Understanding and helping people with depression and anxiety

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The University of Hong Kong
Jackie’s story

18 years old, female

Associate Degree, 1st year, 1st term, Social Science

Graduated from a very good school in HK

A big disappointment for her when she got the poor Advanced Level results

When I saw her, it was the 4th week of her study. She said since her commencement of school, she was not able to sleep (could not get to sleep and woke up in the middle of the night), could not concentrate on her study, unprovoked crying, anxious, worries

In the past week, she did not go to a number of the classes and stayed in bed for hours during the day

Mentioned that she did not want to live a life like what was experiencing
Jeremy’s story

19 years old, male. Degree student in Business Administration, 1st year, second term (had a degree in Science)

Did relatively badly in his first term, mostly “C”s and failed 1 subject

Had symptoms of panic attack: sweating, palpitation, shortness of breath, nausea, poor concentration, 3 or 4 times a day, for over a few months, nightmares and did not sleep well

Said he had never been a good student and did not want to study BA, but family wanted him to do business after graduation

Had constant argument lately with girlfriend and said that she was rather pushy and demanding, felt angry and irritable easily

Parents wanted very much for him to succeed and constantly comparing him with his cousin friends

Came to me saying that he could not concentrate on his studies and felt he would flunk all his courses, very worrisome

Had nightmares and did not sleep well

Felt himself a failure
**PHQ-9**

**PATIENT HEALTH QUESTIONNAIRE (PHQ-9)**

**NAME:**

**DATE:**

Over the last 2 weeks, how often have you been bothered by any of the following problems?

* (use "x" to indicate your answer)

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
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<td>3</td>
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<td>4. Feeling tired or having little energy</td>
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<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>6. Feeling bad about yourself...or that you are a failure or have let yourself or your family down</td>
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<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
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<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>9. Thoughts that you would be better off dead, or of hurting yourself</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

(add columns) **TOTAL:**

(HCP: For interpretation of TOTAL, please refer to accompanying scoring card.)

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

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A2663B 10-04-2005
PHQ-9 Patient Depression Questionnaire

For initial diagnosis:
1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✔️ in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder
- if there are at least 5 ✔️ in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder
- if there are 2-4 ✔️ in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.
Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:
1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✔️ by column. For every ✔️: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying PHQ-9 Scoring Box to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9
For every ✔️: Not at all = 0; Several days = 1; More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

<table>
<thead>
<tr>
<th>Total Score</th>
<th>Depression Severity</th>
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</thead>
<tbody>
<tr>
<td>0-4</td>
<td>Minimal depression</td>
</tr>
<tr>
<td>5-9</td>
<td>Mild depression</td>
</tr>
<tr>
<td>10-14</td>
<td>Moderate depression</td>
</tr>
<tr>
<td>15-19</td>
<td>Moderately severe depression</td>
</tr>
<tr>
<td>20-27</td>
<td>Severe depression</td>
</tr>
</tbody>
</table>

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DSM Diagnosis

In the past 2 week, five (or more) of the following symptoms have been present during the same 2-week and represent a change from previous functioning

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful). (Note: In children and adolescents, can be irritable mood.)

2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day

3. Significant weight loss when not dieting or weight gain or decrease or increase in appetite nearly every day

4. Insomnia or hypersomnia nearly every day.

5. Psychomotor agitation or retardation nearly every day.

6. Feelings of worthlessness or excessive or inappropriate guilt nearly every day
8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).

9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

10. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
Warning signs for depression

* Depressed mood
* Significant change in sleep
* Significant change in appetite
* Speaking/moving with unusual speed or slowness
* Loss of interest or pleasure in usual activities
* Withdrawal from family and friends
* Feelings of fatigue, loss of energy
* Diminished ability to concentrate, slowed thinking or decisiveness
* Feelings of hopelessness, worthlessness, and/or guilt

Other warning signs may include:

* Extreme anxiety, agitation, or enraged behavior
* Neglect of physical health
* Excessive drug and/or alcohol use or abuse
Warning Signs of Suicide

- Threatening to hurt/kill him or herself, talking about harming him or herself, or announcing that he/she has made a plan to kill self
- Obtaining a weapon or other items that could use to hurt themselves
- Talking or writing about death, dying, or suicide
- Giving away prized possessions
- Neglecting his/her appearance and hygiene

Other warning signs may include:

- Hopelessness
- Rage, uncontrolled anger, revenge seeking
- Increased alcohol or drug use
- Withdrawal from family and friends
- Anxiety, agitation, being unable to sleep well
- Dramatic mood changes
- Expressing feelings that life is meaningless or that there is no reason to live
- Feeling desperate or trapped (like there's no way out)
- Seeing no reason for living or no sense of purpose in life
- Diagnosed with a mental illness, particularly Depression, Bipolar Disorder
Listen for statements like:

* 都無人關心我
* 生活好悶，好無意義
* 這個世界有無我都得，唔好阻住地球轉
* 你地既然咁憎我，我就死比你睇
* 我咁無用，留係度做乜
* 厘個世界唔屬於我
Antidepressants - For severely depressed cases

The first line of treatment for depression is psychological therapies

selective serotonin reuptake inhibitors (SSRIs), most common prescribed anti-depressants

Side-effects such as nausea, headaches and drowsiness, which are usually mild and short-term

Once antidepressant medication is started, it can take at least three to four weeks before one can feel better, and in the beginning, some of the symptoms might feel worse
If a person’s symptoms of depression and anxiety are moderate to severe you might need psychological and/or medical treatment.

- Cognitive Behavioural Therapy (CBT)
- Interpersonal Therapy (IPT)
- Behaviour Therapy (BT)
- Mindfulness-based cognitive therapy (MBCT)
Support groups (face to face or and online)

Support groups for people with similar experiences. These groups can provide an opportunity to connect with others, share personal stories and find new ways to deal with difficulties.

Some people prefer to share their stories and information, using online platforms

Reach Out and Youth Beyondblue
Online therapies or computer-aided psychological therapy, can be just as effective as face-to-face services for people with mild to moderate anxiety and depression.

Most e-therapies are CBT based
- teach people to identify and change patterns of thinking and behaviour
- Most programs also involve some form of support from a therapist (e.g. telephone, email, text, or instant messaging)

ReachOut - free mobile apps to help young people independently manage anxiety and stress
- ReachOut Breathe
- ReachOut Worry
  - confining worry to a specific time each day
  - Learning to capture and then postpone worry to makes it less intrusive
How CBT works in Hong Kong for people with depression and anxiety?
Cognitive Triad

Negative view of self
(incapable, weak)

Negative view of others (others are hostile, unhelpful)

Negative view of future (do not expect any positive events)

Prolonged negative experiences in life have led to the above formulations, leading to the development of negative schemas, beliefs and negative appraisals of life events.
# 12 Automatic Thoughts (Aaron T. Beck)

<table>
<thead>
<tr>
<th>All-or-nothing thinking</th>
<th>Catastrophizing</th>
<th>Disqualifying or discounting the positive</th>
<th>Emotional reasoning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labeling</td>
<td>Magnification /minimization</td>
<td>Mental filter</td>
<td>Mind reading</td>
</tr>
<tr>
<td>Over generalization</td>
<td>Personalization</td>
<td>&quot;Should&quot; and &quot;must&quot; statements</td>
<td>Tunnel vision</td>
</tr>
</tbody>
</table>

思想陷阱(一)

攬晒上身：即「個人化」思想；每當出現問題時，有這種思維的人往往把責任歸咎於自己身上，並認為是自己的錯。

貶低成功經驗：這些人把成功的經驗歸因於別人的身上，會認為這只是僥倖，或沒有甚麼了不起。並沒有體驗為自己的努力所至。

打沉自己：這些人不斷向自己說負面的說話，以致意志消沉。
大難臨頭：把事情的嚴重程度擴大，推至「災難性」的地步。

妄下判斷：在沒有甚麼理據下，把事情的結果推斷為負面。

感情用事：以感覺作判斷或結論，忽略事情的客觀事實。
是非即白：即「絕對化」思想；事情只有一個絕對的結果，不可能存在其他可能性。換句話說，這些人對事情的看法只有是或不是，錯與對，中間沒有灰色地帶。

怨天尤人：推卸責任，凡事歸咎他人或埋怨上天。

左思右想：面對事情不夠果斷，猶豫不決。

猜度人意：揣測別人的行為及神態背後的心思意念。
Dysfunctional Cycle

- Event:
  - Grandson called at 11:00pm, to ask grandma to go and sleep with him

- Thought:
  - He's crying, he's in distress. If I don't go, he might not sleep well (i.e., assuming responsibility)

- Emotions:
  - Feat relieved and happy when seeing grandson being happy

- Behaviour:
  - Went to grandson's place and stayed the night

- Emotions:
  - Anxious, restless
Understanding cognitive deficits

- Core Beliefs
- Rules/Assumptions
- Compensatory Strategies
- Situation
- Automatic Thoughts
- Reaction
Conditional assumptions/beliefs/rules

Guiding principles that affect one’s appraisals

Rigid

Over-expectation of self and others

不良思想規條

每個人都有自己的一套個人規條，那就是個人對自己、別人的期望，亦即用來量度自己及別人的「標準尺」。這些期望及標準尺都是由我們各種生活經驗累積而來。例如:

我是一個盡責的員工，上班一定不能遲到。

供書教學是父母的責任，就算家中的經濟如何惡劣，都要供子女讀大學。
不良思想規條

原則：如果不能好好地工作至退休年齡，那麼就不光榮了。
期望：希望自己可堅持工作至退休年齡。
個人規條可以用來規範自己的處事行為，作為個人價值取向的準則；
但我們不時會錯訂了一些不合理的規條，或就算訂下了一些合理的規條，但過份地執著遵從，不懂得彈性處理；
當這些個人規條與我們的期望相違背時，我們就會很失望，甚至會出現一些很嚴重的後果及危機。
Conditional assumptions/beliefs/rules

Common themes:
Interpersonal relationships
Need of approval or fear of disapproval
Socially oriented perfectionism
Understanding cognitive deficits

Core Beliefs

Rules/Assumptions

Compensatory Strategies

Situation

Automatic Thoughts

Reaction
Core beliefs

- Negative self appraisal of oneself
  - Overriding attributes
  - Affects dysfunctional rules and A.T.s

“I am useless”

“I am inadequate”
I am helpless
I am powerless
I am out of control
I am weak
I am vulnerable
I am needy
I am trapped

I am inadequate
I am ineffective
I am incompetent
I am a failure
I am disrespected
I am defective
I am not good enough

Helpless Core Belief
Unlovable Core Belief

I am unlovable
I am ugly
I am undesirable
I am unattractive
I am unwanted
I am uncared for
I am bad

I am unworthy
I am different
I am defective
I am not good enough (to be loved)
I am bound to be rejected
I am bound to be abandoned
I am bound to be alone
Dysfunctional compensatory strategies

Maladaptive behavioral strategies used to cope with emotions arising from the core beliefs

I am useless, so I try to do as much as I can to prove myself
Treatment Techniques

a. Understanding one’s dysfunctional cognitive and behavioral patterns
   - Dysfunctional record worksheet
   - Scaling
   - Guided imagery
   - Activity schedule
Dysfunctional Thought Record

<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Situation</th>
<th>Emotions</th>
<th>Behaviours</th>
<th>Physiological responses</th>
<th>Automatic thoughts</th>
<th>A.T. pattern</th>
</tr>
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<tbody>
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# Mood thermometer

Over the past week, on average, what score would you give to your mood state?

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<tbody>
<tr>
<td>Very good mood</td>
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<tr>
<td>Very foul mood</td>
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Treatment Techniques

b. Skills to handle A.T.s
   ◦ Naming of alarm signal and A.T.
   ◦ Cue card
   ◦ Thought stopping
   ◦ Positive self-talk
   ◦ Disputing
   ◦ Scaling
Treatment Techniques

C. Modifying dysfunctional rules and core beliefs

- Educating the client on dysfunctional beliefs and rules
- Changing beliefs and rules into assumptions
- Examining the advantages and disadvantages of holding rigidly onto the rules
- Expanding the client’s perspective on a belief/rule
- Behavioural experimentation
- Cognitive continuum
- Using other’s as reference “e.g. If you were so and so, what would he/she thinks”
d. Behavioral strategies
   ◦ Self reward exercises
   ◦ Role play and rehearsal
   ◦ Relaxation
   ◦ Activity schedule
   ◦ Activity ruler
Treatment Techniques (cont’d)

e. Strategies for modifying core beliefs
   1. The core belief worksheet
   2. The old and new “me”
   3. Historical review of core belief
Scaling

Client’s self-rating:
1. Check emotional state
2. Check degree of belief/disbelief
3. Raise expectation/change
4. Make comparisons among different times of rating
5. Scales for achievement, pleasure and etc (list activities).
Disputing

Let the client challenge his/her own thoughts

1. What evidence do you have for or against a thought?
2. What other explanation can you come up with?
3. What will others in your position think?
4. How worse can this be?
5. What are the benefits and disadvantages of holding onto such thoughts?
Thought stopping & Positive self-talk

The client needs to first learn to recognize his/her automatic thought

He/she finds a way of stopping it

He/she replaces the negative thoughts with positive ones or instructions to do something positive
Modifying rules/assumptions

Behavioral experimentation:

1. Aim: Directly testing the validity of the client’s beliefs/rules
2. Procedures: Develop a plan for the client to examine his or her thoughts in real life situation and to collect evidence which contradict his/her thoughts
3. Planning of the experiment is important
4. Debriefing is very important
Modifying rules/assumptions

Examining the advantages and disadvantages:

1. If I continue to hold onto my belief that____________________,
2. The advantages are:____________________
3. The disadvantages are:____________________
4. Rate each advantage/disadvantage on a 100 points, denoting the level of belief that the item is an advantage or a disadvantage
Cognitive Continuum

The worse and the perfect (e.g. a mother)
The least and the most (e.g. success)
Put oneself (or the person being discussed) into the continuum, and see how bad or well he/she fares
Hierarchy of pleasurable activities

Instruction:

Please fill out below as many pleasurable activities as you can which had given you pleasure in the past and/or may give you pleasure in the future. Start from the bottom which represent the activity that you think is the most easiest to be achieved.

1. ______________________________________
2. ______________________________________
3. ______________________________________
4. ______________________________________
5. ______________________________________
6. ______________________________________
7. ______________________________________
8. ______________________________________
9. ______________________________________
10. ______________________________________

How many of these activities have you done recently? How might any of the activities improve your mood state? Which one can you do more in the near future?
Self-reward exercises

Ask the client to identify certain goals
Discuss how he/she can achieve the goals
Identify indicators of achieving the goals
Identify what, where and when to reward oneself