Brief Intervention for Depression

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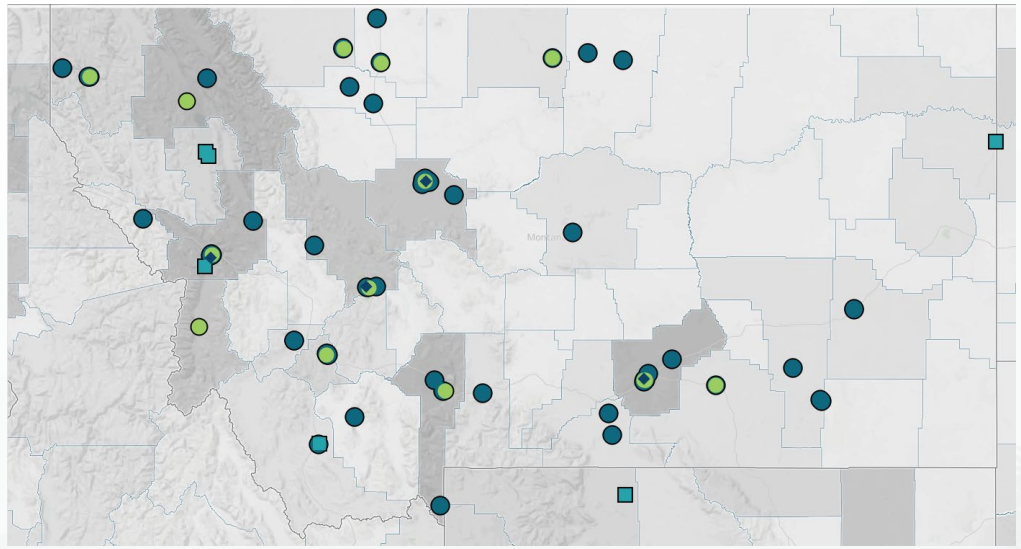
MPCA
Montana Primary Care Association

Montana Primary Care Association

- The **Mission** of the Montana Primary Care Association is to promote integrated primary healthcare to achieve health and well-being for Montana's most vulnerable populations.
- The **Vision** of MPCA is health equity for all Montanans.
- MPCA values integrity, collaborations, and innovation.
- The Montana Primary Care Association is the support organization for Montana's 14 Community Health Centers and 4 of our Urban Indian Centers. MPCA centers serve over 117,500 patients across Montana.



Agenda

- ✓ Introduction to Brief Intervention
- ✓ Depression Symptoms
- ✓ Interventions

Interventions for Seven Common Referrals

- Stress
- Depression
- Anxiety
- Insomnia
- Chronic Pain
- Headache
- Weight Management

Why Brief Therapy?

In a naturalistic study of over 9,000 patients seeking therapy, the average number of psychotherapy visits was one (Brown & Jones, 2004)

Clients seek treatment when psychological distress is high and stop coming when distress level drops; for most this is within 5 visits (Brown & Jones, 2004)

* 30 to 40 percent drop out of treatment without consulting their therapist (Talmon, 1990, Olfson et.al., 2009)

The average number of sessions completed by a typical patient during a single episode of therapy in the United States ranges from four to six (Brown & Jones, 2005; Olfson et all., 2009; Talmon, 1990

Characteristics of BI

- Team-Sport (Assessment, symptoms/Dx, Intervention, treatment)
- Symptom focused, functional restoration, Skill building VS. The person is the DX
- Interventions appropriate to the stages of change (motivation)
- Patient center and driven
- Problem Focused or Solution Focused
- Therapist Style is more directive

Characteristics of BI

- Goals clearly defined and measurable
- Outcomes are measurable and gage treatment progression
- Termination is discussed from the beginning
- Here and Now
  - Because only see them possibly while in distress
  - Because the maybe motivation to make one change now
  - Because they need to function within their life
  - Patients learn at different rates, brain is repairing/recircuiting, physically do not feel good

WARM HANDOFF , MEDICAL- REFERRAL , SELF-REFERRAL

Explain the Structure

- 4-12 Sessions
- Weekly, EOW, Monthly sessions
- Sessions 30-minutes
- Symptom review at each session
- Skill building at each session

ESTABLISH LINK BETWEEN SYMPTOMS AND DIAGNOSIS

- Assure understanding of how symptoms relate to diagnosis
- Collect brief list of most bothersome symptoms
- Establish how progress will be measured, i.e., measured goals, screeners, treatment plan

Process of Brief Interventions

3 Assessment Questions:

1. Trigger?
2. Time: Response
3. Trajectory: What made it worse?

Building Therapeutic Alliance

Warm Handoff

Assessment teach, practice, homework

Assessment teach, practice, homework

Assessment teach, practice, homework

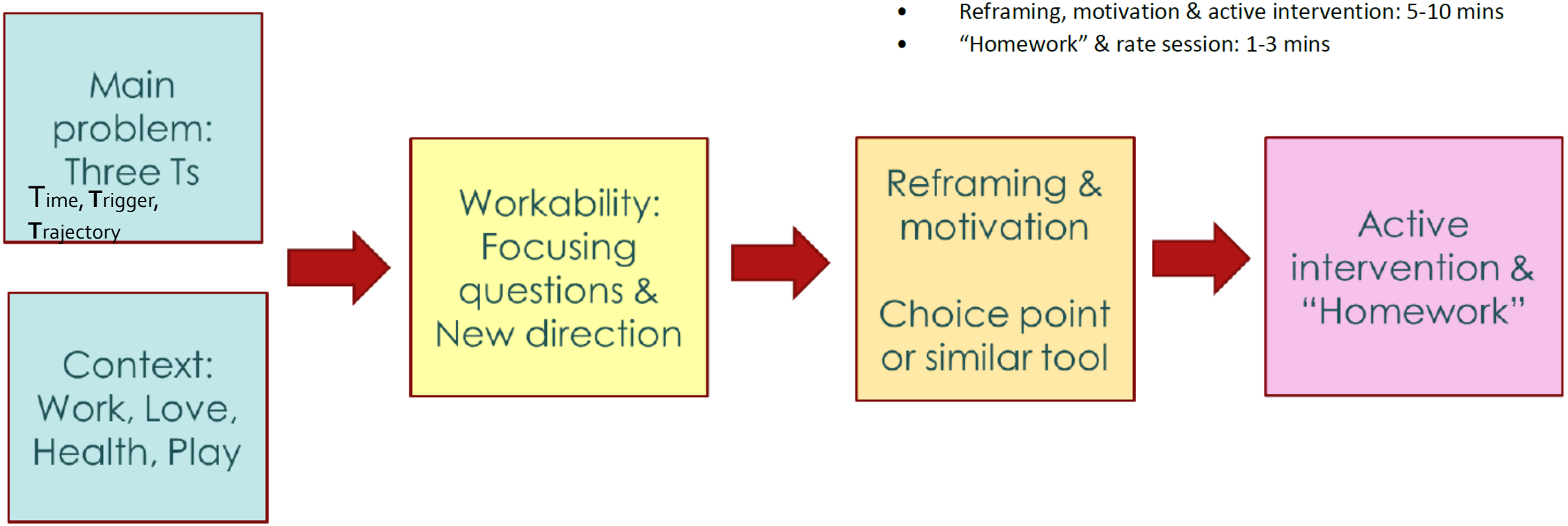
Assessment teach, practice, homework

Assessment teach, practice, homework

Relapse Prevention toolbox

Constantly building therapeutic alliance

Flow of a FACT session



Flow Of A First Session

- Prelude: warm handover/ referral letter/ intake assessment
- Setup: introduce yourself & establish contract: 2 mins
- Life snapshot: 3-5 mins
- Main problem: 1-3 mins
- Focusing questions: 3-5 mins
- New direction: 1-2 mins
- Reframing, motivation & active intervention: 5-10 mins
- "Homework" & rate session: 1-3 mins

Cheat Sheet for First and Follow Up Questions

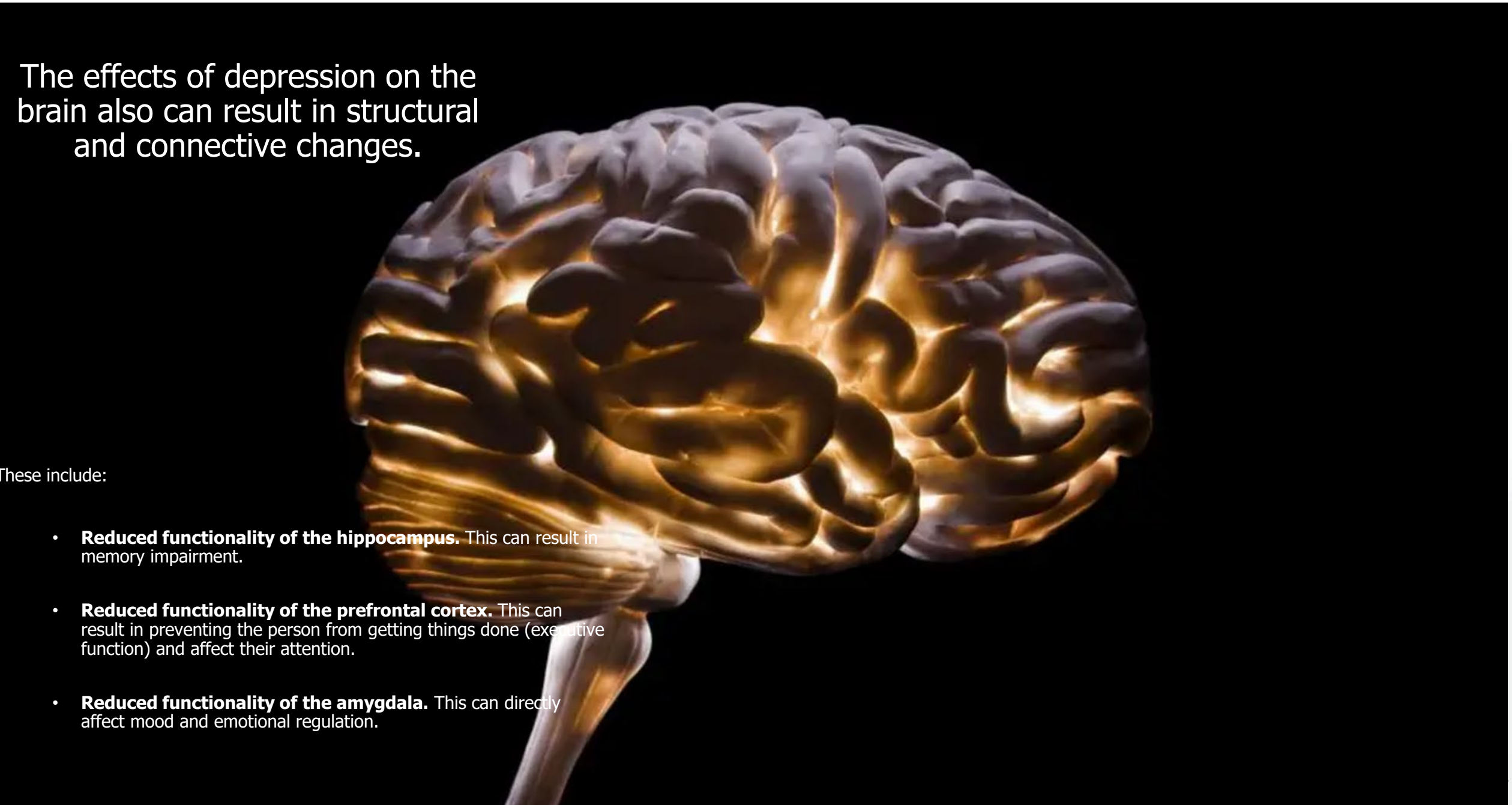
- ❑ Look at patient encounters and chart. Who is PCP, what medications are they on or not taking, medical diagnosis
- ❑ Review symptoms of PHQ-9 and GAD-7 (discuss how these are symptoms of anxiety and depression and will be reviewed every session to track improvement)
  - ❑ If #9 is marked please discuss if ideations or suicide (document in note)
    - ❑ If suicidal- is there a plan? Go over **Patient Safety Plan and find a license provider**
- ❑ Why are you here today?
- ❑ Integrated care- Do they have a PCP (If not do a warm handoff at some point)? Review will you tell PCP and what is confidential and What is a mandated reporter
- ❑ Have you ever had previous mental health diagnosis or tx? What helped you?
  - ❑ If tx what did you learn?
- ❑ Medication?
  - ❑ Have you ever been on medications? If so which ones and how did they work?
  - ❑ Anyone else in your family ever had a mental illness? If they were ever on an anti- depressant do you know what they were on?
  - ❑ Anxiety and Depression are friends. Which symptoms do you feel you have more of anxiety or depression?
- ❑ Do we need a release of information from other clinics? Other relatives?
- ❑ How are you sleeping?
  - ❑ Not sleeping (do sleep **hygiene Sheet**)
  - ❑ Review sleeping patterns with PCP about possible medication
- ❑ If not reviewed in PHQ-9 Review Following?
  - ❑ Appetite
  - ❑ Chronic Illnesses? Pain?
  - ❑ Stress?
  - ❑ Past Trauma (do you feel worse certain times of the year?)
  - ❑ Support System?
  - ❑ Pleasurable activities?
  - ❑ Exercise?
  - ❑ Hx of substance abuse?
  - ❑ Caffeine? (Caffeine consumptions Questionnaire)
  - ❑ Nicotine? Nicotine gum?
- ❑ Continue to review for other diagnosis if needed?
- ❑ Make a small reachable goal for the next week and how are you going to measure it?
- ❑ Make next appointment with behavioral health provider
- ❑ Discuss with PCP symptoms after session and/or document in EHR

Depression

Symptoms

- **Anhedonia**
  - Lack of Pleasure
- **Feelings of worthlessness**
- **Psychomotor retardation**
  - slowing down mental and physical activity
- **Loss of energy (fatigue)**
- **Vegetative symptoms**
  - fatigue
  - change in sleep
  - appetite and weight
  - disordered salivation and transpiration
  - altered sexual function

The effects of depression on the brain also can result in structural and connective changes.



These include:

- **Reduced functionality of the hippocampus.** This can result in memory impairment.
- **Reduced functionality of the prefrontal cortex.** This can result in preventing the person from getting things done (executive function) and affect their attention.
- **Reduced functionality of the amygdala.** This can directly affect mood and emotional regulation.

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✓" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day

Blue denotes anhedonia

1. Little interest or pleasure in doing things

Red denotes mood

2. Feeling down, depressed, or hopeless

Green denotes Cognitive

6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down

9. Thoughts that you would be better off dead or of hurting yourself in some way

Yellow denotes Vegetative Symptoms

3. Trouble falling or staying asleep, or sleeping too much

4. Feeling tired or having little energy

5. Poor appetite or overeating

7. Trouble concentrating on things, such as reading the newspaper or watching television

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

WHY PHQ-9 At EVERY VISIT??

Depression is co-occurring to many diagnosis and to other life changing events

Emotional Vitals

1. Less tolerant with pain
2. Higher risk for physical conditions: Heart Disease, Cancer, Stroke and Diabetes
3. Increase symptoms with: stress, grief, learning new physical diagnosis etc.

Depressive Diagnoses	Symptoms
•**Major Depressive Episode:**- 5 or more depressive symptoms for ≥ 2 weeks •- Must have either depressed mood or loss of interest/pleasure •- Symptoms must cause significant distress or impairment •- No manic or hypomanic behavior •**Minor Depressive Episode:**- 2–4 depressive symptoms for ≥2 weeks •- Must have either depressed mood or loss of interest or pleasure •- Symptoms must cause significant distress or impairment •- No manic or hypomanic behavior	1.Depressed Mood 2.Markedly diminished interest or pleasure in most or all activities 3.Significant weight loss (or poor appetite) or weight gain 4.Insomnia or hypersomnia 5.Psychomotor retardation 6.Fatigue or loss of energy 7.Feelings of worthlessness or excessive or inappropriate guilt 8.Diminished ability to think or concentrate, or indecisiveness 9.Recurrent thoughts of death (not just fear of dying), or suicidal ideation, plan, or attempt
•**Dysthymic Disorder**- Depressed mood for most of the time for at least two years •- Presence of 2 or more of symptoms of dysthymia •- Never without symptoms for 2 months or more over 2 year period •- Symptoms must cause clinically significant distress or impairment •- No major depressive disorder in first two years, no manic, hypomanic, or mixed episodes.	1.Significant weight loss (or poor appetite) or weight gain 2.Insomnia or hypersomnia 3.Fatigue or loss of energy 4.Low self-esteem 5.Diminished ability to think or concentrate, or indecisiveness 6.Feelings of hopelessness

Use DSM Criteria

Synonyms Include:

- F33.41: Major Depressive Disorder, Recurrent, In Partial Remission
- F33.42: Major Depressive Disorder, Recurrent, In Full Remission
- F33.9: Major Depressive Disorder, Recurrent, Unspecified
- F33.8: Other Specified Depressive Episodes

ICD-10 codes commonly used for depression:

- F32.0: Major Depressive Disorder, Single Episode, Mild
- F32.1: Major Depressive Disorder, Single Episode, Moderate
- F32.2: Major Depressive Disorder, Single Episode, Severe Without Psychotic Features
- F32.3: Major Depressive Disorder, Single Episode, Severe With Psychotic Features
- F32.4: Major Depressive Disorder, Single Episode, In Partial Remission
- F32.5: Major Depressive Disorder, Single Episode, In Full Remission
- F33.0: Major Depressive Disorder, Recurrent, Mild
- F33.1: Major Depressive Disorder, Recurrent, Moderate
- F33.2: Major Depressive Disorder, Recurrent, Severe Without Psychotic Features

Common Interventions

- Behavioral Activation
  - Social Plan
  - Exercise Plan
- Active (vs. avoidant) Problem solving
- CBT

Behavioral Activation Steps

1. **Rationale and Educate** for patient behavior change
2. **Select Activities** that increase pleasure and sense of accomplishment
3. **Review** progress on goals
4. **Reinforce** positive behavior change
5. **Reset** goals as needed

Behavioral Activation in Primary Care

- **Step 1. Rationale.**

  Explain that when we feel down, we sometimes stop doing many activities that we used to like to do.

- **Step 2. Select activities that increase pleasure/enjoyment and/or sense of mastery/accomplishment.**

  Ask the patient about activities they used to enjoy and any activities they already do but would like to do more often (e.g., exercise, talk to friends). You may want to ask if there is something that they need to do that they have been unable to do or avoiding.

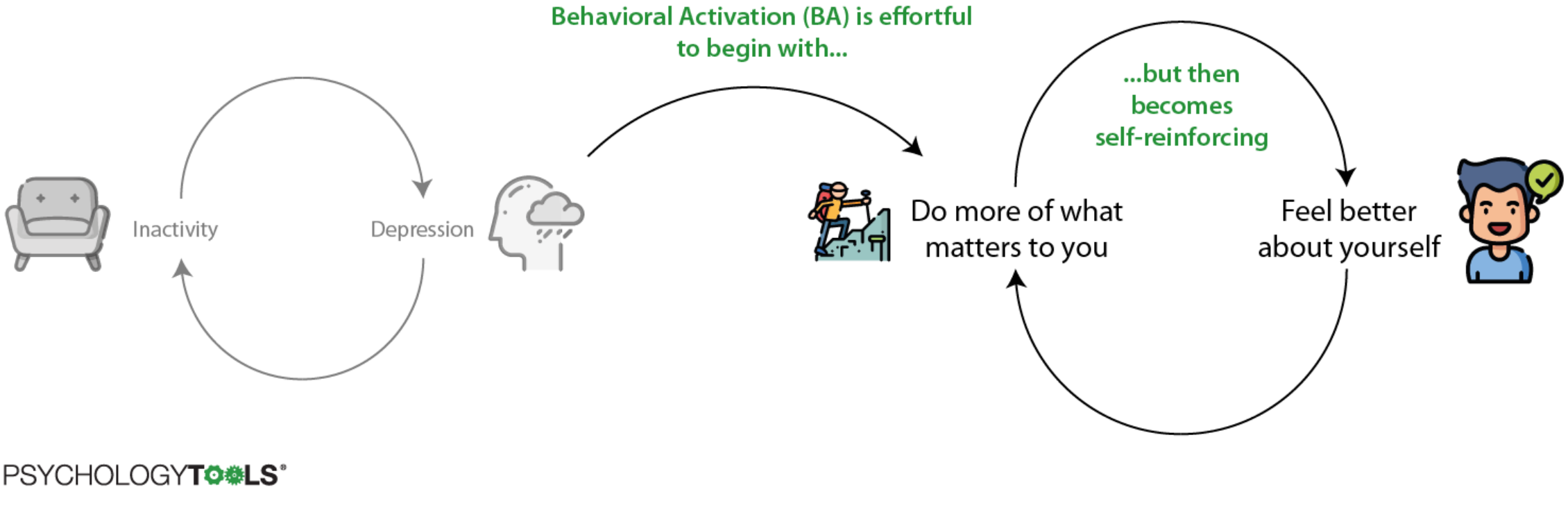
  In follow up visits the clinician reviews progress on goals reinforces

- **Step 3.Review, Reinforce, Reset.**

  - ,

  ,

  positive behavior, and resets goals as needed.


Behavioral Activation (BA) is effortful to begin with...
...but then becomes self-reinforcing
Inactivity
Depression
Do more of what matters to you
Feel better about yourself
PSYCHOLOGYTOOLS®

Breaking the Cycle of Depression: Why Schedule Activities?

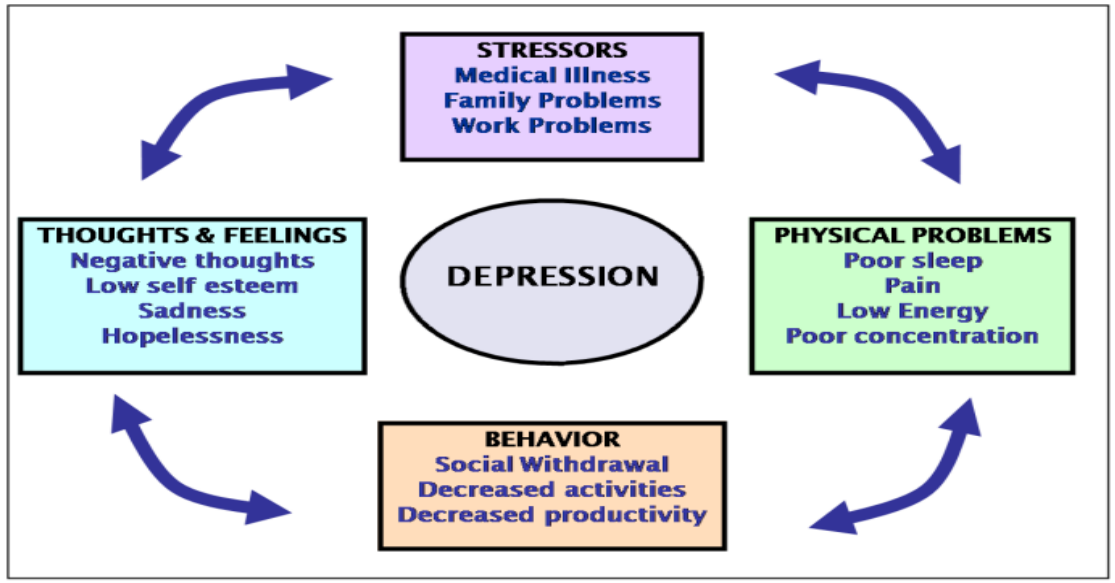
AIMS CENTER
UNIVERSITY of WASHINGTON
Psychiatry & Behavioral Sciences

Why scheduling activities is important

- When people are stressed or depressed they often stop doing activities that they used to enjoy and that helped them feel good.

Spiraling Down

- It works both ways – the less you do the more depressed you feel and the more depressed you feel the less you do.



Spiraling Up

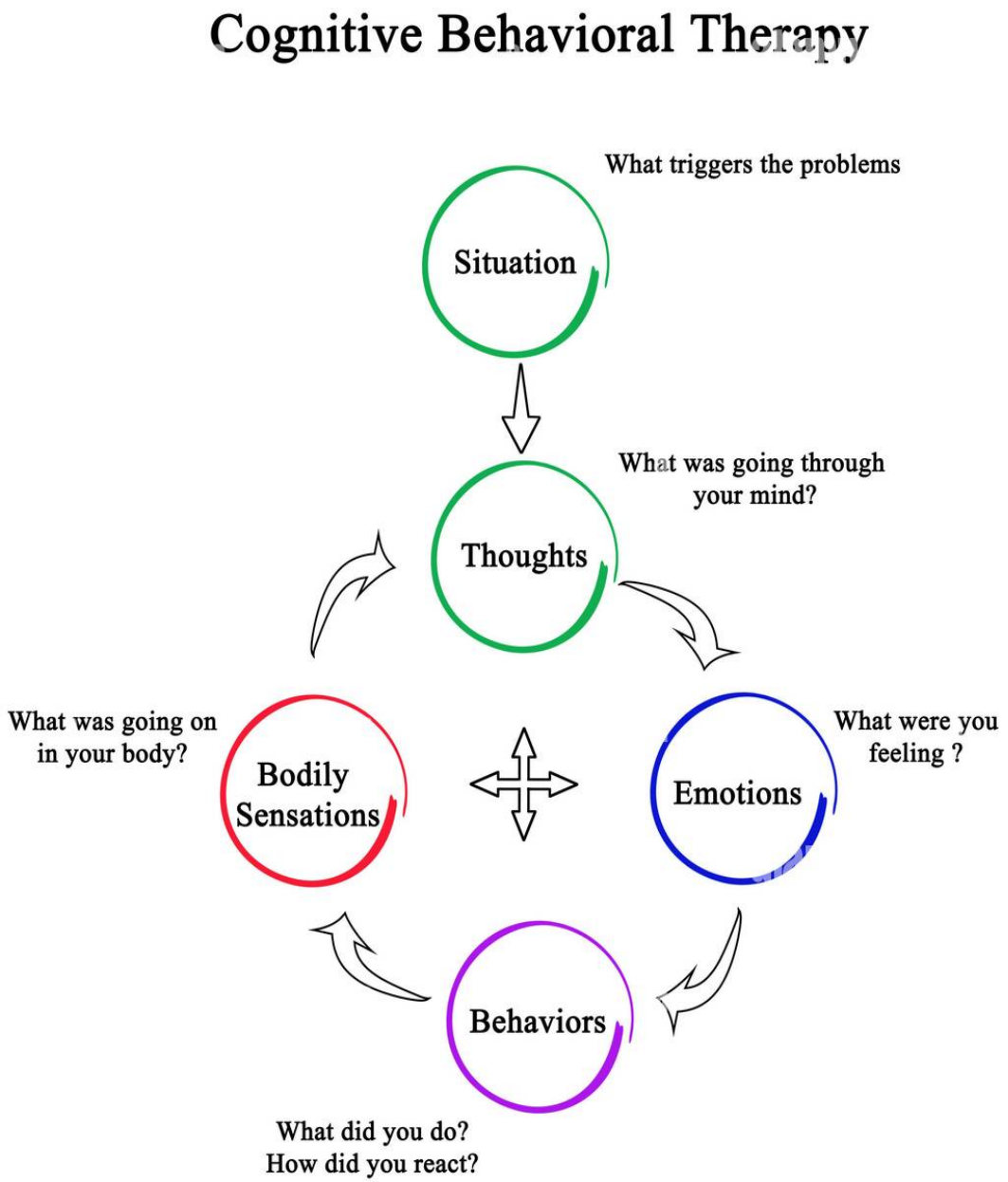
- By doing more pleasant activities, even if you don't initially feel like it, you can break the vicious cycle of depression.

Types of pleasant activities

- Pleasant activities are ones that make you feel better because they are rewarding, meaningful, inspiring, relaxing or fun.
- They don't have to be special activities. In fact, most are everyday activities.

Remembering pleasant activities

- When a person is depressed, it's hard for them to remember that any activities have ever been pleasant.
- Ask them what it is that they used to enjoy, no matter how long ago.



CBT Brief Intervention for Depression

- https://www.youtube.com/watch?v=fCZpUIEUsys

Active (vs. avoidant) Problem solving

1. Understand what it is and why it doesn't work.
2. Recognize when you're doing it
3. Identify and problem solve healthy coping
4. Take Small Steps (just put your shoes on for the first week)
5. Find someone to hold them accountable
6. Use stress relief techniques. (distress tolerance skill)
7. Practice emotional coping techniques (journaling/meditation)
   - Learn to tolerate uncomfortable feelings

Relapse Prevention Plan

Patient Name:_____

Maintenance medications: Date: _____

1. _____;_____ Tablet(s) of_____mg._____Take at least until_____
2. _____;_____ Tablet(s) of_____mg._____Take at least until_____
3. _____;_____ Tablet(s) of_____mg._____Take at least until_____
4. _____;_____ Tablet(s) of_____mg._____Take at least until_____

Call your primary care provider or care manager with any questions (contact isbelow)

Other Treatments:

1. _____
2. _____
3. _____

Personal Warnings:

1. _____
2. _____
3. _____
4. _____

Things that help me feel better:

1. _____
2. _____
3. _____
4. _____

If symptoms return, contact:_____

Primary Care Provider:_____ Phone:_____

Care Manager:_____ Phone:_____

Next appointment: Date:_____Time:_____

Summary

- Educate the why and what is happening
- Pick one thing to work on and problem solve
- Small Small Goals
- Praise and Reinforce
- Track progress/symptoms


Thank You
ANY QUESTIONS?