A Comprehensive Approach to Depression

➤ Understanding
➤ Treatment
➤ Prevention

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Give a man a fish, and you feed him for a day.
Teach a man to fish, and you feed him for a lifetime.
– Chinese Proverb

Prevalence of Depression

➤ NIMH estimates about 19 million Americans with depression – about 9.5% of the U.S. population.
➤ Antidepressants are now the most-prescribed drugs in the U.S.
➤ The rates of antidepressant use grew 48% from 1995-2002.
➤ The fastest-growing new group of patients diagnosed with depression are children – even preschoolers.
➤ Depression accounts for the most disability and lost productivity time in the U.S. work force.
➤ The rate of clinical depression in the U.S. has increased more than tenfold in the last fifty years.

“Any approach to depression that does not confront social and cultural sources of despair becomes part of the problem, rather than a sustainable solution.”
– Bruce Levine, Surviving America’s Depression Epidemic

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I: UNDERSTANDING THE HEALING PROCESS: What Works, What Doesn’t, and Why:

**Discerning the Difference:**
- Symptom-Centered Treatment
- Comprehensive Healing Process
  “Heal = To make or become whole.”

**Stages of Healing:**
- Assessment and Diagnosis
- Intervention and Treatment
- Recovery and Rehabilitation
- Wellness and Relapse Prevention

**Ineffective Approaches:**
- Assessment-Only Therapy (“What else happened?” “How do you feel about that?”)
- Medication-Only Treatment (Approach most likely to precede relapse—yet widely popular.)
- Misguided Spirituality (Expecting God to remove the challenge or problem.)

**Differential Approaches to Managing Depression:**
- Victimhood and Brokenness >> Dependency >> Some symptom relief, with side effects and fluctuations; worries about continued efficacy and external support.
- Choice and Empowerment >> Independence >> Triumph, hope, self-efficacy, confidence for the future.

**Pessimism or Optimism** (Martin Seligman, “Learned Optimism” / “The Optimistic Child”)
- Pessimism — Interpreting adversity with “The 3 P’s” - Pervasive, Permanent, Personal
- Optimism — Alternate interpretive style: Specific, Temporary, Multiple Causes

II: INTRODUCING “THE DIAMOND”®: A Model to Guide Comprehensive Healing
1-Relationship Triggers (IPT—Interpersonal Therapy)

- Depressive episodes are preceded and set off by identifiable triggers—current, recent past, or more distant past—most often in the context of a relationship.
- Most common relationship triggers: Grief, Transition, Conflict, Lack of Interpersonal Skills; Abuse, Loss, Disappointment.
- Identifying and finding meaningful solutions to these realistic challenges is a core piece of the work of healing.
- Helpful resources include: Michael D. Yapko, PhD—Breaking the Patterns of Depression.

2-Thoughts (Cognitive Therapy)

- “Trigger experiences” by themselves don’t cause depression—but when they are interpreted in a negative style, the risk of a depressive response vastly increases.
- Depressive thinking styles include: All-or-nothing thinking; self-blame; jumping to conclusions; and mental filter (only noticing the negative elements of an experience.)
- Media and music influences can significantly affect perception, cognition, and emotion—for better or for worse. Informed judgment and selection of such resources is wise.
- Helpful resources include: David D. Burns—The Feeling Good Handbook (first half).

3-Behavior (Behavior Modification; lifestyle adjustment; CBT (cognitive-behavioral therapy)

- Thinking invariably sets the stage for behavior—positive or negative, helpful or unhelpful.
- Lifestyles have vastly changed in the US and other developed nations, during the 50 years that depression and other illnesses have grown to epidemic proportions in these nations.
- Proper nutrition, exercise, time management, sociality, financial management, and other positive behaviors can help insulate against depression, even in the face of adversity and heartbreak.
- Helpful resources include: Yapko (as cited above).

4-Spirituality (Interventions and observations consistent with belief system of the client)

- Depressive triggers, thinking, and behavior can have a profoundly negative impact on an individual’s spirituality—whether of a religious or non-religious nature.
- Dimensions of spirituality may include: hope, purpose, direction, and connection. These can be significantly disrupted by the depressive process—which can be particularly painful for religious clients.
- The 12 Steps of A.A. are an example of a non-denominational spiritual healing path that has proven helpful for many. Often, spiritual healing facilitates the deepest kind of emotional healing.
- Spirituality is one of the tenderest, most personal dimensions of human experience, and should be treated with profound care and respect—never imposing one’s own bias (religious or irreligious) on clients, but helping them find meaning and direction consistent with their own chosen values.

5– Relationship Impact (Completing the Cycle) (Relationship/communication skills training)

- The depressive cycle ends where it began—in relationships. Core relationships can be deeply impacted by depression, extending the cycle—and healing relationships can help in healing depression.
- Marriage researcher John Gottman found that relationships flourish with a “turn toward” approach; flounder with an antagonistic “turn against” approach; and wither with an isolationistic “turn away” approach (very common with depression.) Moment-by-moment awareness can help heal relationships.
- Meaningful human connection is one of the most powerful antidotes for depression.
- Helpful resources include: John Gottman—The Relationship Cure; Burns (2nd half) and Yapko (above).
IV. FINAL NOTES: A COMPREHENSIVE APPROACH TO EMOTIONAL HEALING

The Individuality of Each Depression—And of Each Healing Process

- No single cause accounts for every depressive episode—even within the same individual. Multi-factorial models such as the Diamond® (or Nedley’s Depression Recovery program) are designed to custom-fit a treatment process to a given individual within a given set of circumstances, with great care and respect.

- A comprehensive model should be used like a cookbook, not a math book. While a wide variety of approaches are available, resources can be chosen selectively to meet the needs of the situation at hand—not imposed in any strict order. You don’t have to cook every recipe in a cookbook; and you don’t have to apply every element in a comprehensive program. Just use what you need, when it’s needed.

Practical Uses of a Comprehensive Approach

- For Assessment, to determine which elements contributed to and are maintaining the depressive episode under consideration, prior to beginning intervention and treatment.

- For Treatment, choosing interventions that best address the factors involved in this particular depressive episode, for this particular individual.

- For Prevention (primary and secondary) - both to help keep non-depressed persons emotionally well (even in the face of adverse “trigger” experiences); and to help depressed persons avoid relapse.

3 Steps to Using “The Diamond”® (IRA—Identify, Replace, Assimilate)

- 1) Identify—Use the structure of the Diamond® (Relationships / Thoughts / Behaviors / Spirituality) to identify the various contributing factors for this particular depressive episode.

- 2) Replace—One at a time, replace depressive factors with healthier factors.

- 3) Assimilate—Practice the new, healthier element so consistently that it becomes a habit.

Benefits and Limits of This Presentation on a “Comprehensive Approach to Depression”

- Like the frame of a puzzle, this presentation has been designed to provide a framework and overview—not to fill in every detail, which would require more time.

- Additional details on application of each of these topics (and more) will be presented by a variety of skilled experts, throughout the balance of this conference.

- Still more details and resources (including links to relevant books, articles, and handouts) can be found at the presenter’s Online Resource Library: http://morninglightcounseling.org/

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