THE NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY



Not much of a house, just right for not much of a donkey

DSM-V DEPRESSION DIAGNOSIS

- FIVE (OR MORE) OF THE FOLLOWING SYMPTOMS HAVE BEEN PRESENT DURING THE SAME 2-WEEK PERIOD AND REPRESENT A CHANGE FROM PREVIOUS FUNCTIONING; AT LEAST ONE OF THE SYMPTOMS IS EITHER (1) DEPRESSED MOOD OR (2) LOSS OF INTEREST OR PLEASURE.
 - DEPRESSED MOOD MOST OF THE DAY, NEARLY EVERY DAY, AS INDICATED BY EITHER SUBJECTIVE REPORT (E.G., FEELS SAD, EMPTY, HOPELESS) OR OBSERVATION MADE BY OTHERS (NOTE: IN CHILDREN AND ADOLESCENTS, CAN BE IRRITABLE MOOD.)
 - MARKEDLY DIMINISHED INTEREST OR PLEASURE IN ALL, OR ALMOST ALL, ACTIVITIES MOST OF THE DAY, NEARLY EVERY DAY (AS INDICATED BY EITHER SUBJECTIVE ACCOUNT OR OBSERVATION).

DSM-V DEPRESSION DIAGNOSIS CONT.

- SIGNIFICANT WEIGHT LOSS WHEN NOT DIETING OR WEIGHT GAIN (E.G. A CHANGE OF MORE THAN 5% OF BODY WEIGHT IN A MONTH), OR DECREASE OR INCREASE IN APPETITE NEARLY EVERY DAY. (NOTE: IN CHILDREN, CONSIDER FAILURE TO MAKE EXPECTED WEIGHT GAIN.)
- INSOMNIA OR HYPERSOMNIA NEARLY EVERY DAY.
- PSYCHOMOTOR AGITATION OR RETARDATION NEARLY EVERY DAY (OBSERVABLE BY OTHERS, NOT MERELY SUBJECTIVE FEELINGS OF RESTLESSNESS OR BEING SLOWED DOWN).
- FATIGUE OR LOSS OF ENERGY NEARLY EVERY DAY.

DSM-V DEPRESSION DIAGNOSIS CONT.

- FEELINGS OF WORTHLESSNESS OR EXCESSIVE OR INAPPROPRIATE GUILT (WHICH MAY BE DELUSIONAL) NEARLY EVERY DAY (NOT MERELY SELF-REPROACH OR GUILT ABOUT BEING SICK).
- DIMINISHED ABILITY TO THINK OR CONCENTRATE, OR INDECISIVENESS, NEARLY EVERY DAY (EITHER BY SUBJECTIVE ACCOUNT OR AS OBSERVED BY OTHERS).
- RECURRENT THOUGHTS OF DEATH (NOT JUST FEAR OF DYING), RECURRENT SUICIDAL IDEATION WITHOUT A SPECIFIC PLAN, OR A SUICIDE ATTEMPT OR A SPECIFIC PLAN FOR COMMITTING SUICIDE

DSM-V DEPRESSION DIAGNOSIS CONT.

- THE SYMPTOMS CAUSE CLINICALLY SIGNIFICANT DISTRESS OR IMPAIRMENT IN SOCIAL, OCCUPATIONAL, OR OTHER IMPORTANT AREAS OF FUNCTIONING.
- THE EPISODE IS NOT ATTRIBUTABLE TO THE PHYSIOLOGICAL EFFECTS OF A SUBSTANCE OR ANOTHER MEDICAL CONDITION.
 - NOTE: CRITERIA A-C REPRESENT A MAJOR DEPRESSIVE EPISODE.
 - RESPONSES TO A SIGNIFICANT LOSS (E.G., BEREAVEMENT, FINANCIAL RUIN, LOSSES FROM A NATURAL DISASTER, A SERIOUS MEDICAL ILLNESS OR DISABILITY) MAY INCLUDE THE FEELINGS OF INTENSE SADNESS, RUMINATION ABOUT THE LOSS, INSOMNIA, POOR APPETITE, AND WEIGHT LOSS NOTED IN CRITERION A, WHICH MAY RESEMBLE A DEPRESSIVE EPISODE.

DSM-V DEPRESSION DIAGNOSIS CONT.

- THE OCCURRENCE OF THE MAJOR DEPRESSIVE EPISODE IS NOT BETTER EXPLAINED BY SCHIZOAFFECTIVE DISORDER, SCHIZOPHRENIA, SCHIZOPHRENIFORM DISORDER, DELUSIONAL DISORDER, OR OTHER SPECIFIED AND UNSPECIFIED SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS.
- THERE HAS NEVER BEEN A MANIC EPISODE OR A HYPOMANIC EPISODE.
 - NOTE: THIS EXCLUSION DOES NOT APPLY IF ALL OF THE MANIC-LIKE OR HYPOMANIC-LIKE EPISODES ARE SUBSTANCE-INDUCED OR ARE ATTRIBUTABLE TO THE PHYSIOLOGICAL EFFECTS OF ANOTHER MEDICAL CONDITION.

CODING FOR DEPRESSION

Severity/course specifier	Single episode	Recurrent episode
Mild	296.21 (F32.0)	296.31 (F33.0)
Moderate	296.22 (F32.1)	296.32 (F33.1)
Severe	296.23 (F32.2)	296.33 (F33.2)
With psychotic features	296.24 (F32.3)	296.34 (F33.3)
In Partial Remission	296.25 (F32.4)	296.35 (F33.41)
In Full Remission	296.26 (F32.5)	296.36 (F33.42)
Unspecified	296.20 (F32.9)	296.30 (F33.9)

HOW DEPRESSION FORMS:

Apparently Normal Part



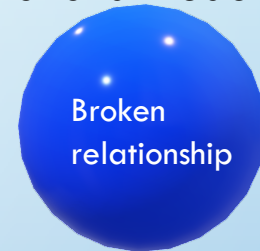
Event



Broken relationship

Loss of a pet

Emotional Reactions



Broken relationship



Loss of a pet

HOW DEPRESSION FORMS:

Apparently Normal Part



Event



Emotional Reactions



HOW DEPRESSION FORMS:

Apparently Normal Part



Event



Emotional Reactions



HOW DEPRESSION FORMS:

Apparently Normal Part



Event



Emotional Reactions



HOW DEPRESSION FORMS:

Apparently Normal Part



HOW DEPRESSION FORMS:

Apparently Normal Part



Trauma/Defense Mechanisms

Broken Relationship

No one will ever
love me

I have to be in
control

I can not
trust anyone

Emotional Parts

Pain,
Loneliness
Heart Ache

Loss
Isolation
Anger

HOW DEPRESSION FORMS:

Apparently Normal Part



Trauma/Defense Mechanisms

Broken Relationship
No one will ever
love me

I have to be in
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trust anyone

Emotional Parts



Pain,
Loneliness
Heart Ache

Hurt
Grief

Bitterness
Hatred

Loss
Isolation
Anger

HOW MS

Apparently Normal Part



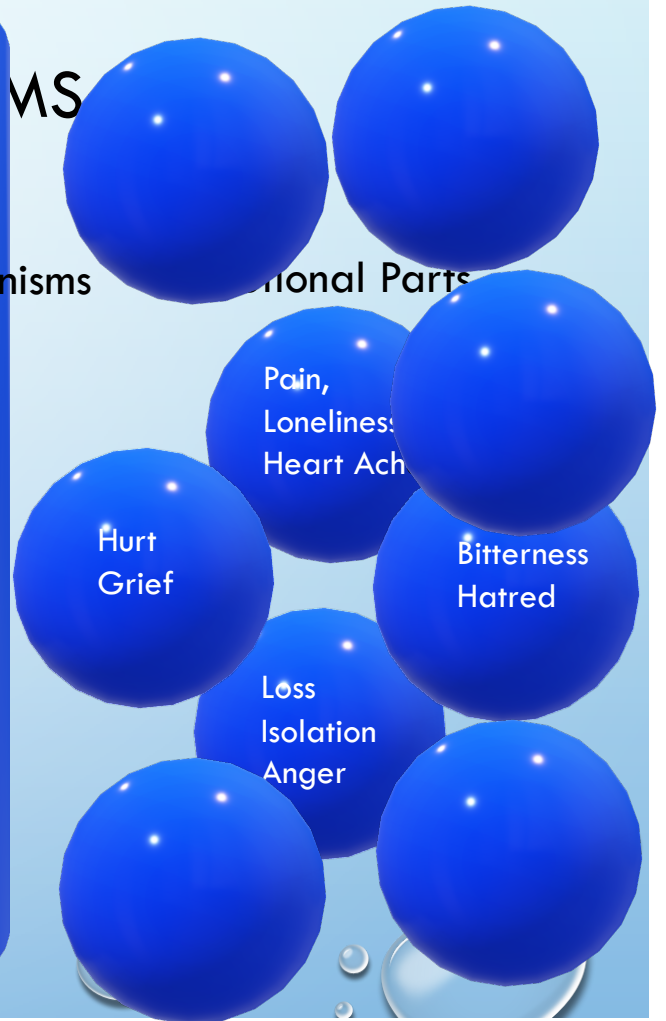
Trauma/Defense Mechanisms

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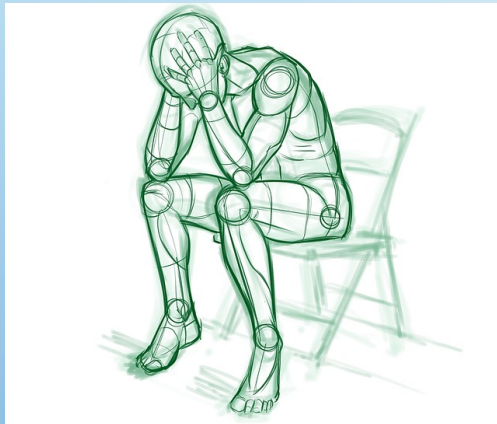
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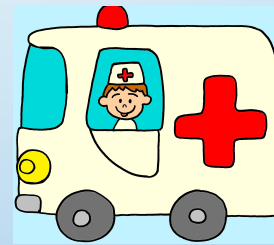
COMMON TREATMENT TYPES FOR DEPRESSION



Psychotherapy



Self-Help Strategies



Hospitalization



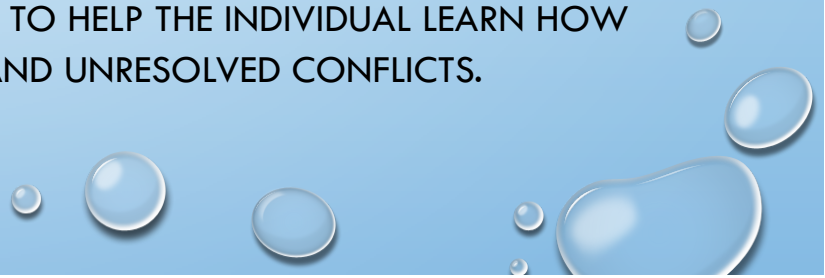
Family or couple
Therapy



Medications



TYPES OF PSYCHOTHERAPY THAT ARE EFFECTIVE IN TREATING DEPRESSION

- **INTERPERSONAL:** THIS IS A RELATIVELY SHORT-TERM BASED APPROACH THAT BELIEVES RELATIONSHIP ISSUES ARE THE ROOT TO DEPRESSION AND THE GOAL IS TO AIDE INDIVIDUALS IN IMPROVING THEIR COMMUNICATION AND CONFLICT-RESOLUTION SKILLS.
 - **COGNITIVE BEHAVIORAL:** FOCUSES ON HELPING PEOPLE TO IDENTIFY AND REPLACE FAULTY OR DISTORTED COGNITIONS AND BEHAVIORAL PATTERNS THAT CREATE AND REINFORCE DEPRESSIVE FEELINGS.
 - **PSYCHODYNAMIC:** FOCUSES ON HELPING THE INDIVIDUAL TO EXPLORE THE UNCONSCIOUS AND UNHEALED WOUNDS FROM THEIR PAST. GOAL IS TO HELP THE INDIVIDUAL LEARN HOW THEIR DEPRESSION IS RELATED TO PAST EXPERIENCES AND UNRESOLVED CONFLICTS.
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The background is a light blue gradient with several realistic water bubbles of various sizes scattered across it. The bubbles have highlights and shadows, giving them a 3D effect. The text is centered in the upper half of the image.

TYPES OF PSYCHOTHERAPY THAT ARE EFFECTIVE IN TREATING DEPRESSION

- **SUPPORTIVE COUNSELING:** FOCUSES ON LISTENING TO THE PERSON, INVITING THEM TO ADDRESS WHATEVER ISSUES HE/SHE WANTS TO TALK ABOUT, WHILE THE THE THERAPIST USES EMPATHY TO PROVIDE UNDERSTANDING AND SUPPORT.
- **BEHAVIORAL ACTIVATION:** GOAL IS TO RAISE AWARENESS OF PLEASANT ACTIVITIES. THE THERAPY HELPS TO INCREASE POSITIVE INTERACTION BETWEEN THE PATIENT AND THE ENVIRONMENT.
- **PROBLEM-SOLVING:** FOCUSES ON DEFINING THE INDIVIDUAL'S PROBLEMS, AND THEN DEVELOPING MULTIPLE SOLUTIONS TO ADDRESS THESE ISSUES.

FAMILY OR COUPLES THERAPY

- FAMILY OR COUPLES THERAPY MAY BE AN ADDITIONAL RESOURCE THAT STRENGTHENS AND ENCOURAGES OTHER MEMBERS THAT ARE EFFECTED BY THE INDIVIDUALS DEPRESSION:
 - TREATMENT CAN BE PSYCHO-EDUCATIONAL IN NATURE WHERE THE PEOPLE GAIN A BROADER UNDERSTANDING OF WHAT DEPRESSION IS AND HOW IT IS TREATED.
 - TREATMENT CAN FOCUS ON THE INTERPERSONAL RELATIONSHIPS AND HOW EACH OF THEM MAY CONTRIBUTE TO THE DEPRESSION

HOSPITALIZATION

- THIS COURSE OF ACTION IS REQUIRED WHEN THE PATIENT BECOMES A DANGER TO THEM SELF OR ANOTHER INDIVIDUAL.
 - WHILE IN THE HOSPITAL THE INDIVIDUAL MAY RECEIVE INDIVIDUAL, GROUP, OR FAMILY THERAPY.
 - MEDICATION MAY BE PRESCRIBED.
- ONCE A PATIENT IS STABILIZED AND HOSPITALIZATION IS NO LONGER REQUIRED THE INDIVIDUAL WILL LIKELY BE REFERRED TO A DAY TREATMENT PROGRAM. IN THIS SETTING THE PERSON WILL CONTINUE TO RECEIVE THE SAME CARE PROVIDED IN THE HOSPITAL WHILE THEY STAY AT HOME IN THE EVENING.

MEDICATIONS

- TRICYCLIC ANTIDEPRESSANTS (TCA'S):
 - AMONG THE FIRST DEVELOPED
 - HAVE MORE SIDE EFFECTS THAN NEWER MEDICATION
 - CAN BE MORE EFFECTIVE FOR SOME PEOPLE
- MONOAMINE OXIDASE INHIBITORS (MAOIS)
 - MUST FOLLOW CERTAIN DIETARY RESTRICTIONS—NO DAIRY—AS IT CAN CAUSE HIGH BLOOD PRESSURE
 - HAVE TO BE CAUTIOUS WITH OTHER MEDICATION DUE TO INTERACTIONS
 - NOT TYPICALLY USED TO TREAT DEPRESSION BUT WILL BE EMPLOYED WITH DIFFICULT TO TREAT DEPRESSIONS

MEDICATIONS

- SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRI)
 - MOST COMMONLY PRESCRIBED MEDICATION TO TREAT DEPRESSION
 - BLOCK THE REUPTAKE OF SEROTONIN AT THE SYNAPTIC LEVEL
 - HAVE FEWER SIDE EFFECTS
- SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI)
 - HAVE THE SAME EFFECT AS SSRI'S BUT ALSO BLOCK THE REUPTAKE OF NOREPINEPHRINE
- NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBITORS (NDRI)
 - BLOCK THE REUPTAKE OF NOREPINEPHRINE AND DOPAMINE.

SELF-HELP STRATEGIES

- SUPPORT GROUPS: THESE SETTINGS ALLOW THE INDIVIDUAL TO TALK WITH OTHER PEOPLE WHO CAN RELATE TO THE ISSUES AND DIFFICULTIES SHE/HE IS EXPERIENCING.
 - NATIONAL ALLIANCE ON MENTAL ILLNESS
 - CELEBRATE RECOVERY GROUPS AT A LOCAL CHURCH
 - ANXIETY AND DEPRESSION ASSOCIATION OF AMERICA
 - SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

SELF-HELP STRATEGIES

- ONLINE RESOURCES:
 - APPS FOR PHONE OR TABLETS:
 - HEAD SPACE
 - MOODPATH: DEPRESSION AND ANXIETY
 - YOU PER
 - REFLECTLY
 - DEPRESSION AIDE LITE
 - WEB SITES:
 - 21 DAY BRAIN DETOX




SELF-HELP STRATEGIES

- BOOKS OR WORKBOOKS:

- THE UPWARD SPIRAL BY ALEX KORB, PH.D.
- NEGATIVE SELF-TALK AND HOW TO CHANGE IT BY SHAD HELMSTETTER, PH.D.
- 1000 GIFTS BY ANN VOSKAMP
- THE ANXIETY, WORRY AND DEPRESSION WORKBOOK BY JENNIFER ABLE, PH.D.
- GETTING PAST YOUR PAST BY FRANCINE SHAPIRO, PH.D.



SIMPLE STRATEGIES TO COPE WITH DEPRESSION

- GET IN A ROUTINE: HAVING A GENTLE SCHEDULE TO ADHERE TO CAN HELP YOU GET BACK INTO THE SWING OF LIFE
 - SET SMALL REALISTIC GOALS, SUCH AS TAKING A SHOWER OR DOING THE DISHES EVERY DAY
 - EXERCISE--A SIMPLE 20 MINUTE WALK CAN INCREASE YOUR HEART RATE ENOUGH THAT YOU WILL RECEIVE THE BENEFITS OF AN ENDORPHIN RELEASE.
 - EAT HEALTHY
 - GET ENOUGH SLEEP, WHICH IS BETWEEN 7 TO 9 HOURS A NIGHT.
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The background is a light blue gradient with several realistic water bubbles of various sizes scattered across it. The bubbles have highlights and shadows, giving them a three-dimensional appearance. The title is centered in a bold, black, sans-serif font.

SIMPLE STRATEGIES TO COPE WITH DEPRESSION

- TAKE ON SOME RESPONSIBILITIES: BEING ACTIVE AND ENGAGED HELPS TO MITIGATE THE DEPRESSION
- DO SOMETHING NEW SUCH AS EATING AT A NEW RESTAURANT, BRUSHING YOUR TEETH WITH YOUR OFF HAND
- SAVOR SOMETHING:
 - MINDFUL EATING
- TRY TO HAVE FUN
- CHALLENGE NEGATIVE THOUGHTS

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SIMPLE STRATEGIES TO COPE WITH DEPRESSION

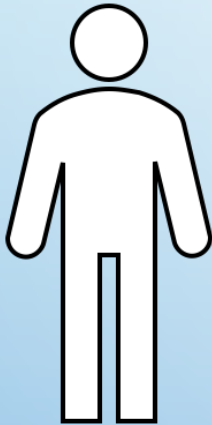
- MAINTAIN A GRATITUDE JOURNAL
 - SEE ATTACHED WORKSHEET
- MAINTAIN A KINDNESS JOURNAL
 - SEE ATTACHED WORKSHEET
- DEVELOP AWARENESS OF ALL THE EMOTIONS EXPERIENCED DURING THE DAY, FOCUSING ON POSITIVE ONES WHEN DEPRESSED.
 - SEE ATTACHED WORKSHEET
- LAMENT THE LOSSES BEING EXPERIENCED WITH THE DEPRESSION.
 - SEE ATTACHED WORKSHEET



SIMPLE STRATEGIES TO COPE WITH DEPRESSION EMOTIONS WORKSHEET

- DEVELOP AWARENESS OF ALL THE EMOTIONS EXPERIENCED DURING THE DAY, FOCUSING ON POSITIVE ONES WHEN DEPRESSED.
- EACH DAY NOTE THREE DIFFERENT EMOTIONS THAT YOU FELT DURING THE DAY.
 - REFER TO THE FEELING WHEEL, WORD OR SMILEY FACE LISTS IF NEEDED.
- USING THE COLOR OF CRAYON THAT BEST REPRESENTS THAT FEELING AND MARK ON THE BODY WHERE YOU FELT THIS EMOTIONAL RESPONSE.
 - FOR INSTANCE: THE COLOR YELLOW FOR HAPPINESS
- AT THE END OF THE WEEK PICK THE BEST MOMENT LISTED BELOW AND DRAW A PICTURE OF IT ON THE BACK OF THE SHEET
- SHARE THE EXPERIENCE WITH A TRUSTED INDIVIDUAL

SIMPLE STRATEGIES TO COPE WITH DEPRESSION



Emotion:

1. _____

2. _____

3. _____

Thought:

1. _____

2. _____

3. _____

Sensation:

1. _____

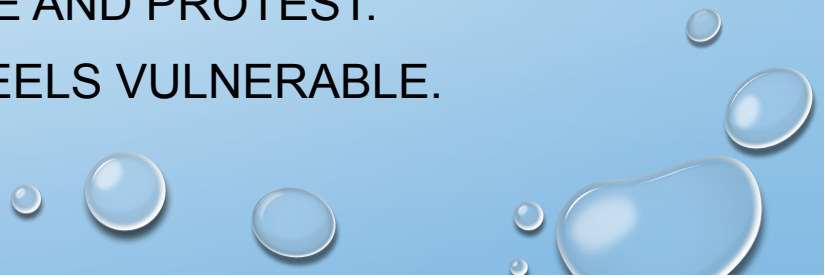
2. _____

3. _____



SIMPLE STRATEGIES TO COPE WITH DEPRESSION : LAMENTING EXERCISE

- **THE IMPORTANCE AND POWER OF LAMENT**

- IT IS A TRANSCENDING FORM OF DISCOURSE, MOVING BEYOND THE CURRENT REALITY.
 - IT ACKNOWLEDGES THE LIMITATIONS OF AN EMBODIED LIFE...
 - IT AFFIRMS THE VALUE OF AN EMBODIED LIFE.
 - IT GRANTS PERMISSION TO GRIEVE AND PROTEST.
 - IT EMPOWERS WHEN SOMEONE FEELS VULNERABLE.
- 

The background is a light blue gradient with several realistic water bubbles of various sizes scattered across it. The bubbles have highlights and shadows, giving them a three-dimensional appearance. The text is centered in the upper half of the image.

SIMPLE STRATEGIES TO COPE WITH DEPRESSION : LAMENTING EXERCISE

- IT PREPARES THE WAY FOR NEW UNDERSTANDINGS OF GOD.
- IT STRENGTHENS OUR SELF-UNDERSTANDING AS RESPONSIBLE AGENTS.
- IT PURIFIES ANGER AND THE DESIRE FOR VENGEANCE.
- IT PROMOTES SOLIDARITY WITH THOSE WHO SUFFER.
- IT REVITALIZES PRAISE AND HOPE.

SIMPLE STRATEGIES TO COPE WITH DEPRESSION : LAMENTING EXERCISE

- **GRIEF AND MOURNING**

- “GRIEF IS THE NORMAL EMOTIONAL, SPIRITUAL, PHYSICAL, AND RELATIONAL REACTION TO THE EXPERIENCE OF LOSS AND CHANGE.” (HAMMAN, WHEN STEEPLES CRY, P12)
- “MOURNING, IN CONTRAST, IS THE INTENTIONAL PROCESS OF LETTING GO OF RELATIONSHIPS, DREAMS, AND VISIONS AS YOUR CONGREGATION LIVES INTO A NEW IDENTITY AFTER THE EXPERIENCE OF LOSS AND CHANGE” (P13).

- *DRAFTING A LAMENT IS A LIFE-GIVING AND LIFE-AFFIRMING TASK FOR ALL PEOPLE AND EVERY COMMUNITY.*

SIMPLE STRATEGIES TO COPE WITH DEPRESSION : LAMENTING EXERCISE

- HENRI NOUWEN CALLS US TO RE-MEMBER IN THE WAKE OF LOSS. WHEN WE LOSE A DEAR FRIEND, SOMEONE WE HAVE LOVED DEEPLY, WE ARE LEFT WITH A GRIEF THAT CAN PARALYZE US EMOTIONALLY FOR A LONG TIME. PEOPLE WE LOVE BECOME PART OF US. OUR THINKING, FEELING AND ACTING ARE CODETERMINED BY THEM: WHEN THEY DIE A PART OF US HAS TO DIE TOO. THAT IS WHAT GRIEF IS ABOUT: IT IS THAT SLOW AND PAINFUL DEPARTURE OF SOMEONE WHO HAS BECOME AN INTIMATE PART OF US. BUT AS WE LET GO OF THEM THEY BECOME PART OF OUR “MEMBERS” AND AS WE “RE-MEMBER” THEM, THEY BECOME OUR GUIDES ON OUR SPIRITUAL JOURNEY. (TEXT EXCERPTS TAKEN FROM [*BREAD FOR THE JOURNEY*](#))

The background is a light blue gradient with several realistic water droplets of various sizes scattered across the surface. The droplets have highlights and shadows, giving them a three-dimensional appearance.

SIMPLE STRATEGIES TO COPE WITH DEPRESSION : LAMENTING EXERCISE

- THE EXPRESSION OF LAMENT IS VITAL FOR A CHILD OF GOD AND IS CRUCIAL TO THE WORK OF MOURNING AND REVITALIZATION.
- *DRAFTING A LAMENT IS A LIFE-GIVING AND LIFE-AFFIRMING TASK FOR ALL PEOPLE AND EVERY COMMUNITY.*

1. **Address to God:** The address to God is usually a brief cry for help, but is occasionally expanded to include a statement of praise or a recollection of God's intervention in the past. (Ps 71:1-3).

2. **Complaint:** God is informed about diverse problems or concerns that individuals (or a community) experience. (including acknowledgment of one's sins) The complaint contains a range and depth of emotional, spiritual, and relational reactions to change. (Ps 71:4).

3. Confession of trust: The psalmist remains confident in God despite the circumstances and begins to see his or her problems differently (Ps 71:5-8).

4. Petition: Filled with confidence in God, the psalmist appeals to God for deliverance and intervention. Not bargaining, rather giving legitimate expressions & reasons why God should intervene. This awakens new spiritual energies to overcome the loss and suffering. (Ps 71:9-13).

5. Words of assurance: The psalmist expresses certainty that the petition will be heard by God. Communicating God's trustworthiness and desire for restoration and wholeness. (Ps 71:14a)

6. Vow of praise: The lament concludes with a vow and commitment to testify of God's intervention (even if it is still yet to come). (Ps 71:14b-24).



THANK YOU

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