August 3, 2015

Greetings Depression Workshop Participant,

Thank you for your interest in this event! I am very excited both to work at Grace Church as an Affiliated Counselor and to provide this workshop on depression. Please feel free to explore my website or the workshop notes below.

Location & Cost

Our event will be held on Monday, August 3rd, 2015 from 7-8:30 PM. We will meet at Grace Church's Atrium Chapel, which is located on the second floor above the main entrance lobby. This workshop is free and you can expect to hear a presentation and discuss the topic of depression. Participation in discussion is optional and no self-disclosure will be required.

Purpose & Goals

Our workshop will be broken into three general sections: 1) Discuss specific elements of depression and strategies people can use to cope with depression, 2) Develop some "basic" or "intermediate" level approaches to care for someone who is struggling with depression, 3) Address specific questions and concerns through our Q&A time with workshop participants.

Questions Considered

- What's the difference between grief, adjustment disorder, dysthymic (or long term), bi-polar, and major depression?
- What are some of the common causes of depression?
- What are some of the current mainstream approaches (i.e. mental health) and some alternative approaches (i.e. non-research based) to treating depression?
- What are some healthy spiritual and biblically focused approaches to addressing depression?
- What are some things that don't help with depression (yet people often do anyway)?
- What are the realistic opportunities and potential outcomes when caring for someone who is struggling with depression?

Our sincere desire is that this will be an informative and encouraging time together. I hope you can join us!

Warmly,

Ryan Edlind

PS- This event is a follow-up to our worship service where Pastor Jonathan Schaeffer and our counseling team addressed depression on July 12th, 2015. I would encourage you to see the church website for directions to our event and a recording of this church service if you were not able to attend with us that weekend! (Click here to connect with the web page.) or www.gracecma.org/grace-media/sermon-media.



Presented by Ryan Edlind
August 3rd, 2015
Grace Church
Middleburg Heights, OH

Workshop Goals:
Our workshop will be broken into three general sections:
1) Know Discuss specific elements of depression and strategies people can use to cope with depression.
2) Help Develop some "basic" or "intermediate" level approaches to care for someone who is struggling with depression.
3) Seek Help Address specific questions and concerns through our Q&A time with workshop participants. (Please write down questions on a notecard and ask them in part 3!)

Personal & Theological Positions:
(See www.ryanedlind.com for more details).

1) Depression is both real and very complex. It doesn't have one, but several causes. Therefore depression will often require a variety of means to successfully address and make progress.
2) Grace Church is where I happily grow and serve. A lot of people in this church (including me) have ongoing struggles with depression. I am in strong agreement with the beliefs, leadership, and direction of this church.
3) I am a mental health clinician with a pastor's heart. This workshop has a clinical focus for people struggle with depression. However, my personal values will affect my view of depression and are in summary…
    a. Deep Trust: The holy person and loving work of the Trinity.
    b. Truthful Reflection: A biblical view of the individual and the world.
    c. Loving Movement in Outward & Upward Direction: The power of community and need for spiritual transformation.

Disclaimers:

1. This workshop is educational in nature. It not designed to assist you with self-diagnosis or equipping for you to provide any form of clinical treatment (for other people). Please see a mental health professional for personalized advice on depression or how to help someone you know to be depressed.
2. This presenter is both a mental health professional and pastor by training. The presenter is not a healthcare professional and cannot provide any medical advice. Please consult with your physician or healthcare professional for specific medical advice.
3. The views and opinions presented in this workshop may or may not represent the official positions of Grace Church or the Grace Counseling Team. Please speak with a pastor or elder for clarification as needed.
4. Participation in this workshop is voluntary and may be stressful for the participants. Based on your attendance and voluntary participation, you are assuming responsibility and all risk for any harm that may come as a result from engaging with this event.

Depression Epidemiology Research Overview:
(See source list for details, printed version available at front)

People who suffer with depression are not alone!

- Afflicts 17.6 million (1 in 6) Americans each year.
- Major Depressive Disorder (MDD) affects 22.2 million American Adults, or 7% of the US population 18 years of age and older in a given year.
- Lifetime incidence of depression in the US is 20% of women, 12% of men, and 16% of all Americans.
- Racial implications of those who suffer from depression include- 6.3 % Mexican Americans, 8% non-Hispanic blacks, compared with 4.8 % non-Hispanic whites.

People who suffer with depression often have other complicated problems.

- Persons living at or below the US poverty line are 5 times more likely to suffer from depression.
- 11-36% of people with medical illnesses who are admitted inpatient meet criteria for MDD.
- Postpartum period is the most common time for depression among women to develop. Of all women in the US, 14-23% will suffer depression during pregnancy and 15% during postpartum.

Depression is potentially dangerous and expensive.

- Every year, close to 1 million people around the world complete suicide. Depression is not necessarily the cause, but is often a major variable in a suicide (60%). In these cases it can be summed in 3 words: to stop pain.
- In 2011 there were 39,518 reported suicides in the US. Women are more likely to attempt and men are 4 times more likely to complete suicide than women.
- In the last 45 years suicide has increased by 60%.
- When defined as an illness, MDD is the most costly in the world- $83.1 billion (workplace cost 62%, direct cost 31.4%, and suicide related cost 6.6%).
- 90% of people who complete suicide have diagnosable psychiatric illness.
- Suicide risk among alcoholics is 50-70% higher than the general population.

What is depression?

Depression is a commonly used word in our society and takes on a number of meanings. Depression, in it's various forms, represents broad-spectrum of sometimes complex problems in people's lives. We most commonly refer to depression as a problem related a person's mood or as emotion, and usually in relationship with sadness. However, depression can also refer to other arenas of life including a person's spirituality, psychological health, biological health, behavioral health, marriage & family life, social relationships, and economic circumstances.

Mental Health View of Depression

For the sake of our presentation, hopefully without oversimplifying depression, we will primarily consider the mental health perspective. The clinical community performs ongoing research and seeks to address several specific arenas of a person's pertaining to depression…

1) Personal History (esp. trauma and stress)
2) Family History
3) Medical History and Current Health Conditions (esp. medications)
4) Substance Abuse
5) Current Mental State

Diagnostic Tools to Assess Depression

As discussed, typically three primary areas of focus in mental health regarding depression diagnosis and treatment will include: screening for symptoms (or concrete indicators) and their frequency, duration, and intensity. Several tools the mental health professional use are based on the population served, practice setting, and the preference of the provider.

The most common tools include: the DSM 5 (Diagnostic and Statistical Manual, 5th Edition), General Health Questionnaire (for psychiatric distress), Beck Depression Inventory (for measuring depression symptoms), and the MMPI (for other broader spectrum mental health problems). Also, see depression "symptoms" listed under ABC's.

What are some of the current mainstream approaches (i.e. mental health) and some alternative approaches to diagnosing & treating depression?

Mainstream Approach to Diagnosing & Treating Depression

1. Best practices and most effective approach to depression include psychotropic medication (SSRI, SNRI, MAOI, tri-cyclics, atypical medications), cognitive-behavior or interpersonal counseling/therapy. (40% people respond after 3 months and 90% respond after 12 months of treatment compliance).
2. Lowering risk factors…
   (The longer a person is depressed the less likely they will seek or respond positively to treatment).
   a. Stress
   b. Substance abuse
   c. Sleep deprivation
   d. Family distress
   e. Inconsistency with medication
3. Enhancing protective factors…
   (Treatment is most effective when people can choose their own treatment plan and has a highly collaborative relationship with healthcare/mental health providers).
   a. Observing mood and self monitoring
   b. Maintaining daily routines/ social schedule

c. Relying on family and social supports
d. Exercising eating healthy
e. Receiving regular medical and psychosocial treatment

Cognitive Behavioral Therapy is a specific and well-documented form of counseling that focuses on Affect, Behavior, Cognition or (ABC's). Here is a generalized breakdown of depression symptoms from this perspective and how to handle them…

Affect- How are you feeling?
Here are some of the "feeling" oriented symptoms related to depression…
1) Dysphoric state (sadness, heaviness, numbness, irritability, or mood swings)
2) Loss of interest or pleasure in recreational or leisure activities.
3) Worthlessness, helplessness, worry, or hopelessness.

What to do with depression related **affect**…
A counselor can help someone struggling with depression to explore, verbalize, cope with, and express their feelings. Here are some other common activities to help with the "feeling" side of depression…
1) Use a list of creative feeling words
2) Create emotional pictures or guided imagination
3) Role play
4) Journal
5) Use deep breathing & relaxation

Behavior- What are you doing?
Men will often identify with depression related behavior instead of depression as a feeling.

Here are some common behavioral symptoms related to depression…
1) Sleep significantly increased or decreased, appetite or eating, tearfulness.
2) Flattened face or slowed movements.
3) Heaviness or immobility of the body.
4) Speech is slow, monotone, lacking in spontaneity or content.
5) Past attempts at suicide or violence.

Here are some common behavioral action steps a counselor might use to help someone with their depression related behavior…
1) Record behavior through charting.
2) Rate and track behavior on scale of 1-5 to reflect degree of mastery or pleasure in an activity.
3) Schedule strategic behaviors and maintain consistent routine.
4) Learn to be assertive.
5) Rely on family and social supports.
6) Relaxation (listen to soothing music or sounds, positive self talk).
7) Take care of your body (nutrition & exercise).

Cognition- How are you thinking?
Having a "changed mind" is biologically, psychologically, and spiritually possible.

Here are some common thought related symptoms related to depression…

1) Loss of executive control (concentration, memory, affective processing, & feedback sensitivity).
2) Delusions or non-reality based beliefs (punishment or grandeur)
3) Negative thoughts, ruminations, or obsessions.
4) Homicidal or suicidal ideas harm or intent.

Here are some common activities a counselor might use to address depression related **thoughts**…

1) Challenge distorted and false thinking by internalizing truth.
2) Thought stopping.
3) Identify & grieve losses: a) understand every facet of each loss, b) separate concrete from abstract loss, c) separate imagined, real, and threatened losses d) then convert imagined or threatened into real losses, e) face reality of loss f) develop perspective on loss.
4) Create a thinking flow chart and track direction.

Alternatives to Typical Approaches of Treating Depression
There is no "one size fits all" approach to "curing" depression. Treatment resistance, drug interactions, personal beliefs, and cultural values must be considered when developing a plan to address depression.

1) Dietary supplements (St. Johns Wort, SAMe, Folate, Saffron, Omega-3 Fatty Acids
2) 12 step & recovery
3) Light therapy (esp. for seasonal depression)
4) Electro-convulsive shock therapy
5) Spiritual counseling
6) Mentoring and peer counseling
7) Retreats

What's the difference between grief, adjustment disorder, dysthymic (or long term), bi-polar, and major depression? (primarily taken from DSM-5)

1) **Grief:** deep sorrow, especially that caused by someone's death or significant loss.
2) **Major Depressive Disorder:** Depression has at least 5 depression symptoms from DSM 5 (see ABC's above for list) for at least 2 weeks, a represents a change from previous functioning. At least one of the symptoms must include depressed mood or loss of interest or pleasure. Several "specifiers" (or sub-categories) of major depressive disorder exist including: anxious distress, melancholic features, mood-congruent psychotic features, catatonic features, peripartum onset, & seasonal patterns (partial list).

3) **Adjustment Disorder (with mixed or depressed mood):** Must be depressed and experienced a "stressor" within 3 months of the onset. After 6 months, if still depressed, no longer qualifies as an adjustment disorder.
4) **Dysthymic or Persistent Depressive Disorder:** Depressed mood lasts more days than not, must be present for at least 2 consecutive years (1 yr. for children), and must have at least 2 DSM 5 listed symptoms. It is typically a lower grade of intensity in depressed mood.
5) **Bi-Polar Disorder:** a) 1 or more "manic" episodes in which the client feels hyper, extremely "high," wired, or unusually irritable, and gets into trouble, is unable to function at school or work, or ends up being hospitalized.
   b) During manic episode at least 3 of the following- feeling overly self confident or grandiose, needing less sleep than usual, unable to stop talking, having racing thoughts, being easily distracted, being much more active socially or sexually, being more productive at school or work, feeling agitated much of the time, getting involved with pleasurable activities without thinking of the consequences (i.e. sex with stranger).
   c) One or more depressive episodes as described above.

What are some of the common causes of depression? (See Tan & Ortberg)

1) Physical Factors
2) Temperament Vulnerability
3) Sin (not false guilt and self blame)
4) God Sent Trials
5) Spiritual Attacks
6) Loneliness
7) Triggering Situations
8) Irrational, Unbiblical Self-Talk or Misbeliefs
9) Anger Turned Inward against the Self
10) Biological Constitutional Factors
11) Existential Vacuum
12) Spiritual "Dark Night of the Soul"
13) Interpersonal Factors
14) Societal & Cultural Factors

What are some healthy spiritual and biblically focused approaches to addressing depression?

1) Contemplative prayer (with thanksgiving)
2) Embracing brokenness (i.e. repentance)
3) Humor
4) Self-help and spiritual readings
5) Conferences, retreats, and online sermons
6) Memorization or meditation on Scripture
7) Inductive Bible studies on emotions (i.e. Psalms, Sermon on the Mount, & Gethsemane).
8) Community groups and church classes

What are some things that don't help with depression (yet people often do anyway)?

1) Generalizations
2) All or nothing thinking
3) Disqualifying positives

4) Jumping to conclusions
5) Magnification (catastrophizing) or minimizing
6) "I should" statements
7) Personalizing
8) Labeling or mislabeling
9) Emotional reasoning
10) Using abusive language to motivate ("What's wrong with you stupid?)
11) Seek drama (esp. abusive, victim mentality, or codependent relationships)
12) Numbing via substances or process addictions (i.e. porn & gambling)
13) Fashioning or worshipping idols (putting expectations on things, relationships, situations working in place of trusting God)
14) False spirituality (guilt & shame) or Playing God ("I need to be The Boss and in control!")

What are the realistic opportunities and potential outcomes when caring for someone who is struggling with depression?

Developing a Care Plan
For beginner & intermediate caregivers of depressed people…

Before engaging…
1) Plan for self care & pray- write your own plan (as a caregiver) and begin with end of you providing care in mind.
2) Cultivate vision- seeing a preferred future and telling a story about it.
3) Refine your role- ask the depressed person to have and maintain a consistent social position (i.e. close friend, mentor, daughter, etc.), and do not acquire new roles without acknowledgment, understanding, or skill (you can't be their nurse, doctor, or therapist).

While engaging…
4) Explore authority and need for shared power needs- helping people to own their progress & direction is better than dictating steps (accountability & direction).
5) Set boundaries & structure- create limits in terms of time, frequency, or level of issues you are able to address.
6) Communicate responsibility- level of participants ("I will___ & and you will ___.")
7) Set goals- attainable with work can be measured. Target key depression variables.
8) Strengthen desires- attainable with cooperation from others (prayer). Discuss hopes and dreams.

When progressing (or not) with care…
9) Design or change short and long term goals- consider hourly, daily, weekly, monthly, and yearly goals. Mastery and consistency are keys to progress!
10) Collaborate within and outside your community for expertise and support (seek online forums, psychiatrists, other churches, and regional or national organizations).

Upon completion of goals or care…

11) Celebrate success and acknowledge mutual learning
12) Acknowledge struggles and incomplete goals.
13) Surrender & transition their care to God and others.