

Depression Workshop

Statistics

Currently, in the United States...

- Approximately, 20 million people suffer from some type of depressive disorder
- Estimated to cost \$43.7 billion dollars in absenteeism, lost productivity and treatment costs
- Depression is the number three reason for workplace difficulties behind stress and family crisis

Categories of Depression

- **Mood**
 - Sadness, melancholy, desperation, hopelessness, helplessness, loneliness
- **Cognitions (thoughts)**
 - “What’s the use?”
 - “I’m not worth the effort.”
 - “I’d rather be dead.”
 - “I can’t handle anything.”
- **Behaviors**
 - Isolation, irritability, minimal expression, poverty of speech (limited use of vocabulary “yes or no” responses)
- **Physical – many sufferers are diagnosed with depression by their doctors because they go in with the following complaints**
 - Sleep changes (insomnia or somnolence)
 - Fluctuations in appetite
 - Pain (headaches, backaches)
 - Gastrointestinal (stomachaches, constipation, nausea)
 - Neurological (dizziness, concentration difficulties, memory problems)
 - Fatigue – feeling “heavy”, wearing a “lead suit”, “stuck in the mud”

How do you tell the difference between sadness/grief and depression?

- **Length**
 - Depressive episodes must last at least two weeks
- **Symptoms**
 - A certain number of symptoms must be present in order to qualify as a depressive episode
- **Severity**
 - Does it negatively affect your functioning (work, relationships, leisure time)?
 - Has the way you live your life changed significantly as a result of your symptoms?

Depressive Disorders

Major Depressive Disorder – depressive episode that lasts at least 2 weeks

Symptoms of a Depressive Episode

- Depressed mood most of the day
- Lost of interest or pleasure in most activities that you previous got reward from
- Significant change in appetite
- Sleep changes (too much or not enough)
- Changes in motor functioning (slowed down or restless)
- Fatigue, loss of energy
- Feelings of worthlessness or inappropriate guilt
- Poor concentration, indecisiveness
- Focus on suicide

Gender Differences

- Two times more women suffer from depression than men
- Possible reasons
 1. Biological
 - hormones – 80% of mothers develop the “baby blues” after delivery; however, a small percentage can suffer from Postpartum Depression which is dangerous and puts the mother and baby at risk because of severe symptoms (suicidal ideation and psychotic symptoms – delusions, paranoia, hallucinations)
 - brain differences – there are structural differences when you compare men and women’s brains which may result in performance or emotional differences (example - women’s brains, on average, are smaller because they use their brains more efficiently, which is why they multitask better)
 2. Cognitive – some researchers theorize that women have a tendency to attribute negative events to some type of personality flaw hence always taking responsibility for things that go wrong even when that is not entirely accurate
 3. Stigma – men do not seek help because it is taboo to discuss feelings or ask for assistance
 4. Misdiagnosis – depression is frequently misread as substance abuse or anger management problems

Single Episode vs. Recurrent Episodes

- Severe stressor usually precipitate the first or second episode, but not recurrent ones
- Those that suffer from a single episode have a 60% chance of having a second
- 70% chance of having a third
- 90% chance of having a fourth
- This is why early diagnosis and treatment is important because every time an episode occurs the person’s risk for another one increases

Other concerns

- Psychotic features – like Postpartum Depression, Major Depressive Disorder can be severe enough to cause auditory and/or visual hallucinations, delusions, paranoia
- 5% to 10% develop Bipolar Disorder

Bipolar Disorder - Presence of depressive episode and manic episode

- **Symptoms of mania**
 - Inflated self-esteem or grandiosity (can reach delusion states – for example a person believes they have all the answers, can solve the problems in the Middle East, or know the cure for cancer)
 - Decreased need for sleep
 - Pressured speech
 - Racing thoughts
 - Distractibility
 - Increased activity level
 - Increased involvement in activities that may lead to negative results (examples: risky sexual behavior, gambling, spending beyond means, driving fast)

Dysthymic Disorder

- Lower level depression with fewer symptoms and/or less severe symptoms
- Other difference is the length, which must be at least two years with ongoing symptoms
- Sufferers have difficulties identifying a starting time because it is harder to identify than a Depressive Episode
- Majority of those diagnosed began experiencing symptoms in childhood and adolescences

Seasonal Affective Disorder (SAD) – depression that typically occurs during the winter months

Symptoms

- Depressed mood – including irritability, suicidal thoughts, and poor concentration
- Increases in appetite (in colder months)
 - includes weight gain and increased cravings for carbohydrates
- Hypersomnia (sleeping too much)– in colder months
- Lethargy – longer sleep time does not result in restorative sleep causing fatigue (depression causes the brain to speed through the last few stages of sleep, which are the ones that help the body and mind recharge for the new day)

Importance of light on SAD

- People spend less than 10% of their time outdoors during the winter
- People who live in Canada and northern United States are eight times more likely to suffer from SAD
- People in urban areas are more likely to suffer from SAD than those in rural areas because in rural areas work tends to be outside
- People who work third shift are at increased risk for SAD
- Light affects hormonal and chemical systems in the brain that influence mood
- Either through those systems, or independent of them, light has a positive effect on the structure in the brain that regulates the circadian rhythms
- Phototherapy – sitting in front of a “light box” that uses light bulbs five times as bright as normal bulbs in order to recreate the light of the sun , which can decrease depressive symptoms

Causes of Depressive Disorders

Arguments for Biological Vulnerabilities

- **Appetite** – hunger is a biological drive in order to stay alive, if you don't eat you will die
 - Decrease – biological change
 - Increase – argument could be made that an increase in appetite is either biological (SAD) or psychological (“Eating makes me feel better”)
- **Fatigue** – “moving underwater”, “wearing a lead suit”
- **Sleep difficulties** – extreme sleep deprivation can cause hallucinations, physical problems and eventually death
 - **Insomnia** – difficulties falling asleep and staying asleep
 - **Somnolence/Hypersomnia** – sleeping too much, but still fatigued (depression can reduce the amount of time in restorative stage of sleep)
- **Loss of libido** – humans have a built in drive to reproduce
- **Anhedonia** – get no pleasure from favorite activities
- **Psychosis** – hallucinations are errors in the brain's interpretation of the environment
- **Genetics**
 - **First degree relatives** (children, parents, siblings) – are 1.5 – 3 times more likely to suffer from a depressive disorder if a family member does
 - **Twin studies** (studies examining identical twins that grow up in the same household to twins that grow up in different houses because of adoption) – in both situations if one twin has a depressive disorder, the other has a 35% to 80% chance of developing one

Argument for Psychological Vulnerabilities

- **Development of Inadequacy** - Childhood environments that put a person at risk to develop self-esteem issues in adulthood
 1. **Unstable/Abusive** (substance abusing or verbally/sexually/physically abusive parents) – produces feelings of abandonment and/or distrust
 2. **Overprotective** (parents that do not let their children make mistakes or develop self-sufficiency) – results in severe dependency and/or excessive worry
 3. **Overly critical or strict** (parents who never praise a child for good behavior and only focus on the negative or mistakes) – develops poor self-image
 4. **Suppression of feelings** (parents tell their children how to feel or ignore their expression of feeling) – results in a person that is eager to please at the extent of own feelings resulting in over-controlled hostility that can become violence
 5. **Restricted gratification** (parents who focus on success and perfectionism or who suffer from some type of illness that requires the child to take on adult responsibilities) – results in an adult who accepts nothing less than perfection from themselves or focus on the negative in life
- **Perception Is The KEY**

Perception – The interpretation of sensory information to yield a meaningful description or understanding

 - **Life is ambiguous**
 - **Depressed people tend to lean toward negative interpretations for ambiguity**
 - **(Depressive) cognitive triad** - negative belief system about:
 - **Self** - “I'm a failure”
 - **Immediate world** - “People are untrustworthy”
 - **Future** - “I will develop a untreatable disease”

- **Cognitive Distortions – negative, unrealistic ways of looking at events that put individuals at risk for depression if used frequently**
 1. **All-or-nothing thinking – evaluation of personal qualities and events in terms of black-and-white categories**
–“I misspelled a word and ruined the proposal.”
 2. **Overgeneralization – changing a single negative event into a endless pattern of misfortune and defeat**
–“I caught a cold and couldn’t go to the movies. Things never go my way”
 3. **Catastrophizing – turning small personal flaws, minor negative experiences or mistakes into major tragedies**
–“I spilled the boss’ coffee so I’m getting fired”
 4. **Minimizing – belittling of personal strengths, abilities and accomplishments (look out for magnifying other people’s abilities and then making comparisons)**
–“I got an A on the test because I got lucky.”
 5. **Fortune Telling – making a negative prediction and then convincing yourself it is an established fact**
–“I’m never going to find a good relationship so why look.”
 6. **Personalization – assuming responsibility for a negative event when there is no basis**
–“My child got in trouble at school because I’m a bad parent.”
 7. **Mind Reading – assuming that you know what other people are thinking and feeling with little or no evidence to support the assumption and no attempts to confirm or deny that belief (large reason for relationship conflict)**
–“My supervisor must be in a bad mood because of something that I did.”
 8. **Emotional Reasoning – using emotions as objective evidence of a truth or to validate a belief or thought (“feeling as fact”)**
–“I feel like none of my co-workers like me.”
 9. **Mental Filter – seeing only the negative and screening out the positive**
 10. **Labeling – instead of acknowledging a mistake, labeling yourself or others negatively**

- **Automatic Thoughts**
 - Much of a person’s thinking becomes automatic over time with repeated presentations
 - Driving a car involves quickly judging distances, repetitive physical activity and interpreting the actions of other drivers and pedestrians
 - Individuals use distortions so frequently that they become automatic and, as a result, their perception is negative which causes them to feel depressed

The Trigger – biological and/or psychological vulnerabilities are activated by some type of stressful event

1. Biological + Stressful Life Event

- **Kindling Hypothesis**
 - Stressful life events activate hormones (cortisol)
 - Prolonged exposure to these hormones may activate genes that produce structural and chemical changes in the brain
 - Once changes occur, the person is susceptible to depression

2. Psychological + Stressful Life Event

- **Depressed Outlook**
 - **Learned Helplessness (Seligman, 1975)** – animals in electrified cages who did not have a way to stop getting shocked jump around for awhile and then give up by crouching in a corner and whimpering
 - Seligman looked at the behavior as an animal's version of depression, which lead him to hypothesize that humans are at a higher risk for depression when they believe that they have no control over the stress in their life
 - **Attribution Style** – if your outlook about negative events is stable, global and internal you will be at greater risk for depression
 - **Stable vs. Unstable** – “Bad things always happen to me” vs. “I’ve had a few negative events happen in a short period of time, but life is not always like this and things will improve.”
 - **Global vs. Specific** - “No one can be trusted” vs. “My friend turned out to be untrustworthy, but that does not mean everyone else is. In fact, I have another friend who I’ve known twice as long and she has never let me down.”
 - **Internal vs. External** – “I was late for my mom’s birthday party because I’m lazy” vs. “I left for the party in plenty of time, but got caught behind a car accident which slowed me down.”
 - **Distortions (discussed previously)**

Thinking affects the way you feel

- **People and situations do not cause emotions, how a person perceives those things causes emotions**
- **Brain imaging studies show that the way you think about things activates different areas**
 - The brain of a depressed person shows decreased activity
 - Prompting a person to think about positive or happy thoughts results in activity in the emotional centers of the brain indicating that changing the way you think affects your mood

Support – humans are social creatures that need relationships

- **Frequency and number of social relationships correlate with life expectancy**
 - Multiple studies show that the more social contact you have the longer that you will live
- **Lack of social support can affect a person’s immune system**
 - **Virus (common cold) study (1997)** – All the subjects were exposed to the common cold virus and then sequestered for several weeks. Half were allowed visits from their family and/or friends, the other half were not allowed visitors. Those that did not have visitors were four times more likely to get colds.
- **Spouses’ risk of death significantly increases after the passing of their significant other**
- **Study of women experiencing stressful event and risk of depression**
 - Only 10% of subjects who had a close relationship developed depression
 - 37% of those who did not have a close relationship developed depression

Things You Can Do to Decrease Your Risk

Changing Your Thinking

- **Control**
 - You have a say in how much the psychological symptoms of depression affect you
 - How you interpret something affects how you feel about it
- **Ask yourself questions**
 - Is my perception of events accurate?
 - Where is the evidence to support my negative outlook?
 - What other options (alternative thoughts) can I consider?
 - With a mood record you can consider all these questions thought by thought. This is beneficial for several reasons
 1. It is easier to evaluate your perception of events when you write them down
 2. It forces you to take the time to work on changing your outlook/attribution style
 3. It improves insight into yourself because you may start seeing patterns, which will help you prepare for when those situations arise in the future
 4. Practice makes you more efficient and in the end you are hoping that a more realistic way of looking at negative situations will become automatic instead of the depressive outlook

Mood Record

Situation : “ My friend stood me up at the movie theatre”

Mood : Depressed (9)*

Automatic thought	Distortion	Evidence For	Evidence Against	Alternate Thought
“My friend hates me” (80%)**	Catastrophizing	My friend did not show up	This is the first time this has happened. We have not been arguing about anything.	My friend forgot because he is stressed. (80%)** An emergency came up. (60%)**

* These number is how you rank your mood on a scale of 1 to 10, 10 being the most severe. Under the mood category you can have more than one such as depressed and anxious.

** These percentages are a measure of how much you believe the thought. After you come up with the alternative thoughts in the last column, go back and ask yourself if the percentage you gave to the automatic thought is still as high and if not cross it out and write in the new percentage.

This is an example. You can have as many entrees in the columns as you need.

• **Other Techniques**

1. **Attempt to remove yourself from the situation**
 - “What would I say to a friend with the same problem?”
2. **Shades of gray – life is not black or white, one or the other**
 - “What in life is absolute?”
 - Avoid terms like always, never
3. **Ask around – friends and family are a good resource and they can give you a perspective on your situation that you will respect**
4. **Be specific, avoid labeling – for example, don’t label yourself as a “bad employee”, specify the problems that you are having and then work to resolve them**
5. **Re-attribution**
 - Attempt to look at negative situations as unstable, specific and external
6. **Expectations**
 - Perfectionism – everyone is human and makes mistakes, so if you require perfection from yourself, you will always be disappointed and at risk for depression
 - Ideal vs. real – sometimes your perception of your role as employee, friend, family member, etc does not match real life and can result in depression. You will have more success compromising by trying to meet in the middle by dropping your expectations slightly and improving your current performance. You can still continue to improve over time, but you will have better success if you are not depressed while you are trying

Things To Avoid

- **Increased responsibility – stress can worsen symptoms**
- **Major changes – even good change can be stressful because it forces you to adjust to something new**
- **Isolation – remember research on social support**
 - Many with depression frequently feel that they cannot engage in small talk required to be at work so they use their sick time, which becomes a problem when they become physically sick. Being around people can help and if you do not think that you can handle a conversation then just ask questions. It indicates that you are interested without having to put in as much effort and most people love to talk about themselves.
- **Appearance neglect – not taking care of your hygiene can worsen depressive symptoms**
- **Inactivity – exercise releases endorphins (pleasure chemicals in the brain) that can decrease depression**
 - Many studies show it only takes 30 minutes of aerobic activity per day
- **Poor food choices – eating fatty foods when depressed can worsen feelings of fatigue and decrease motivation**
- **Alcohol and drugs – alcohol is a depressant, while many symptoms of drug intoxication and withdrawal can produce depressive symptoms**

Suicide

- **80% of those who commit suicide give some indication of intent**
- **15% of those experiencing repeated, clinical depression commit suicide**
- **Highest in the spring and lowest in the winter**
- **32,439 suicides in 2004**
- **There were over one and half times more suicides than homicides**
- **Steady increase every year since 1999 except for 2003**
- **Third leading cause of death in 10-24 year age range, and second leading cause in 25-34**

Suicide – Gender Differences

- Eight to 25 attempts for every one completed suicide
- Women are three times more likely than men to attempt suicide
- Men are four times more likely than women to die from suicides because men usually choose more violent ways to commit suicide
- 51.6 % of suicides involved firearms regardless of gender

Risk Factors

- Previous suicide attempt(s)
- Family history of suicide
- History of mental disorders, particularly depression
- History of alcohol and substance abuse
- Family history of child maltreatment
- Feelings of hopelessness, helplessness
- Impulsive or aggressive tendencies
- Easy access to lethal methods
- Barriers to accessing mental health treatment
- Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or suicidal thoughts
- Loss (relational, social, work, or financial)
- Physical illness
- Local epidemics of suicide
- Isolation, a feeling of being cut off from other people

Determining If Treatment Is the Answer

- Difficulties following through on interventions discussed – Since depression can get severe, an individual might not be able to do many of the things discussed above without the help of a professional. The negative outlook can become so overwhelming that generating realistic thoughts may be impossible without the help of a therapist who can give you ideas and motivate you to use them.
- Missing work or not following through on other important events
- Continuation of biological symptoms (poor sleep, fatigue, poor appetite, etc.)
- Persistent feelings of despair - not able to identify errors in thinking
- Strong focus on suicidal ideation – frequently includes feelings of hopelessness and helplessness

Therapeutic Modalities - There are many other, but these are two of the most popular

- Cognitive-Behavioral Therapy (CBT) - Thinking and behavior causes depression
 - Identifying and modifying maladaptive thinking (mood record)
 - Implementation of behavioral interventions (scheduling times to exercise, see people, care for personal hygiene, engage in fun activities)
- Interpersonal Psychotherapy (IPT) - Problems with relationships result in depression
 - Examine four areas
 1. Conflict – identify problems with current relationships and then generating solutions
 2. Loss – death of a loved one or the end of a relationship
 3. Acquisition – working on forming new relationships
 4. Social Skills – improving skills needed to maintain and make new relationships

Medications

- **Everybody is different – one antidepressant that works for one person may not work for another**
- **Prescriber should be getting a complete history – this is so they can make the best decision about what medication to try first**
- **Can take in between two to six weeks to get the full effect of medications**
- **Side effects occur immediately**
 - **can include insomnia, dizziness, headache, dry mouth, drowsiness, nausea**
 - **side effects usually subside or decrease after a few weeks; however, if they do not and are making it difficult to function talk to your prescriber**
- **Reasons they do not work**
 - **Not taking it as prescribed – medication not only treat current symptoms but regulate your brain chemistry to decrease the chances that those symptoms will return**
 - **Not a high enough dosage – there is a range in which the medication has shown to produce results, but the prescriber will attempt to use the least amount because that reduces the chances of side effects and will slowly increase the dose if there is no improvement**
 - **Not given enough time to work – people get impatient and do not give the medication time to change brain chemistry**
 - **Substance abuse – alcohol and drugs can cancel out the benefits of medication**
 - **Improper diagnosis – the person is being medicated for the wrong depressive disorder**

Electroconvulsive Therapy (ECT)

- **For those who do not respond to other treatments ECT can be beneficial**
- **Seizure is believed to return brain chemistry to appropriate levels more quickly**
- **Performed on an outpatient basis**
- **10 to 15 minutes under anesthesia**
- **30 to 45 minutes in recovery**
- **Electric current is passed through your brain producing a 30 – 60 second seizure, which does not cause physical convulsions because of anesthesia and muscle relaxers**
- **Six to twelve sessions over several weeks**
- **Side effects include memory loss and confusion, which is restricted to the day leading up to treatment and the day after. Usually all the memories return, but in some rare instances the memory loss is permanent and can include longer periods of time or older memories**

Other reasons for depression

- **Hypothyroidism – thyroid is not working at the optimum level**
- **Anemia – low red blood cell count**
- **Hormones**
- **Chronic illness – HIV/AIDS, Diabetes, Heart Disease, Cancer, and Parkinson's Disease**
- **Substance abuse – alcohol is a depressant, withdrawal symptoms**

Depression Resources at the State Library

Three options for finding materials at the State Library:

1. KDLA Catalog: <http://kdla.kyvl.org>
 2. Resource Lists: <http://kdla.ky.gov/employees/resourcelists/Pages/default.aspx>
 3. Kentucky Libraries Unbound (KLU):
<http://kdla.ky.gov/employees/downloadingmedia/Pages/default.aspx>
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To search for materials in our catalog:

- Go to our homepage: <http://kdla.ky.gov>
 - Click on “KDLA Catalog”
 - In the Search box, enter the topic that interests you (or author, title, etc.)
 - If you’re only interested in a particular format (like DVDs/Videos), choose the format from the “Limit to” drop-down menu
 - Click “Search” when you’re ready
 - From your list of results, click on the title of the item that interests you
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To request an item from our catalog:

- Click on “Request This Item”
- Login using your KDLA library account number and last name
- Click on “Material Request”
- From the drop-down menu, choose if you want the item to be delivered to you through messenger mail/UPS or if you’d like to pick it up here at KDLA
- Remember, we will deliver anything in our collection to you, even if you work outside Frankfort

- Click “Submit” – you’re done!
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How to request a DVD or video:

- From the catalog record, highlight and copy the title of the item you want
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 - Highlight and copy the call number of the item you want
 - Paste it under the title information
 - Fill out your personal information
 - Click the “Submit” button
 - If you need assistance, call the Reference Desk: 502-564-8306 or 800-928-7000 (#3)
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Our Resource Lists are topical lists of materials that are available in our collection. They cover topics like personal finance, conflict management, Office software, and safety training. To find them:

- Go to our homepage: <http://kdla.ky.gov>
 - Hover over the “State Employees” heading
 - Hover over “Resource Lists”
 - Click on a list – in this case, “Lifestyle and Wellness Resources”
 - Click on a topic – “Depression,” “Anxiety,” etc.
 - Browse the list for an item
 - To request the item, click on its call number
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Kentucky Libraries Unbound, our eBook and audiobook downloading service:

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 - Search for books in KLU!
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