

MODULE 5

Depression and the Family

Materials Needed:

- Handout 14: What to Do When a Loved One Is Depressed
- Handout 15: Tips for Managing Depression
- Brochures on local treatment options for veterans/service members with depression

Check-In from Previous Week & Introduction:

- Ask any new group members to introduce themselves and review the group guidelines and confidentiality.
- Ask if any group members have questions from previous week.
- Check-in regarding how the previous week's homework went.
- Introduce today's topic of depression, and explain that class will focus on learning more about depression. Ways in which depression can be related to other mental health/relationship issues and coping strategies will be addressed.

I. Symptoms of Depression

Provider Note: *Begin this group session by explaining that depression can manifest itself in many different ways. All human beings feel depressed or down at times; however, the disorder of Major Depression is more than just feeling the "blues" every once in a while. Lead the group in a discussion of the common symptoms of depression.*



Discussion Question:

- What are some symptoms of depression?
 1. Feeling sad, blue, or down
 2. Loss of interest in previously enjoyed activities
 3. Change in appetite or weight
 4. Change in sleep patterns
 5. Feeling tired and fatigued OR feeling restless
 6. Feeling worthless or guilty

7. Trouble concentrating, thinking, or making decisions
 8. Thoughts of death or suicide
- A. The diagnosis of a major depressive episode is made when a person experiences 5 or more of these symptoms that occur nearly every day for at least 2 weeks – with at least one symptom being depressed mood or loss of pleasure in previously enjoyed activities (DSM-IV).
 - B. Approximately 6.6% of the nation (13-14 million people) suffer from some type of depression every year (Kessler, Berglund, Demler, 2003). It is often called the “common cold” of mental illness. Many famous people have struggled with clinical depression, including television reporter Mike Wallace; British Prime Minister Sir Winston Churchill; Pulitzer Prize-winning newspaper columnist Art Buchwald; and Academy Award-winning actor Rod Steiger.
 - C. According to a large community study, the lifetime prevalence of major depression in adults is approximately 16%, making it one of the most common psychological disorders. The average duration of an episode is 16 months (Kessler, 2003). For OEF/OIF veterans, researchers have found that between 4 and 38% of returning veterans meet criteria for major depression (Tanielian & Jaycox, 2008).
 - D. Women who have had at least one episode of depression outnumber men by a ratio of 1.7 to 1. Also, people living in poverty are about 4 times more likely to suffer from chronic depression than more affluent people (Kessler, 2003).
 - E. Depression also tends to be recurrent, as about 80% of individuals with depression experience another episode within one year (Coryell, 1994).
 - F. Often an individual with major depression also has another psychiatric disorder. For example, one large study found that almost $\frac{3}{4}$ of people with major depressive disorder also met criteria for another disorder (commonly, anxiety disorders and substance use disorders) (Kessler, 2003).
 - G. Due to the very nature of depression (decreased concentration, decreased motivation, social withdrawal, fatigue, etc.), depressed individuals are often less productive in the workforce. In fact, US workers with depression cost employers approximately \$44 billion per year in lost productive time (Stewart, 2003). Depression has been described as the leading cause of disability.
 - H. Depression and PTSD often go together. A large national study found that depression is 3-5 times more likely in people with PTSD than those without PTSD (Kessler et al, 2003).

II. The Impact of Depression on Relationships



Discussion Questions:

- Have you or a family member experienced depression?
- If so, what was the impact on your family life?
- How did your experience with depression affect your view of yourself?

Provider Note: *As you discuss group members' responses to these questions, distribute Handout 14 and be sure to cover the following points:*

- A. Depression affects a person's behavior and style of communication (less eye contact, slower and softer speech, negative thinking, reduced problem-solving abilities).
- B. Depression is often accompanied by an increase in marital tension and arguments.
- C. Depressed people have greater difficulty interacting with others. Therefore, the social life of the couple / family may be altered.
- D. Some depressed people are unable to work. Therefore, other family members may have to get a job for the first time or work two jobs to compensate for the reduced income.
- E. Family members often become frustrated with the depressed person's behavior, thinking the veteran/service member should just "get over it" or "cheer up."
- F. Depressed people often have decreased interest in physical intimacy and sexual activity. Partners often worry that the veteran/service member is no longer physically attracted to them, which can increase the tension in the relationship.

III. Some Notes About Suicide

Provider Note: *Avoid spending too much time on the demographic issues. Spend most of the time in this section on strategies for managing suicidal thoughts or behaviors. As you discuss this difficult topic, help group members realize that they are not alone and that they always have resources to get help. If they don't know what to do in a certain situation, they should call a professional (e.g., suicide hotline, mental health professional, police, or the local hospital). Make these resources available by noting the **National SUICIDE Hotline Number: 1-800-SUICIDE**, the **Veterans Crisis Line, 1-800-273-TALK** and the number for the suicide hotline in your local area: (405) 848-CARE, and any other relevant information.*

- A. Whenever we talk about depression, it's important to address the issue of suicide. Many people who experience depression think about ending their lives, and some take action to harm themselves.
- B. Research has found that individuals with mental illness commit suicide at a rate that is 12 times higher than the general population.
- C. The U.S. Army reports that suicides are at a record high.
- D. It is very difficult to predict if someone would harm themselves, but there are some red flags that are important to know. A person is at higher risk for suicide if he/she:
- Has a specific plan for how they would kill themselves
 - Has access to lethal means (such as weapons, pills, etc.)
 - Feels hopeless and worthless
 - Has previously attempted suicide
 - Talks about killing him/herself (e.g., "everyone would be better off without me")
 - Increases use of alcohol or other drugs
- E. **What do I do if my veteran or family member is suicidal?** This can be a scary, difficult situation, so it's helpful to think about what to do during a calm, non-crisis time. You can help the person you care about by doing the following things:

1. TALK ABOUT IT! Asking about suicide will NOT put ideas in the person's head and will not make the situation worse. Your family member may even feel relieved to be able to talk about it.

- Discussing suicidal thinking can be very important, as over half of people who complete suicide communicate their intent in advance, usually to a family member

2. Offer emotional support by:

- a. LISTENING in a nonjudgmental, compassionate manner
- b. Empathizing with their feelings (e.g., "it must be awful to feel that way")
- c. Reminding them of recent accomplishments
- d. Normalizing depression and thoughts of suicide
- e. Expressing your concern, care, and willingness to help

3. Ask if he or she a plan about how to kill or harm him/herself.

- a. **Seek professional help immediately**
- b. **Try to get him to make an agreement with you that he will not act on these plans without first talking to you, a hotline, or a mental health professional**

- c. **Put away any objects that she may use to harm herself (guns, knives, pills, razors, etc)**

Provider Note: *Remind participants of how to access emergency services at your facility. At our facility, the instructions are as follows:*

Remember the walk-in policy of 8-4pm, Monday-Friday, in our outpatient mental health clinic; after these hours, go to the ER. In an emergency, call 911. If you don't know what to do, call a professional (e.g., suicide hotline, mental health professional, police)

- **Veterans Crisis Line: 1-800-273-TALK**
- **Suicide hotline in Oklahoma City: (405) 848-CARE**

Provider Note: *Distribute Veterans Crisis Line materials (e.g., stress balls, bumper stickers, pens, etc.) to all class members, noting family members can call if concerned about their veterans.*

4. Know that sometimes suicide happens without warning, and nothing can prevent it from occurring. Even with warning signs, there still may be nothing you can do. Ultimately, it's the person's decision if he/she chooses to commit suicide.

Provider Note: *Encourage group members struggling with this issue in their families to consider seeking professional help for themselves. Family members often experience intense anxiety, worry, and feelings of powerlessness when patients make suicidal threats (Jones, Roth & Jones, 1995). Although it is hard to admit, help the group understand that sometimes suicide happens without warning and nothing can prevent it from occurring. Even with warning signs, there still may be nothing they can do.*

IV. Provide Local Treatment Options for Individuals Struggling with Depression

Example: Oklahoma City VA Medical Center

A. Depression Management Class

- This 8-session class consists of two modules addressing issues of: increasing pleasant activities and modifying dysfunctional thought patterns.

B. Individual Therapy through the OEF/OIF Program

C. REACH Project

- This 9-month psychoeducational program provides information and support for veterans living with depression and their family members.

D. Antidepressant Medications

- Primary care providers can prescribe many anti-depressant medications. In addition, psychiatrists in the mental health units have special training in prescribing and monitoring psychiatric medications.
- Antidepressant medications are not habit forming, so people do not have to worry about becoming addicted to the drug.
- Antidepressants are quite effective. Most studies demonstrate at least a 50% decrease in symptoms for approximately 70% of people (Tamminga, 2002).

V. Coping Strategies for Managing Depression

Provider Note: *At various times, people may have a difficult time adjusting to a new situation, coping with a loss or uncertainty or just may feel “blue.” Depressed feelings that are persistent and last for more than 2 weeks may mean you are depressed. In these times, self-care, support and possibly professional help are warranted. Emphasize that depression is a treatable condition and that, with proper treatment, most people get better.*



Discussion Questions:

- What are some ideas you have for how people can cope with depression?
- What are some of the ways that you have managed episodes of feeling down or dealing with difficult life circumstances?
- What are some activities that you have enjoyed doing?
- Who is one person you enjoy spending time with?

Provider Note: *Write these answers on the board, then distribute Handout 15 and incorporate the following list of suggestions into the discussion:*

1. Have a Regular Bedtime
 - Sleep disruption is very common for people struggling with depression and can be very challenging to deal with. A regular sleep schedule can help train the body to get restful sleep and make it easier to get out of bed in the morning.
2. Get Daily Exercise
 - Research has proven the importance of daily moderate exercise in reducing depression. You can start small by going for short walks and build up your endurance as you feel better.

3. Manage Stress
 - Develop strategies for coping with difficult circumstances or situations. Practices such as taking time for yourself, deep breathing, meditation, prayer, and other forms of relaxation can make difficult times in life feel more manageable. If you have a religious faith, use it as a resource for managing challenging situations.
4. Avoid Isolation
 - Depression isolates. Social contact and relationships can help break the stronghold of depression. Research has shown that social support can protect people against depression. Ideas include spending time with friends and family that are supportive; joining a sporting team or civic organization; participating in church activities; or volunteering.
5. Keep Your Appointments and Follow Your Providers' Advice
 - Keeping your doctor's and counseling appointments is important for managing your depression. You can't get the benefit of the help being offered if you aren't there to receive it! If you have trouble remembering your appointment dates, ask for a reminder card, and keep all your appointments in one centralized location. Make sure you find a provider you respect, and then follow his or her advice.
6. Record and Report ALL Medication Side Effects
 - Medication management depends on your doctors having accurate information regarding the side effects of the medications you are taking. To make the most of your appointments, try keeping a log of any problems or concerns so that you will be ready to discuss them with your physician.
7. Eat a Healthy Diet
 - Problems with weight gain or weight loss are common for people experiencing depression. In either case, regular healthy meals can help to manage these symptoms. A nourishing diet can help to improve memory and mood.
8. Avoid Taking on New or Difficult Tasks at Work or at Home
 - Go easy on yourself. Avoid taking on stressful new tasks if at all possible. Wait on any major life decisions. Especially if you are engaged in dangerous work, it may be important to talk to a supervisor about your depression.
9. Avoid Alcohol or Illegal Drugs
 - Many people begin drinking or using increased alcohol and drugs during a depressive episode. This initial strategy for managing pain tends to actually make things worse in the long run and can lead to addiction, legal trouble, and other negative consequences. Excessive alcohol or drug use increases the risk of depression. If you believe you may have a substance abuse problem, help is available.

10. Schedule Enjoyable Activities and DO THEM (even if you don't feel like it at first)
 - Research shows that engaging in regular, enjoyable activities reduces depression. Unfortunately, people experiencing depression often are not motivated to engage in these types of activities. However, most people find that once they start doing just a couple of things, they start to feel better and additional activity becomes easier. Make a plan for some fun things you can do that will get you out of the house and active again.

(This material was adapted from *Beating Depression: The Journey to Hope* by Maga Jackson-Triche)

VI. Wrap-Up

- Encourage group members to practice at least one of the tips for managing depression.
- Encourage group members to set a date and time to try a new coping skill.
- Have a discussion about other services available in your community and provide referrals and/or enroll participants in those services. Review information on local treatment options from this and previous modules.
- Answer any questions the group may have.
- Have group members complete the evaluation and knowledge forms (Handouts D & E).
- Remind the group of the next group date and time, and pass out reminder cards.

What to Do When a Loved One Is Depressed

DO's:

1. Acknowledge that clinical depression is a legitimate illness. Learn about depression and its impact on the family.

Some Good Books on Depression:

- *Beating Depression: The Journey to Hope* (2002).
— M. Jackson-Triche
- *What to Do When Someone You Love Is Depressed* (1996).
—M. & S. Golant.
- *Overcoming Depression* (1987).
—D. & J. Papolos.
- *When Someone You Love Is Depressed* (1996).
—L. Rosen & X. Amador.
- *The Feeling Good Handbook* (1980).
—D. Burns.
- *I'm Not Alone: A Teen's Guide to Living With a Parent Who Has a Mental Illness* (2006).
—M.D. Sherman & D.M. Sherman (Available at www.seedsofhopebooks.com)

Relevant Web Sites:

- www.depression.com – comprehensive resources about depression
 - www.depressionfallout.com – help for those dealing with depressed loved one
 - www.depressionoptions.com –depression and sexual functioning
 - www.intimacyanddepression.com – examines effects of depression on relationships
 - www.nimh.nih.gov/publicat/depression.cfm – National Institute of Mental Health
 - www.dmda.org – Depression and Bipolar Disorder Alliance
 - www.familyaware.org – Families for Depression Awareness
2. Have realistic expectations (e.g., depression cannot go away overnight) but also maintain hope.
 - New antidepressants and treatment strategies are being studied and released on the market. Many people with depression are able to lead constructive lives. For example, the movie “Patch Adams” starring Robin Williams depicts a young man

admitted to a psychiatric unit due to major depression and suicidal ideation who later becomes a successful physician.

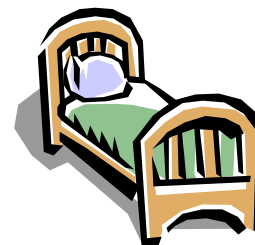
3. Be an active team member in the care of your loved one. Ask questions of doctors, nurses, psychologists, and other health care providers.
4. Offer emotional support, patience, and compassion. Encourage your loved one to exercise and do activities that he/she used to enjoy. Allow your loved ones to care for themselves as much as possible.
5. Stay in contact with your social support network.
6. Obtain professional help for yourself when needed.
7. Maintain good sleep habits, both for you and your loved one (e.g., go to bed and get up at the same time every day; reduce caffeine intake).
8. Make healthy lifestyle choices (healthy diet; regular exercise; avoid use of alcohol).

DON'Ts:

1. Try not to take the depression personally – it's not your fault! You cannot cure depression with love any more than you can cure cancer with love.
2. Don't exclude the depressed person from family discussions or decisions.
3. Don't try to do everything for the depressed person.
4. Don't criticize the person for their depressed behavior or expect him/her to be able to simply "snap out of it."
5. Don't feel that you need to apologize for your loved one.



Tips for Managing Depression



1. Have a Regular Bedtime
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