UNC School of Social Work
Clinical Lecture Series

Problem Solving Depression

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Agenda

- Information on Depression and Reasons for Treatment
- Evidenced Based Model for Depression Care
- Case Examples of Getting Better Through Problem Solving
- Build Knowledge and Skills to Fight Depression
- Steps to Move Through and Beyond Depression with Problem Solving
- Additional Tool: Unhelpful Thinking Styles and Depression
- Appendices:
  - Treatment Considerations
  - Behavioral Assessment Educational Aspects
  - Mnemonics for Depression

Objectives

- Learn key aspects of a really successful approach to depression treatment.
- Learn steps to problem solving to reduce depression
- Come away from this training with information that you can use to incorporate in your practice to improve depression care and patient outcomes.

Why Treat Depression in a Primary Care Setting?

- **Depression is a medical illness**
  - 5-10% patients have MDDs. 7-16% lifetime risk in US adults
    - 10% - 20% of adults visit their doctor during a depressive or anxious episode
      - Over 50% suffer from comorbid depressive or anxiety disorder
      - Comorbidity substantially increases medical utilization, is associated with greater chronicity, slower recovery and greater psychosocial disability
  - 4th leading contributor to disability, expected to be 2nd by 2020
  - People with diabetes, coronary artery disease, stroke, obesity, and HIV have a two-fold risk of depression compared to the general population

Why Treat Depression in a Primary Care Setting?

- **One episode of depression increases likelihood of future episodes**
- **Patients *can* have increased pain related to depression**
  - Depression increases emotional *and* physical sensitivity

Treatment Works!

- **80% of those who get treatment improve!**
  - Only 50% of people with depression seek treatment

Effective treatment reduces symptoms and improves quality of life

- 46% of adults improve with medication, 48% improve with counseling

Providing *both doubles the effectiveness* of care

Evidenced Based Depression Care

- *Structured and integrated* care in a primary care setting
  - Uses trained physicians and counselors
  - Uses algorithms to *guide* treatment
  - Regular monitoring to assess and facilitate treatment progress
  - Builds on existing patient trust and access with provider/clinic
  - Example: IMPACT – Randomized Controlled Trial
    - For information on IMPACT: http://aims.uw.edu impact-improving-mood-promoting-access-collaborative-treatment

Evidenced Based Depression Care

- Past Usual Care
  - Seen by a doctor, usually not trained in depression care
  - See a counselor in another setting for long term talk therapy
  - May or may not see a psychiatrist for medication

IMPACT Treatment and *Results!*

Study year:	
Doubled the **effectiveness** of usual care	**JAMA 2002; 288: 2836-2845**
Patients experienced **better physical function**	**Callahan et al., JAGS 2005**
Care was shown to **benefit diverse populations**	**Arean et al. Medical Care 2005**
Beyond study:	
Effects persisted one year after IMPACT	**Hunkeler, et al., 2004 unpublished data**
More depression-free days; 372 for IMPACT approach vs 265 for usual care patients	**Hunkeler et al, under review (DFD calculation adapted from Lave et al., 1998)**
As depression decreased for 1,001 arthritis patients, so did pain and pain interference	**Lin et al, JAMA 2003**

PHQ-9 to Identify Depression

Patient Health Questionnaire-9

- Validated screener
  - Sensitivity = 91% for MDD,
  - Specificity = 89% for MDD
- 9 questions = 9 symptoms of depression
- 5 or more symptoms for 2 weeks could be depression
- Symptoms for 2+ months could be major depression
  - Rule outs
    - Medical conditions, medicines
    - Other issues that could look like depression: grief, illness/pain, some situational stressors, anxiety, etc.

"Closest thing we've got to taking temperature for mood"

PHQ-9 scoring, treatment (Tx) and follow up

#	Assessment and treatment		
<9	**No or mild depression**	**No Tx**	Screen in **1 yr** or as needed
10-14	**Moderate depression**	**Treatment Needed**	RTC in **12 wks** Education, Recommend Problem Solving, Activation, Rx?, Watchful monitoring
≥15	**Severe depression**	**Treatment Needed**	RTC in **4 wks** Recommend Rx! *and* Problem Solving, Activation, Regular Monitoring

Clinically significant improvement = drop of ≥ 5 points

Remission of depression is a drop of PHQ by 50%

No depression ≤ 5 points

Problem Solving Treatment*

Behavioral health aspect of IMPACT:

Three components of fighting depression

1. **Focus on the Present**
2. **Pleasant Activity**
3. **Physical Activity**

Teaches a structured approach to dealing with issues

Increases the ability to define problems and set realistic goals

Increases understanding of importance of link between effort and mood

*From Dr. Jürgen Unützer's IMPACT Model

Getting Better

Case Examples of Problem Solving Depression

S*

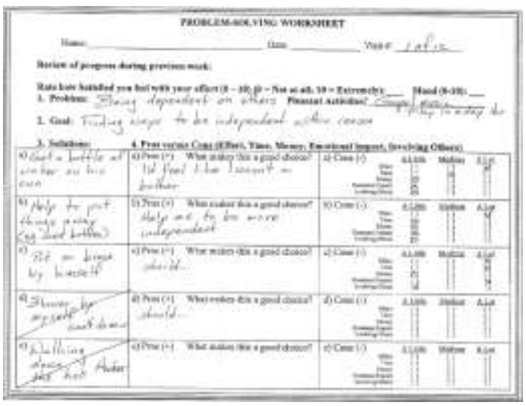
Referral: A 53 year old man with heart disease. Severely depressed related to health issues and limited mobility post stroke. Felt like he coped well with stroke, but felt like a burden to his family. Doctor thought he'd benefit from activating antidepressant such as bupropion, however Mr. S preferred to try counseling and increasing his activity first.

At Assessment: Strained relationship with his wife and family. Doing very little for himself. Most of his needs met through care from others. He was about to face the 'donut hole' with Medicare so he could only come for 3 to 4 visits including assessment.

Before

- PHQ9 =15
- Heart disease, other medical issues, recent stroke
- Family help with nearly all aspects of care
- Alienating supports
- Spending time alone: watching TV, crying or sleeping

Not patient's real initial. Elements of example have been changed to protect confidentiality.



S*

Before

- PHQ9 =15
- Heart disease, other medical issues, recent stroke
- Family help with nearly all aspects of care
- Alienating supports
- Spending time alone: watching TV, crying or sleeping

After

- PHQ9 = 7 (3 sess + phone 1x)
- Engaging in self-care efforts
- Improving relationships; reconnected to social and faith support network
- Discovery of new measures of self-worth

Not patient's real initial. Elements of example have been changed to protect confidentiality.

K*

Referral: A 43 year old woman. Uncontrolled Type II Diabetes. Care for developmentally disabled 18 year old son and a 16 year old son.

At Assessment: Making efforts to take care of sons. Constant contact and requests for help from her mother. Little time with husband causing arguments. No time spent on self-care. Feels guilty about taking time for herself.

Before

- PHQ9 = 18
- Uncontrolled diabetes, not taking Rxs regularly. Not physically active. Not sleeping well, over eating.
- Focus on others to exclusion of self-care

Not patient's real initial. Elements of example have been changed to protect confidentiality.

K*

Before	After
• PHQ9 = 18	• PHQ9 = 5 (at 11 mo, sess 12 of 12)
• Uncontrolled diabetes, not taking Rxs regularly. Not physically active. Not sleeping well, over eating.	• Taking Rxs regularly --Established healthy sleep hygiene and bedtime routine --Use of Rxs, PT, Mind Body Skills and regular walking. Better food portions.
• Focus on others to exclusion of self-care	• Set healthy boundaries. Improved relationships. Getting out, socializing.
	• Surprise benefit re: diabetes

Not patient's real initial. Elements of example have been changed to protect confidentiality.

Behavioral Approach: Build Knowledge and Skills to Fight Depression

Sharing What I've Learned for Effective Depression Care

Overview of Behavioral Depression Care

Assessment Visit

1st visit: assessment, diagnosis, education as appropriate, and treatment planning. Format to the right:

- **Assess**
  - Full psychosocial diagnostic
  - Risk
  - PHQ9
  - Mood symptoms *emphasis on functionality and efforts*
- ***And* Educate!**
  - On Depression and PHQ9
  - Treatment options
  - Link impact of effort to mood
- **Introduce Behavioral Approach**
  - 3 Components to fight depression
  - Self-report measure - *"If we're doing the right things the PHQ9 score will be going down. If it's not, it means you and I need to change the goals, you and your doctor need to make changes, or we made need to involve a psychiatrist or other supports or treatments."*
- **Set Goal for Treatment and Return Appointment for First Counseling Visit**

Share the Diagnosis!

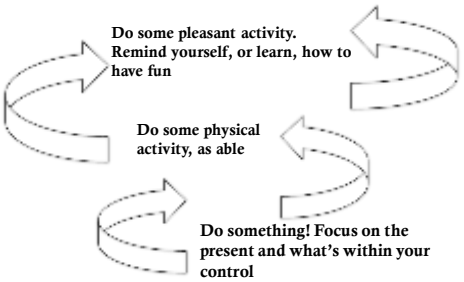
- A diagnosis is based on symptoms. Helpful for billing and a focus on what we're going to work on.
- "A diagnosis is more like a street sign, it's where you are, *not* who you are." -- Diane R. Dolan-Soto, LCSW
- Reduce stigma
- Build trust, rapport and engagement, *and understanding of what they need to be working on*

"Depression is like Pneumonia"

Pneumonia	Depression
• 1 episode makes you more susceptible to getting it in the future.	• 1 episode makes you more susceptible to getting it in the future.
• Medication for about a month	• May take both medication, like with severe depression, and effort to get better.
• Work with your doctor and make efforts to get better	• Life cycle is 9 to 12 months
• Can take 1 to 4 months to get better	

Depression = Downward Spiral

Reverse the Spiral!!



Steps to Move Through and Beyond Depression

- Orient to Treatment
- Keys for Moving Forward
- How To Define The Problem and Set a Goal
- How to Figure Out Solutions
- Evaluate Pros and Cons
- How To Do More Successful Goal Setting
- Move Beyond Depression and Prevent Relapse

Overview of Behavioral Depression Care

Return Visit

Return sessions follow format to the right:

- **First Visit: Orient to Treatment. Ongoing:**
- **Check-In**
  - PHQ9
  - Rate mood on scale of 0-10
  - Rate satisfaction with effort 0-10
- **Review / Assess**
  - Risk
  - **Functional changes**: medication sleeping, eating, substance use, etc.
  - **Efforts, progress, challenges** related to previous visit's goals
- **Aid treatment change, linkage, etc.**
- **Link impact of effort to mood**
- **Problem Solving Focus**
  - Presenting issue or problem patient wants to address
- **Set Goals and Return Timeframe**
  - Identify Solutions – set manageable goals
  - Pleasant and Physical Activity goals
- **Continue to Educate and Encourage!!**

Keys to Move Forward

1. Focus on the present ***and*** **what's within your control**

"What's the *smallest* thing you can do to feel good for the effort?"

– Joseph B. Quinn, MSW

1. Pleasant Activity – At least 2x week

   Feel better *while* doing, "Not a should"

2. Physical activity – 3x week **'as doable'**

For providers: Note emphasis on CBT and Solution Focused aspects

Goal Setting Initial Aims
= Identify easiest goal(s) that will result in a successful outcome
BUILD HOPE *and* CONFIDENCE


PROBLEM-SOLVING WORKSHEET

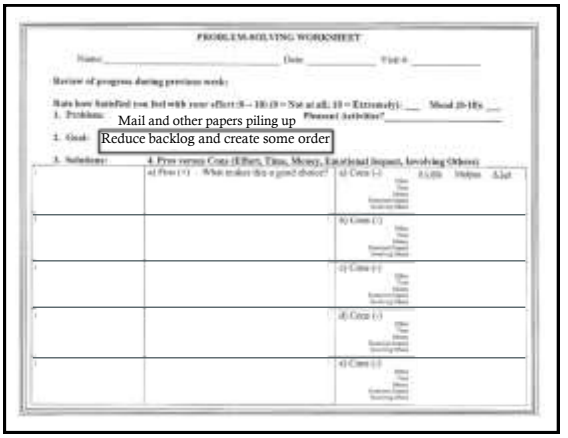
Get a Baseline

- Rate Mood
  - 1 to 10 with 10 being the best – Initially *"Don't* make it pretty!"
    - The more realistic the rating, the more your person will trust when the numbers improve
    - Quantify how your person is feeling now
- Rate Satisfaction with Effort in taking care of mood
  - 1 to 10 with 10 being the best
    - Quantify how satisfied your person is and how comfortable/uncomfortable they are with current situation; also identifies motivation for change

How To Define The Problem

"Depressed thinking is like having blinders on." –only see the negative, everything looks too difficult.

- Identify the problem *of the moment*!
  - 'My home is a disaster.'
- Set an *overarching* goal – What do you want to happen?
  - 'I want to reclaim my home.'


PROBLEM-SOLVING WORKSHEET

Name: _____ Date: _____ Visit #: _____

Review of progress during previous week:

Rate how satisfied you feel with your effort (0 = Not at all; 10 = Extremely): ___ Mood (0-10): ___

1. Problem: Mail and other papers piling up Pleasant Activities? _____

2. Goal: Reduce backlog and create some order

3. Solutions: 4. Pros versus Cons (Effort, Time, Money, Emotional Impact, Involving Others)

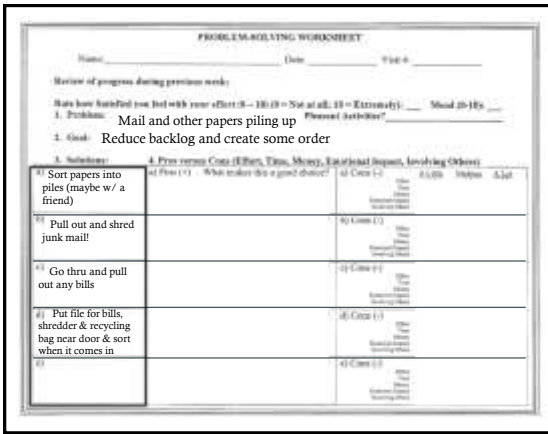
a) Pros (+) – What makes this a good choice?	a) Cons (–)	Effort	Time	Money	Emotional Impact	Involving Others	Total
	b) Cons (–)						
	c) Cons (–)						
	d) Cons (–)						
	e) Cons (–)						

How to Figure Out Solutions

- Look for possible solutions toward **<u>one aspect</u>** of the goal.
- Think small!!
  - What's within your control?
  - Where would you start?
  - Who or what would be needed?
  - What could you do in 5 to 20 minutes?

How to Figure Out Solutions

- Identify at least 2 to 5 possible solutions
  - It helps to recognize there are options to "open the blinders"
  - This may sound simplistic. For your patient, it's not!
  - You may need to reassure your client/patient: "If this was easy you would've already figured it out."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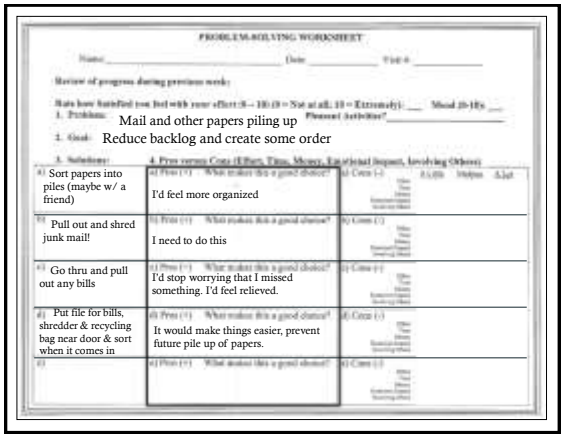
a) Pros (+) – What makes this a good choice?	a) Cons (–)	Effort	Time	Money	Emotional Impact	Involving Others	Total
a) Sort papers into piles (maybe w/ a friend)							
b) Pull out and shred junk mail!	b) Cons (–)						
c) Go thru and pull out any bills	c) Cons (–)						
d) Put file for bills, shredder & recycling bag near door & sort when it comes in	d) Cons (–)						
e)	e) Cons (–)						

Identify the Pros

- Repeat back each solution and ask:

  "What makes this a good choice for you?"
- Helps literally with structuring their thought process
- Look for "me" and "I" based answers. "It would make me feel good..." "I like…" "I want…"
  - These are usually the most powerful motivators.
- Often 'shoulds' are the first response
  - Try to avoid shoulds. More likely to be difficult. May compound feelings of hopelessness. Less likely to motivate.



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Review of progress during previous week:

Rate how satisfied you feel with your effort (0 = Not at all; 10 = Extremely): ___ Mood (0-10): ___

1. Problem: Mail and other papers piling up Planned Activities? _____

2. Goal: Reduce backlog and create some order

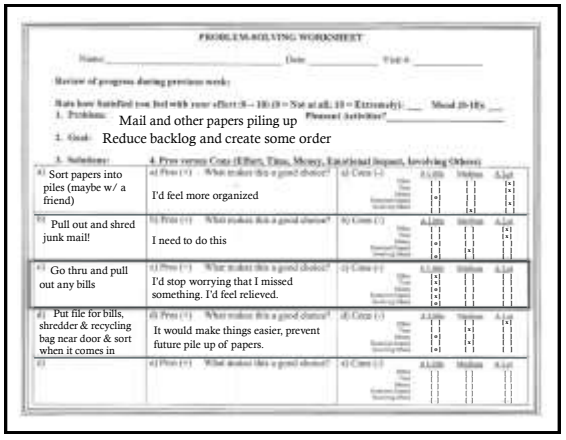
3. Solutions: 4. Pros versus Cons (Effort, Time, Money, Emotional Impact, Involving Others)

a) Sort papers into piles (maybe w/ a friend)	a) Pros (+) What makes this a good choice? I'd feel more organized	a) Cons (-)
b) Pull out and shred junk mail!	b) Pros (+) What makes this a good choice? I need to do this	b) Cons (-)
c) Go thru and pull out any bills	c) Pros (+) What makes this a good choice? I'd stop worrying that I missed something. I'd feel relieved.	c) Cons (-)
d) Put file for bills, shredder & recycling bag near door & sort when it comes in	d) Pros (+) What makes this a good choice? It would make things easier, prevent future pile up of papers.	d) Cons (-)
e)	e) Pros (+) What makes this a good choice?	e) Cons (-)

Identify the Cons

State the solution, the 'pro' and then help your client evaluate the cons for each solution.

Cons (-)	A Little	Medium	A Lot
Effort	[ ]	[ ]	[ ]
Time	[ ]	[ ]	[ ]
Money	[ ]	[ ]	[ ]
Emotional Impact	[ ]	[ ]	[ ]
Involving Others	[ ]	[ ]	[ ]



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Physical and Pleasant Activity

- Physical Activity
  - Make the goal concrete: eg. walk 3 times a week for 15-20 minutes
  - Be creative! It all counts!
- Pleasant Activity
  - Feel good while you're doing, lose track of time.
    Music, art, crafts, games, social, etc.
    - Passive activities can support background worrying, don't usually improve mood and functioning.
      - Too much TV/computer can contribute to depression – news, crime shows, negative comparison to what others are doing/have
- If they don't have what they need *but they want to get it*, that may be the first goal.
  - Every step takes effort, a precious commodity with depression

How To Do More Successful Goal Setting

Assess ability to actually accomplish the goal!

ASK: "On a scale of 1-10 how likely are you to be able to do ____ with 10 being the most likely?"

Rated 1-7 = ***Rework the goal***

"What would it take to make it an 8?"

Rated 8 or above = most likely success!

Make an appointment!

Increases the likelihood for a successful goal.

What's the best day and time - What else will help make the goal possible

Goal Sheet

Goals until next visit:

Today we discussed your goal of: "Reduce backlog of papers and create some order"

Today you set step(s) below for yourself to work towards this goal.

Take 20 minutes Saturday after lunch to go through and pull out any bills, consider listening to favorite upbeat CD

Pleasant Activity: Call my friend and / or go to lunch together

Goal Sheet

Physical Activity: Walk at home or at work during lunch for 10-15 minutes 2-3 times a week.

Problem Solving weekly goal reminder:

1. Focus on the present and what's within your control
   Tasks and problems - pick the smallest thing you can do that will make you feel good for the effort. Focus only on what's within your control
2. Pleasant activity 1-2 times a week
3. Physical activity 3 times a week, within what's physically comfortable

To Keep It Moving Forward

Steps to Move Through and Beyond Depression

- **Review: "Tell me what you've been doing to take care of your mood."**
  - **"Focus on what someone does, not what they haven't done"**
  - If you set goals, **review them!!** Link impact of effort to mood
- Continue to help clients/patients to:
  - Monitor/rate. Share PHQ and treatment progress
  - With realistic expectations, judgments
  - Learn to pace their efforts
  - Recognize and sustain their progress
  - Discuss what relapse would look like and discuss how to prevent relapse
  - Determine next steps *with* your client

Unhelpful Thinking Styles

Adding a Powerful Tool to Your Toolkit

"Anything look familiar?"

Identify which unhelpful thinking styles are used

Work on Unhelpful Thinking Styles

- Initial thought – Immediate real concern or risk? Address!!
- If no immediate risk, then assess for unhelpful thinking
  - Evidence for thought? Evidence against thought?
- For an unhelpful thought, develop a new, revised, more realistic and balanced thought based on the evidence
- Practice work with unhelpful thinking styles
  - Notice. *Kindly* interrupt. [Over time learn to] Change.
    - Repeat effort. Change comes with practice.
    - Work to get rid of the ANTs! (Automatic Negative Thoughts)

Problem Solving Depression

Adding Powerful Skills to Successfully Fight Depression

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  - Laura Cruz

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Appendix A
Treatment Considerations

What to Consider *Before* Starting Treatment
Medication
Indications for Additional or Alternate Treatment

Before Starting Treatment

- Check for Rule Outs
  - Check thyroid function
  - Consider other medical conditions / medicines / issues
  - **Bipolar Disorder brief screen:**
    - Have you had periods of feeling so happy or energetic that your friends told you that you were talking too fast or that you were too 'hyper'?[4]
      - If yes – *And* how many nights have you been able to go without sleep *and* had plenty of energy?
      - If yes – *And* while being involved in risky behaviors?
- Assess for and Address Risk
  - Suicidality, substance abuse, dependence
  - Presence of violence, etc.

Medication

- Antidepressants (ADs), SSRIs and SNRIs, can cause activation and agitation when first started, may temporarily exacerbate anxiety before mood and functioning improve.
  - No specific AD is more effective than another.
  - Consider cost, side effects, drug-drug interactions, and/or family/personal history w/ ADs
  - Start low and increase gradually to effective dose as soon as tolerable
- May help with moderate depression, **most effective for severe depression**
  - Within ± 6 weeks, half receiving ADs have at least 50% reduction in sxs
  - Tx timeframe 9-12 months; can be up to 24 months, or ongoing depending on severity, history, personality organization…
    - ADs produce full remission in 30% of patients with MDD and partial response, a 50% reduction in PHQ-9 score, in 60%

Indicators for Additional or Alternate Treatment

- Active risk – suicidality, other self-harm behaviors, homicidality
- Active substance abuse
- Seek psychiatric consult when:
  - Severe depression and no onsite option for pharmacotherapy
  - More than 2-3 medication trials without significant reduction in symptoms or improvement.
  - Multiple medications without benefit
  - Longstanding depression without benefit from prior treatment
  - Complicating, multiple diagnoses – for example: Depression and PTSD
- Linkage to outside CBT when not available at your setting

Appendix B
Assess and Educate

Psychoeducational Components of Behavioral Depression Education

Assess *and* Educate

- **Healthy Self-Care Management is Essential!!**
  As appropriate, Teach and Share Information!
  - Help your client learn how to positively affect mood and functioning
  - Help your client identify realistic / unrealistic expectations and judgments

Assess *and* Educate

- **Sleep** (examples)
  - Poor sleep worsens mood and functioning (and is a significant risk factor for suicidality)
  - Electronics adversely impact sleep – TV, phone, pad, computer.
    - Can be activating. Use of smartphone or pad can interrupt melatonin production for 1-2 hours.
  - Caffeine –half-life of 5-9 hrs; caffeine after 12 – 2 pm can affect sleep
  - Efficiency: # of hrs asleep ÷ # of hrs in bed x 100% if ≤ 75% = restlessness
  - Resource: SHUTi – Online CBT for insomnia program www.my**shuti**.com

Assess *and* Educate

- **Eating, nutrition** (examples)
  - Food provides the building blocks for our emotions and energy
  - Food benefits 'last' in the body for about 5 hours
  - Breakfast, lunch and dinner?
    - Eating regularly helps mood and functioning
    - Skipping meals may contribute to dips in mood, irritability, over eating, gaining or holding onto weight
    - Eating breakfast can help to regulate body weight
    - Eating late at night lowers appetite in the morning, may also affect sleep

Assess *and* Educate

- Substance Use / Abuse / Dependence (examples)
  - Caffeine – can add to irritation and muscle tension in addition to affecting sleep
  - Cigarettes – can be emotionally soothing, but are physically activating
  - Alcohol – central nervous system depressant, can affect the body up to 3 days, sleep interruptor; can 'out weigh' benefit of ADs

Assess *and* Educate

- Marijuana – helps to disconnect from mood; withdrawal response within 4 days, can cause anxiety, reinforce need/addiction
- …and impact of other substances. Self-medication is 'medication' with unclear amounts, action and effects.
  - Can interfere with and / or reduce effectiveness of ADs.
  - Substance use/abuse/dependence may be a significant contributor to depression

Assess *and* Educate

- Physical activity (examples)
  - It all counts!
    - Cleaning, shopping, swimming, dancing, running , playing with kids, critters.
  - Walking for 10 minutes raises mood and energy for 2 hours
  - Walking for 20 to 30 minutes, 3 to 5 times a week, is equivalent to an antidepressant
  - The way we think about what we do can have a large impact on the benefit we get from the physical activity we engage in.

Additional: Depression MNEMONICS

Mania – DIGFAST	Depression – SIGECAPS ≥ 2 months	Dysthymia – He's 2 SAD ≥ 2 years
Distractability	Sleep disorder	Hopelessness
Indiscretion (Pleasurable Activities)	Interest Deficit (anhedonia)	Energy loss or fatigue
Grandiosity	Guilt	Self-esteem is low
Flight of Ideas	Energy Deficit	2 yr min depressed mood most times/days
Activity Increased	Concentration Deficit	Sleep increased/decreased
Sleep Decreased	Appetite Disorder	Appetite increased/decreased
Talkativeness (Pressured Speech)	Psychomotor Agitation/Retardation	Decision-making or concentration impaired
	Suicidality	