

# Chronic Disease & Depression: What can we do about it?!

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## Objectives of this presentation:

- Define several chronic illnesses and the possible reason for depression
- Show culturally how depression can affect people and their chronic illness
- Look at different depression screeners and which one may be right for you
- Discuss and go through different treatment types to help social workers work with people and their chronic illnesses

## What is a Chronic Disease?

- A chronic disease is one lasting 3 months or more, by the definition of the U.S. National Center for Health Statistics.
- Chronic diseases generally cannot be prevented by vaccines or cured by medication, nor do they just disappear.
- Eighty-eight percent of Americans over 65 years of age have at least one chronic health condition.
- A chronic disease is life altering in either diet, medication regime, exercise, or all the above.

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### Most common Chronic Diseases that cause depression

- Cancer
- Coronary heart disease
- Diabetes
- Epilepsy
- Multiple sclerosis
- Stroke
- Alzheimer's disease
- HIV/AIDS
- Parkinson's disease
- Systemic lupus erythematosus
- Rheumatoid arthritis
- Chronic Kidney Disease

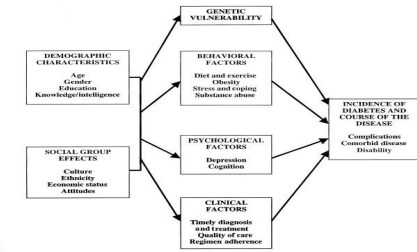
### Chronic Illnesses discussed today:

- Diabetes
- Chronic Kidney Disease
- Cancer
- Auto-immune Diseases

People with depression are at a higher risk for other medical conditions.....

- Including but not limited to:
- cardiovascular disease,
  - diabetes,
  - stroke, and
  - Alzheimer's disease

### Does Culture Matter?




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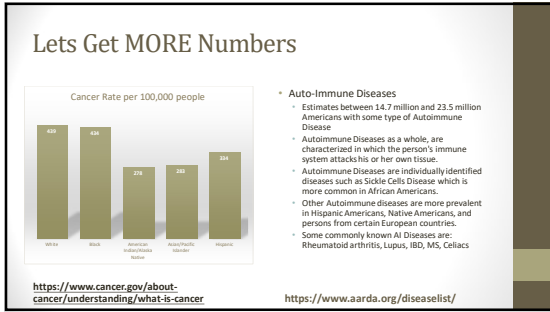
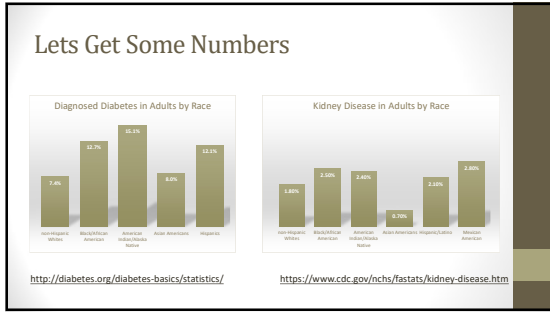
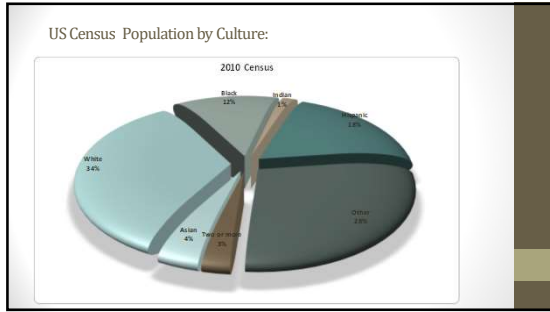
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### Diabetes

**Definition:**

Diabetes is the condition in which the body does not properly process food for use as energy.

Most of the food we eat is turned into glucose, or sugar, for our bodies to use for energy. The pancreas, an organ that lies near the stomach, makes a hormone called insulin to help glucose get into the cells of our bodies. When you have diabetes, your body either doesn't make enough insulin or can't use its own insulin as well as it should. This causes sugars to build up in your blood. This is why many people refer to diabetes as "sugar."

### Diabetes, Culturally

- The United States has the largest number of diabetics of all the developed countries.
- African Americans, Hispanic Americans, Native Americans, the elderly, those of the lower socioeconomic classes, and women are more likely to have some type of diabetes.

### Diabetes, Culturally Cont'd

- African Americans have a high risk for type 2 diabetes.
  - Genetic traits
  - Obesity
  - Insulin resistance
    - All contribute to the risk of diabetes in the African American community, Higher rates of diabetic complications, Culturally sensitive strategies, structured disease management protocols, and the assistance of nurses, diabetic educators, and other health care professionals are effective in improving the outcome of diabetes in the African American community.

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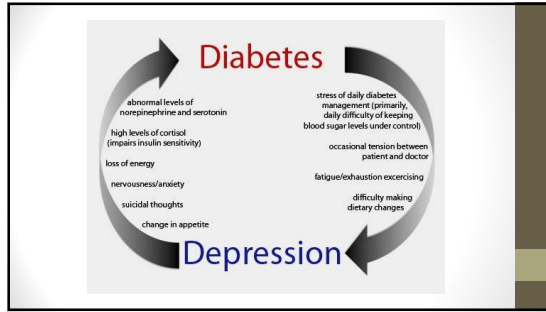
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Diabetes Cont'd

Diabetes Signs/Symptoms

Common symptoms of diabetes:

- Urinating often
- Feeling very thirsty
- Feeling very hungry - even though you are eating
- Extreme fatigue
- Blurry vision
- Cuts/bruises that are slow to heal
- Weight loss - even though you are eating more (type 1)
- Tingling, pain, or numbness in the hands/feet (type 2)



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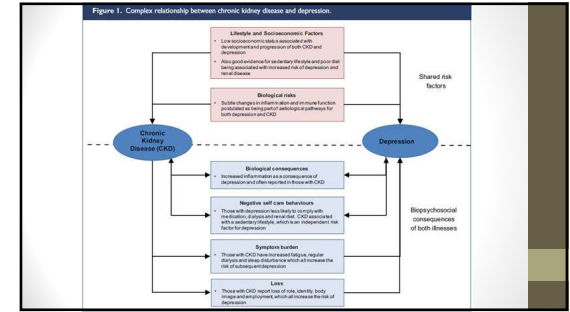
### Chronic Kidney Disease

- Chronic kidney disease (CKD) is a condition characterized by a gradual loss of kidney function over time.

Chronic kidney disease includes conditions that damage your kidneys, as it worsens, wastes can build to high levels in your blood, you may develop complications such as high blood pressure, anemia (low blood count), weak bones, poor nutritional health and nerve damage and increases your risk of having heart and blood vessel disease.

### CKD Signs/Symptoms

- feel more tired and have less energy
- have trouble concentrating
- have a poor appetite
- have trouble sleeping
- have muscle cramping at night
- have swollen feet and ankles
- have puffiness around your eyes, especially in the morning
- have dry, itchy skin
- need to urinate more often, especially at night.




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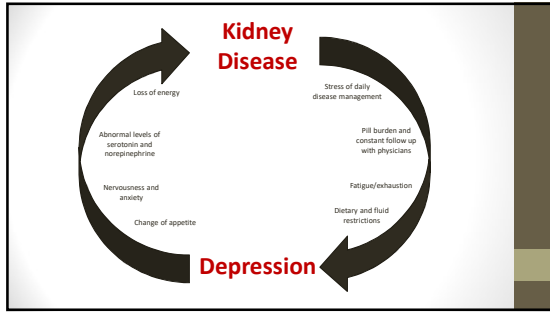
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**CANCER**

- Cancer is the name given to a collection of related diseases. In all types of cancer, some of the body's cells begin to divide without stopping and spread into surrounding tissues.
- Cancer cells differ from normal cells in many ways that allow them to grow out of control and become invasive. One important difference is that cancer cells are less specialized than normal cells. That is, whereas normal cells mature into very distinct cell types with specific functions, cancer cells do not. This is one reason that, unlike normal cells, cancer cells continue to divide without stopping.

Normal    Hyperplasia    Dysplasia    Cancer

- CANCER Signs/Symptoms**
- Unexplained weight loss
  - Fever
  - Fatigue
  - Pain
  - Skin changes
    - Darker looking skin (hyperpigmentation)
    - Yellowish skin and eyes (jaundice)
    - Reddened skin (pruritus)
    - Itching (pruritis)
    - Excessive hair growth
  - Change in bowel habits or bladder function. (colon Cancer)
  - Thickening or lump in the breast or other parts of the body. (Breast Cancer)
  - White Patches inside the mouth or white spots on the tongue. (Mouth Cancer)

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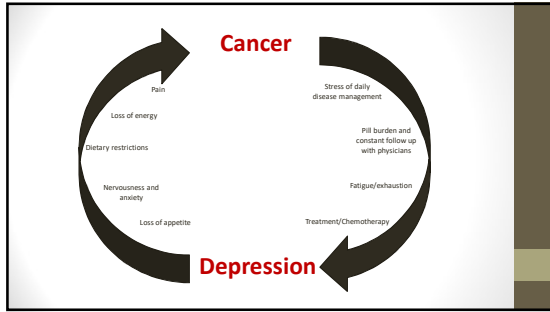
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**Auto-immune Diseases**

- Diseases in which the person's immune system attacks his or her own tissue.
- One of the functions of the immune system is to protect the body by responding to invading microorganisms, such as viruses or bacteria, by producing antibodies or sensitized lymphocytes (types of white blood cells).
- What about Autoimmune Diseases
  - There are more than 100 Auto Immune diseases.
  - Hard to recognize, symptoms overlap
  - More common in Women
  - NO single test can detect an auto immune disease, several test
  - Know enough about them; 1997 was the first real study
  - 1997 estimates show 9 million people identified with Autoimmune Diseases
  - 2012 estimates show 14.7 million people identified with Autoimmune Diseases

**Common Auto Immune Diseases**

- **Rheumatoid arthritis**  
A chronic inflammatory disorder affecting many joints, including those in the hands and feet.
- **Lupus**  
An inflammatory disease caused when the immune system attacks its own tissues.
- **Celiac disease**  
An immune reaction to eating gluten, a protein found in wheat, barley, and rye.
- **Multiple sclerosis**  
A disease in which the immune system eats away at the protective covering of nerves.

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Common Auto Immune Diseases Cont'd

- Type 1 diabetes  
A chronic condition in which the pancreas produces little or no insulin.
- Alopecia areata  
Sudden hair loss that starts with one or more circular bald patches that may overlap.
- Vasculitis  
An inflammation of the blood vessels that causes changes in the blood vessel walls

Autoimmune Diseases

500,000 Many.....

**>100 Autoimmune Diseases**

Auto-immune Diseases Signs/Symptoms

- **Autoimmune disease symptoms**  
The early symptoms of many autoimmune diseases are very similar, such as:
- fatigue
- achy muscles
- swelling and redness
- low-grade fever
- trouble concentrating
- numbness and tingling in the hands and feet
- hair loss
- skin rashes

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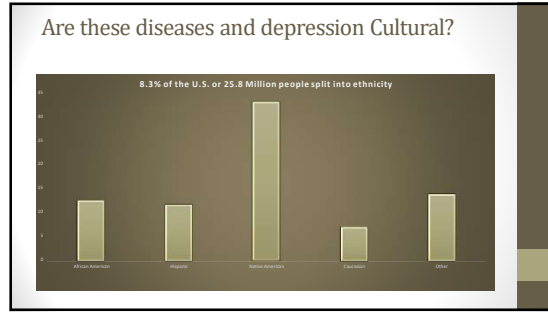
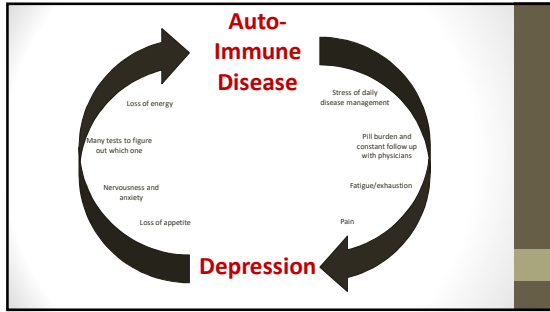
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Let's talk about DEPRESSION!!!

## DEPRESSION

**350 million** people globally suffer from depression.

Globally, depression accounts for 41% of all the years spent living with mental or behavioral disorders.

- 41% depression
- 15% anxiety
- 11% drug-use disorders
- 10% alcohol-use disorders
- 7% schizophrenia

Twice as many women typically develop depression than men, although in richer countries, three times as many men die by suicide than women.

SOURCES: Global Burden of Diseases, Injuries, and Risk Factors Study 2013; World Health Organization

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### Depression and how to see the signs

- Feelings of depression and sadness and other symptoms that last longer than a couple of weeks
- Persons begin to lack regard to their medical treatments
- Their physical activity declines
- There is likely an increase in tobacco and alcohol use
- Usual interest in leisure and social activities decrease
- Feeling signs of irritability, anxiousness, feelings of emptiness, and feeling guilt.
- Loss of having desires of intimacy, sex, participation in pleasurable activities

### Signs and Symptoms Continued

- Fatigue, decreased energy, feeling listless
- Compromised ability to concentrate, decreased ability to remember details, to make decisions
- Interrupted sleep, or excessive sleep
- Unplanned weight loss or gain, by overeating or not having any interest in food
- Thoughts of death, suicide, or suicide attempts\*
- Aches/pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment

\*What do we do about suicidal ideations as social workers???

### Medical signs that are symptoms

- Signs of increased inflammation
- Changes in the control of the heart rate and blood circulation
- Abnormalities in stress hormones
- Metabolic changes typical of those seen in people at risk for diabetes.
  - Ongoing research is also exploring whether physiological changes seen in depression may play a role in increasing the risk of physical illness.
  - Scientists have found changes in the body function in people with depression, that impact physical health.

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### Depression Screeners and Tools

- PHQ-9:** Self-reported 9 item questionnaire which diagnosis depression and assesses severity based on DSM-IV criteria a cultural acceptable screening tool.
- Beck Depression Inventory:** Behavioral, cognitive, and somatic components of depression; focusses on negative attitudes of the patient toward self
- Center for Epidemiological Studies- Depression Scale (CES-D; short form: CES-D-SF):** Frequency of depressive symptoms. Four factors: negative affect and mood; positive mood or well-being; somatic; interpersonal
- Hamilton Rating Scale for Depression (HAM-D):** Rates severity of depression
- Hospital Anxiety Depression Scale (HAD):** Self screen to rate severity of depression and anxiety
- Geriatric Depression Scale (GDS; short form: GDS-SF):** Positive and negative affective domains of depression
- Profile of Mood States (POMS; short form: POMS-SF):** Six subscales: tension-anxiety, depression-dejection, anger-hostility, vigor-activity, fatigue-inertia, and confusion- bewilderment

### Sample 1

### Samples of Depression Screenings:

**Sample 1** displays a sample of a depression screening questionnaire. The items include statements such as "I had more trouble sleeping in the past week" and "I had more trouble concentrating in the past week." The scoring key on the right indicates how each item should be scored, with some items being reverse scored.

### Sample 2

**Sample 2** displays a sample of a Patient Health Questionnaire-9 (PHQ-9) form. The questionnaire items include "Over the last 2 weeks, how often have you been bothered by the following problems?" and "Thinking about suicide, or hurting yourself." The scoring table at the bottom shows the frequency of responses and the corresponding scores for each item.

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**Center for Epidemiologic Studies Depression Scale (CES-D)**

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**Sample 3**

- Scoring the CES-D
- In scoring the CES-D, a value of 0, 1, 2 or 3 is assigned to a response depending upon whether the item is worded positively or negatively.
- For items 1-3, 5-7, 9-11, 13-15, 17-20 the scoring is:
  - Never or none of the time (less than one day) = 0
  - Some or a little of the time (1-2 days) = 1
  - Occasionally or a moderate amount of time (3-4 days) = 2
  - Most or all of the time (5-7 days) = 3
- Items 4, 6, 12, 16 are reverse scored as follows:
  - Most or all of the time (5-7 days) = 0
  - Occasionally or a moderate amount of time (3-4 days) = 1
  - Some or a little of the time (1-2 days) = 2
  - Never or none of the time (less than 1 day) = 3
- Possible range of scores is 0 to 60, with the higher scores indicating the presence of more symptoms.
- Citation: Radloff LS. The CES-D Scale: a self-report depression scale for research in the general population. *Applied Psychological Measurement* 2: 385-401, 1977.

| Item | Response   | Reverse scored | Score | Item | Response   | Reverse scored | Score |
|------|------------|----------------|-------|------|------------|----------------|-------|
| 1    | Not at all | No             | 0     | 11   | Very often | No             | 3     |
| 2    | Not at all | No             | 0     | 12   | Very often | Yes            | 0     |
| 3    | Not at all | No             | 0     | 13   | Very often | No             | 3     |
| 4    | Very often | Yes            | 0     | 14   | Very often | No             | 3     |
| 5    | Not at all | No             | 0     | 15   | Very often | No             | 3     |
| 6    | Very often | Yes            | 0     | 16   | Very often | Yes            | 0     |
| 7    | Not at all | No             | 0     | 17   | Very often | No             | 3     |
| 8    | Very often | No             | 3     | 18   | Very often | No             | 3     |
| 9    | Not at all | No             | 0     | 19   | Very often | No             | 3     |
| 10   | Very often | No             | 3     | 20   | Very often | No             | 3     |

## How do we begin addressing depression and chronic illness?

- Cultural implications to consider
- Studies show that those who have multi-generations from the US, have more Western attitudes and behaviors and have higher rates of depression than other cultures.
- Why is this? Difference comes from the Individualistic vs. Collectivistic orientation of a certain culture.
  - Individualistic Culture- A person who's individual achievements take center stage, dependence on others can be perceived as an embarrassment. People are considered "good" if they are strong, self reliant, assertive and independent. The US, Germany, Ireland, South Africa, and Australia are some examples of countries that are rooted from an individualistic culture.
  - Collectivistic Culture- A person tends to be more self sacrificing, dependable, generous, and helpful to others of greater importance. This person tends to turn to others, such as family and friends for support during difficult times. People tend to sacrifice their own comfort for the greater good of everyone else. Japan, China, Taiwan, Venezuela, Guatemala, Indonesia, Ecuador, Argentina, Brazil, and India are a few countries that are considered collectivistic.

## Continued

- Ethnomedical research suggests that cultural differences in focusing on oneself and one's place within the social hierarchy are linked to the prevalence of depression.
- Western cultures tend to be viewed as more independent and strive for more individual achievement and success as compared to other cultures view family or society as having more importance than the individual.
- \*As a result personal happiness is sacrificed for the stability of the group....

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What to consider when working with a culturally diverse populations who seek help with depression

• **African Americans**

- Tend to seek help from family, friends, and religious leaders first.
- Older African Americans tend to be afraid of stigma or a belief in other family resources they prefer to utilize first.
- Tend to suffer from multiple physical **AND** medical complaints that lack a definitive diagnosis.
- Existence of depression tends to be linked to complaints of medical/physical complaints before depression is considered

What to consider when working with a culturally diverse populations who seek help with depression

• **Hispanic**

- Language barriers must be considered, and mental health professionals may not always understand their customs and differences among Latin countries.
- Assess and ask questions; do a cultural assessment related to who in the family makes decision, etc...
- Consider hierarchy of permission to get mental health services, traditional hispanic families consult with spouses or elders for permission
- Use spirituality and spiritual healers, curanderos

What to consider when working with a culturally diverse populations who seek help with depression

• **Asian Americans**

- They are more likely to seek treatment from a community or religious leader
- They have a stigma regarding mental concerns; belief that seeking professional help are signs of immaturity, weakness, and lack of self discipline
- Asian Americans also tend to suffer from multiple physical **AND** medical complaints that lack diagnosis

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What to consider when working with a culturally diverse populations who seek help with depression

- **Native Americans**
  - Strong identification with culture and family
  - Relationship and connectiveness with past
  - Rely on wisdom of elders
  - Arguments between Indian and non Indian perspectives of mental health
  - Have long memories and experience of trauma
  - Trauma is communal

Possible Treatment Options

- Cognitive behavioral therapy, or talk therapy, changing negative thinking styles and behaviors that contribute to depression
- Interpersonal and various time limited psychotherapy
- Use of Antidepressants, selective serotonin reuptake inhibitors (SSRIs) and serotonin and norepinephrine reuptake inhibitors (SNRIs)
- Electroconvulsive therapy for the most severe cases of depression and trans cranial magnetic stimulation
- Support groups, refer to religious leaders as an intervention
- Consider culturally sensitive treatment options and include the caregiver in the treatment plan if involved

So...what can Social Workers do about chronic disease and depression??

- Education (educate yourself and your clients about the disease and disease process).
- Empathy (Video: Brené Brown on Youtube)  
<https://youtu.be/1Ewv9u369lw>

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### Empathy Video: Brené Brown on Youtube

What did we learn from the video??

#### Empathy

- Connections
- Perspective taking
- Staying out of judgment
- Recognizing emotion in other people
- Feeling with people

#### Sympathy

- Drives disconnection
- "at least" statements
- Silver line the "hurt"
- Feeling sorry for someone and their circumstance

### Treatments: What to Use/Utilize

- Know the population well and what works best for different populations.
- Example: Someone with cancer may not want cognitive/behavioral therapy; they may need solution focused or motivational interviewing.
- What treatments work with which Cultures? Ages? Sexes? Chronic Illnesses?
- What is your culture as the social worker and what do you believe will work best with your style?

### Solution Focused Therapy

- Concentrates on finding solutions in the present time and exploring one's hope for the future.
- Main focus of SFT is goal setting.
- The goal: questioning what you hope to get out of working with the therapist and how, specifically, your life would change when steps were taken to resolve problems.
  - The "Miracle Question...."
- Not always the best option for depression; however can be very effective if there are other conditions present (chronic conditions...)

\*According to Meyer and Cottone (2013), SFT is a great treatment for Native Americans!!

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### Solution Focused Interviewing skills and questions

- Open-ended questions
- Summarizing
- Utilizing silence/no self-disclosure
- Complimenting the client on strengths and past successes
- Amplifying solution talk (difference questions)

### Coping Questions for Solution Focused Therapy

- What have you found that is helpful in managing this situation?
- Considering how depressed and overwhelmed you feel how is it that you were able to get out of bed this morning and make it to our appointment (or make it to work)?
- You say that you're not sure that you want to continue working on your goals. What is it that has helped you to work on them up to now?
- Utilizing these questions can help peel back the layers that most patient with a chronic illness experience. You can then empathize.....

### Strengths Based Technique

- Helping the patients find their strengths and abilities.
- Asking open-ended questions to help find positive abilities not focusing on negative ones.
- Summarizing all the strengths back to the patient.
- Utilizing the strength of our cultures can help bi-racial people and help the social worker to recognize the client's culture.

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### Crisis Management

- In Chronic illness patients; crisis management seems to be a lot of what happens within the therapeutic relationships.
- Why??
- What can we do about it?
  - Listen, build rapport, and calm the patient
  - Assess the problem, precipitating events, and coping support resources
  - Evaluate the patients Mental Health (i.e. suicidal/homicidal)
  - Ensure patient safety
  - Develop an action plan
  - Follow-up

### Critical Incidents that may precipitate a Crisis

- Developmental (i.e., life-transition events): Birth of child, graduation from college, midlife career change, retirement
- Existential (i.e., inner conflicts and anxieties related to purpose, responsibility, independence, freedom, or commitment): Realization that one will never make a significant impact on one's profession, remorse that one has never married, or had children, despair that ones life has been meaningless.
- Environmental (i.e., natural or man-made disasters): Tornado, earthquake, floods, hurricanes, forest or grass fires
- Medical (i.e., a newly diagnosed medical condition or an exacerbation of a current medical problem): Multiple sclerosis, human immunodeficiency virus infection, infertility, myocardial infarction, cancer, medical problems that result in partial or total disability
- Psychiatric (i.e., actual syndromes and those that affect coping): Depression or suicidal thoughts, events precipitating acute or post-traumatic stress disorder
- Situational (i.e., uncommon, situation-specific events): Loss of job, motor-vehicle collision, divorce, rape

### Motivational Interviewing

- It is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.
- This intervention helps people become motivated to change the behaviors that are preventing them from making healthier choices.
- Motivational interviewing is also appropriate for people who are angry or hostile. (People with chronic diseases and depression go through an angry or hostile phase at times.)
- Excellent for Asian and Latino cultures!!

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### How to Utilize Motivational Interviewing

- **ASKING PERMISSION**  
Rationale: Communicates respect for clients. Clients are more likely to discuss changing when asked, than when being lectured or told to change.
- **OPEN-ENDED QUESTIONS**  
Rationale: Allows for a richer, deeper conversation that flows and builds empathy.
- **ELICITING/EVOKING "CHANGE TALK"**  
Rationale: "Change talk" tends to be associated with successful outcomes. This strategy elicits reasons for changing from clients by having them give voice to the need or reasons for changing.

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### Utilizing Motivational Interviewing cont'd

- **REFLECTIVE LISTENING**  
Rationale: Way of responding to clients that involves listening carefully and making a reasonable guess about what they are saying. This gets clients to state the arguments for change rather than trying to persuade them that they need to change.
- **AFFIRMATIONS**  
Rationale: Recognizes clients' strengths and efforts to change to increase clients' confidence in their ability to change.
- **DECISIONAL BALANCING**  
Rationale: For clients to realize that they get some benefits from their risky/problem behaviors, and there will be some costs if they decide to change their behavior.

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### Utilizing Motivation Interviewing cont'd

- **NORMALIZING**  
Rationale: Communicate to clients that they are not alone in their experience or in their ambivalence about changing so they understand that many people experience difficulty changing.
- **ADVICE/FEEDBACK**  
Rationale: Providing new, relevant information should be presented in a neutral, nonjudgmental, and sensitive manner that empowers clients to make more informed decisions about quitting or changing a risky/problem behavior.
- **READINESS TO CHANGE RULER**  
Rationale: Assessing readiness to change is a critical aspect of MI. Ask clients to give voice to how ready they are to change using a 10-point scale ruler where 1 = definitely not ready to change and 10 = definitely ready to change. Knowing a client's level of motivation for change can guide the direction of the conversation. The Readiness to Change Ruler can also be used to have clients give voice to how they changed, what they need to change further, and how they feel about changing.

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### Utilizing Motivational Interviewing cont'd

- **EXPLORING IMPORTANCE AND CONFIDENCE**  
Rationale: Clients view the importance of changing and the extent to which they feel change is possible (e.g., Readiness to Change Ruler) so they give voice to what they would need to do to change.
- **SUMMARIES**  
Rationale: Used judiciously to relate or link what clients have already expressed, especially in terms of reflecting ambivalence, and to move them on to another topic or have them expand the current discussion further.
- **STATEMENTS SUPPORTING SELF-EFFICACY**  
Rationale: Objective is to increase clients' self-confidence that they can change.

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### Cognitive/Behavioral Theory

- "Talk" therapy or psychotherapy that helps people identify their negative thoughts and feelings and turns them into a more productive and healthier realistic thought.
- Excellent for depression, anxiety, PTSD, eating disorders, and marital problems.
- Most people attend 10-20 sessions with CBT either in a group setting or individual setting.
- Great to utilize with children, adults, married couples, adolescents.
- Works well for all PEOPLE!!!

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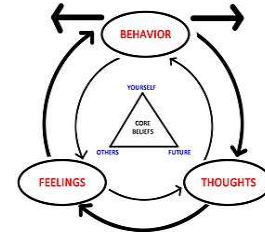
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### Cognitive/Behavioral Theory



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### CBT: types of negative thoughts

- **Overgeneralization** – drawing conclusions that are far too broad in terms of one single event.
- **All-or-nothing thinking** – viewing the world as completely black-and-white.
- **Automatically negative thoughts** – experiencing scolding habitual thoughts.
- **Rejecting the positive** – disqualifying positive experiences and feeling that they “don’t count.”
- **Unrealistically minimizing or maximizing the importance of events** – building things up or diminishing them in ways that don’t match reality.
- **Taking things too personally** – thinking that everything happening around you is because of something you did or said or a feeling that other people’s unrelated actions are specifically directed at you.
- **Focusing on one negative issue** – dwelling on this consistently until your perception of reality is darkened.

### Core Beliefs of CBT

1. Psychological problems are based, in part, on faulty or unhelpful ways of thinking.
2. Psychological problems are based, in part, on learned patterns of unhelpful behavior.
3. People suffering from psychological problems can learn better ways of coping with them, thereby relieving their symptoms and becoming more effective in their lives.

### Some CBT strategies

- |  |   |
|--|---|
| <p style="text-align: center;"><b>Change Thinking Patterns</b></p> <ul style="list-style-type: none"><li>• Learning to recognize one’s distortions in thinking that are creating problems, and then to reevaluate them in light of reality.</li><li>• Gaining a better understanding of the behavior and motivation of others.</li><li>• Using problem-solving skills to cope with difficult situations.</li><li>• Learning to develop a greater sense of confidence is one’s own abilities.</li></ul> | <p style="text-align: center;"><b>Change Behavioral Patterns</b></p> <ul style="list-style-type: none"><li>• Facing one’s fears instead of avoiding them.</li><li>• Using role playing to prepare for potentially problematic interactions with others.</li><li>• Learning to calm one’s mind and relax one’s body.</li></ul> |
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### Depression and CBT

- CBT therapists emphasize what is going on in the person's current life, rather than what has led up to their difficulties. A certain amount of information about one's history is needed, but the focus is primarily on moving forward in time to develop more effective ways of coping with life.
- Most people with mild/moderate depression will do well with CBT.
- Journaling can be a great way to see how the person reacts to different situations.
- Always work with the patient to create a treatment plan and goals.

### Social Workers Roles:

- Educate
- Empower
- Empathize
- Advocate

### Chronic Illness and Depression: What will you utilize?

- Social workers can utilize all types of therapies and a combination of each of them to help peel back the layers of patients with chronic illnesses.
- Social Workers can help patients find their voice to advocate for themselves and not feel sorry for themselves.
- Social workers can help educate people, families, clients, etc. about their illness and living with it; not being defined by it.

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### Case Study #1

### Case Study #2

### Questions???

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