

Depression in Women, Men, and Seniors & Treatment for Major Depression and Dysthymia

EVIDENCE BASED PRACTICES (EBP): Integrated System of Care; Universal Dual Diagnosis Capabilities; Principles of Empathy and Hope;

Motivational Interviewing Approach; Stages of Change Model Design; Strength Based; Skill Building; Solution Focused; Neurochemistry Based Disorders of the Brain; Symptom Identification; Symptom Management; EBP Curriculum Topics, i.e. Nutrition, Stress Management, Cognitive Behavioral, and more...

Consistency in the Group Setting

The importance of *consistency* in a treatment setting can't be overstated. This is especially true when people are placed in vulnerable situations. *Inconsistency* can, at best, increase uncertainty and insecurity for the person receiving services. At worst, unpredictability can create a sense of helplessness while simultaneously decreasing a person's development of self-reliance. In fact, all human beings benefit from a dependable approach in the treatment of chronic disorders. When a person learns they can rely on consistency, they are less stressed and more relaxed. Consistency in the group setting includes the group structure, psychoeducational material, and the approach.

Each agency or facility will have different requirements – such as group receipts or paperwork – however, consistency can still include a structure similar to the following:

1. Group members pick up: a. Clip Board, b. Paper, and c. Pencil/Pen as they enter the room.
2. Group facilitator picks up the group receipts from each person in the group, and/or the group facilitator passes out the sign-in sheet for the group members to sign.
3. Group facilitator provides a Positive Group Beginning, Consistent Psychoeducational Material, Consistent Approach, and a Positive Group Closure.

Psychoeducational Groups and Crisis Event Processing (when requested)

Notes to Facilitator(s):

1. *THE BASICS, Second Edition* meets the definitions and goals of Psychoeducational Groups, Skill Building Groups, and Cognitive Behavioral Groups.
2. Group participants who have become accustomed to Interpersonal Processing Groups – as well as staff who have facilitated them – may find it a challenge to now facilitate Psychoeducational Groups.
3. Likewise, facilitators who may have followed a more lecture-style education presentation, may find it challenging to now devote at least 1/3rd of group time to specific topic discussions and interactions.
4. Both types of groups (Interpersonal Processing Groups and Psychoeducational Groups) are extremely important, yet each has different goals and structure.
5. The structure of Psychoeducational Groups, Skill Building Groups, and/or Cognitive-Behavioral Groups in no way means that there will not be *interaction* – far from it. It just means that the interactions, discussions, and exercises will be about the topic(s) of each group.
6. Facilitators *may* – or not – still want to allow time in each group for the group member(s) to discuss a crisis that may have occurred since the last group.
7. We do know, of course, that *every* person in group is typically experiencing many challenges each and every week; however, most of these incidents are often best resolved in ways other than group time where the event does not pertain to every group member.
8. Suggested responses to a challenge, problem, or crisis can also include suggesting the person contact their primary care provider; schedule a 1:1 appointment; reschedule their next 1:1 to an earlier time; or, meet with the facilitator after group to explore options and develop a plan.
9. A facilitator would, of course, not “*grade*” an event as being worthy or not for group time. If a person requests individual time in the group, then that would be accepted as valid and time allotted at the end of the group.
10. Over time, the group begins to understand the differences between a situation, a challenge, a problem, or a crisis and can make decisions to utilize group time or continue with the current psychoeducational topic.

Prepare Professionals

Suggestions for professionals to prepare themselves for group typically includes:

1. Review all content material, appendices, and/or handouts *prior* to group to avoid a lecturing style.
2. Decide beforehand the *key points* to be covered in each group to produce flexibility for group responses, discussions, or questions.
3. Gain an overall understanding of the content so summarizing is possible in order to create an interactive facilitation style.
4. Determine the group structure to achieve the essential balance between education and discussions.
5. Check group room to be sure there are enough clipboards, pencils or pens, and markers or chalk for the board.
6. Make enough copies of any handouts *before* group.
7. Write any group content on the board *prior* to the beginning of group whenever possible.

Master Guide & Master Tips to Professionals

Note: *The Master Guide* (located at the beginning of Volume I & II) and the *Master Tips to Professionals* (located at the back of Volume I) have many topics to assist in the group process like Master Tip #39: Suggestions For Managing Handouts For Groups (pages Master Tips 64-67). Other tips include:

1. Master Guide: Interactive Style (pages Master Guide 10-11)
2. Master Tip #1: Suggestions for Beginning Group (pages Master Tips 1-4)
3. Master Tip #3: Empathetic Treatment Approach (pages Master Tips 7-9)
4. Master Tip #4: Promoting Hope (page Master Tips 9)
5. Master Tip #5: Maintaining a Consistent, Nonjudgmental, and Positive Attitude (pages Master Tips 10-13)
6. Master Tip #12: Responding to Requests for Copies of APPENDICES (pages Master Tips 27-29)
7. Master Tip #13: Depth of Psychoeducational Content (pages Master Tips 29-30)
8. Master Tip #14: Group Closure Suggestions (pages Master Tips 30-31)
9. Master Tip #16: Motivational Interviewing (pages Master Tips 31-32)

Present Curriculum/Topic

1. It is extremely important that each group participant leave every group with more Psychoeducation than they came in with – which may also include discussing a “familiar topic” yet with a “present-day” focus. Psychoeducational Groups are designed to provide education about all areas related to the management of Substance Use Disorders and Psychiatric Disorders. Psychoeducational Groups are not Interpersonal Processing Groups – even though interaction and processing the particular *psychoeducational topic(s)* is essential to individualizing the topic(s) or skill(s) presented.
2. It is recommended that a minimum of 1/3rd of group time be devoted to interaction (therapeutic counseling *topic* discussions). This can be accomplished – depending on the individual style of the group facilitator(s) – by any “present education-interact/discuss – present education-interact/discuss” combination while still structuring the group to include the curriculum/topic education to be covered.
3. The presentation of material will, of course, be modified by the facilitator to match the functioning skills of group participants. It is important to note, however, that *THE BASICS, Second Edition* was written in a conversational language while taking into consideration a wide-range of symptom acuity and severity. Persons with co-occurring psychiatric and substance disorders benefit from learning about their disorders and how to manage them, as do all individuals with any chronic disorder(s). Each group participant will retain what is meaningful to them at the present time.

Group Beginning Suggestions

A positive group beginning (and ending) is extremely important. There are many ways to begin (and end) a group in a positive way. Suggestions to choose from can include:



1. Reading the Thought For The Day from a meditation book. (Note: Meditation books that also contain an index at the end of the book – such as *Easy Does It* – are helpful in choosing a specific reading that matches the topic(s) presented in group like Self-Esteem.), or
 2. Reading an inspirational or humorous curriculum handout from *THE BASICS, Second Edition*, or
 3. Practicing a deep breathing or a stretching exercise, *or*
 4. Sharing of one thing that each person is grateful for today, *or*
 5. Sharing of one positive thing that he/she did that contributed to their recovery in the past few days, *or*
 6. Reading an AA Slogan with a brief explanation or AA/NA/Dual Recovery inspirational reading.
- * Recommended Beginning: Breathing Exercise (located on page Master Tips 3)

Practice Curriculum/Topic


Practicing subject material is the best way participants can internalize and personalize the curriculum content. Practice includes the group interactions, worksheets, exercises, handouts, and content discussions.

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Volume I; Subject Two; Pages: APPENDIX II-5 – II-9; Subject 2-12 – 2-14





Based on a 2-Hour group: Two 50 minute segments	Time-Frame
Group Beginning	20 Minutes Total
Positive group beginning (suggestions are located on the previous page).	5 Minutes
<ol style="list-style-type: none"> 1. Brief Group Introductions: (Note: The <i>interactions</i> in a psychoeducational group are discussions about the <i>topics</i>, not interpersonal processing or case management questions which do not apply to the entire group.) <ol style="list-style-type: none"> a. Ask the group members to tell the group their name. b. Welcome any group members who are new to this group or phase. 2. Crisis Processing (when requested and optional): <ol style="list-style-type: none"> a. Ask the group if anyone has experienced a crisis since their last group, and if they need/want additional time in this group to discuss it, i.e. what happened, how they managed the crisis, and/or explore options and develop a plan. b. Let the person(s) know that you will allow time at the end of this group for them to share their experience and receive support from their fellow group members. 	10 Minutes 
<p><u>Summarize Introduction of the Group Topic and Why It's Important (page Subject 2-9):</u> Clinical Depression is more than just being sad, feeling down, or experiencing grief after a loss. It's a medical illness just like diabetes, asthma, or heart disease and is so widespread it's often called the common cold of mental health problems (Forest Pharmaceuticals, Inc., 1998; Marquette General Hospital, 2002). Depressive illnesses are “whole system” disorders that affect the body, feelings, thoughts, and behaviors day after day (National Institute of Mental Health [NIMH], 1999).</p> <p>Today we will discuss depression in women, depression in men, and depression in seniors. We will also discuss the treatment for depression as well as the treatment for dysthymia. You will see that the treatments for depression – like good nutrition – are also part of the recovery and healing process for other disorders like anxiety or substance dependence. That means the treatment approaches for depression are helpful in developing a healthy mind and body – even for group members who don't personally experience depression.</p>	5 Minutes 

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Psychoeducation Part I: Topics & Focus		Pages & Location	Presentation Suggestions		Time- Frame
The Basics About Depression and Women		APPENDIX II-5 – II-7	Discuss the thirteen reasons why women are at a <i>much higher</i> risk for depression than men using the explanations in the text.		20 Minutes
1	Brain Chemistry Differences	6	Postpartum “Baby Blues”	10	
2	Seasonal Affective Disorder Sensitivity	7	Postpartum Depression	11	
3	Menstrual Cycles	8	Postpartum Psychosis	12	
4	Sex Hormones	9	Relationship and Emotional Focus	13	
5	Menopause and Hormones				
Skill Building Exercise and Discussion - Suggestions for topic discussion:					
<u>To the Group:</u>					
1. What do you think about this?					
2. What are your comments about depression and women?					
3. How do you personally relate to the reasons why women are more likely to experience depression?					
Psychoeducation Part I: Topics & Focus (continued)		Pages & Location	Presentation Suggestions		Time- Frame
The Basics About Depression and Men		APPENDIX II-8	1. Summarize short paragraph. 2. Discuss the nine points in the table.		10 Minutes
Skill Building Exercise and Discussion - Suggestions for topic discussion:					
<u>To the Group:</u>					
1. What do you think about this?					
2. What are your comments about depression and men?					
3. How do you personally relate to the reasons why it is difficult to recognize depression in men?					
Break					10 Minutes

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Psychoeducation Part II: Topics & Focus		Pages & Location	Presentation Suggestions			Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
The Basics About Depression and Seniors		APPENDIX II-8 – II-9	1. Name nine points in the table below. 2. Use the text for explanations of each.			 10 Minutes	 15 Minutes
1	Classic Symptoms of Depression Are Often Mistaken For Aging	4	Untreated Depression <i>Worsens</i> All Existing Medical Conditions	7	Depression Is a Primary Medical Illness That Requires Treatment		
2	Lack of Understanding a Psychiatric Illness	5	Clues to Depression in Seniors				
3	Reluctant to Seek Treatment	6	Importance of a Professional Consultation				
<p align="center">Skill Building Exercise and Discussion - Suggestions for topic discussion:</p> <p><u>To the Group:</u></p> <ol style="list-style-type: none"> 1. What do you think about this? 2. What are your comments about depression and seniors? 3. How do you personally relate to the conditions that contribute to depression in seniors? 							

Psychoeducation Part II: Topics & Focus		Pages & Location	Presentation Suggestions			Time-Frame with Crisis Processing	Time-Frame without Crisis Processing		
Treatment For Major Depression and Dysthymic Disorder		Subject 2-12	Summarize the information in the table of the successful treatment of depression.			 20 Minutes	 25 Minutes		
Treatments For Depression Are Effective		Subject 2-12 – 2-14	<ol style="list-style-type: none"> 1. Summarize two paragraphs. 2. Summarize and discuss the five areas included in the treatment of Major Depression and Dysthymia. 3. Summarize remaining paragraph on page 2-14. 						
1	Biological	2	Psychological	3	Social, Cultural, Environmental			4	Spiritual

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Skill Building Exercise and Discussion - Suggestions for topic discussion:	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<p><u>To Facilitator(s):</u></p> <ol style="list-style-type: none"> 1. It is recommended that any group content for this particular group be written on the board prior to the beginning of group. 2. If necessary, you may need to give the group another reminder to look for <i>the similarities</i> (not the differences) between the symptoms of disorders. For example, functioning difficulties are common to all psychiatric and substance disorders. There are also similarities among treatment recommendations. For example, developing support networks is also listed as helpful in the treatment for all psychiatric and substance disorders. <p><u>To Group:</u></p> <ol style="list-style-type: none"> 1. What areas do you already focus on in your recovery or what areas help the most when you are depressed? 2. What area(s) do you think would be helpful to focus on more in the future? 3. What would you do first? Or where would you start? 4. What comments or thoughts do you have about any of these areas? Ones you struggle with? Ones you have developed strengths in? 5. What is your next goal to add to your recovery plan to help you during times of depression? 	<p align="center">↓</p> <p align="center">Continued</p> <p align="center">↓</p>	<p align="center">↓</p> <p align="center">Continued</p> <p align="center">↓</p>
Crisis Processing	Time-Frame	
<ol style="list-style-type: none"> 1. Ask the group member(s) to tell the group what happened. 2. Explore options and/or develop an immediate plan for coping. 3. Allow the group to offer support. 	<p align="center">10 Minutes</p>	<p align="center">↓</p>
“Paper Work”	Time-Frame	
<p>Group participants fill out Group Notes.</p>	<p align="center">5 Minutes</p>	
Group Closure	Time-Frame	
<p>Recommended INSPIRATIONAL HANDOUT “<i>We Are in Charge of Our Attitudes...</i>” located at the back of Subject Two. Presentations suggestions include:</p> <ol style="list-style-type: none"> 1. Read the handout to the group, <i>or</i> 2. Ask a group member to read the handout out loud to the group, <i>or</i> 3. Give a copy to each group member to take home and ask for a volunteer to read the handout to the group. 	<p align="center">5 Minutes</p> <p align="center">↓</p>	