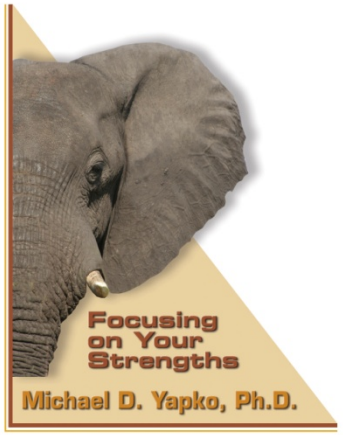
Re-Thinking Depression:
What Have We Learned About the Most Common Mood Disorder in Australia?

With

Michael D. Yapko, Ph.D.

Sydney, February 6, 2019

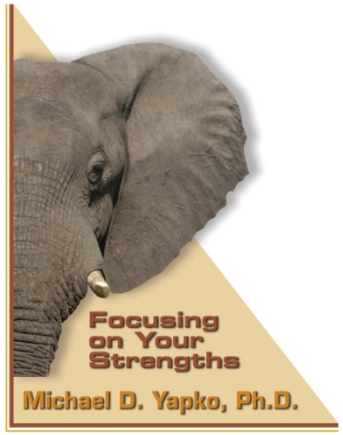


Today's Agenda

- **Section One**: Redefining What We Know About Depression and its Treatment
- **Section Two**: Cognitive and Social Patterns that Regulate Depression
- **Section Three**: Expectancy and Ambiguity as Key Risk Factors
- **Section Four** : Depression in the Family Life Cycle and Prevention
- **Q & A; Summary and Closure**

Section One:
Evolving a Perspective That Enhances Recovery

Antidepressants, social factors, redefining depression in interpersonal terms



The Value of Education

People Who Are Knowledgeable About Depression Recover *Better* and *Faster* Than Those Who Are Not

A World Health Organization (WHO) Prediction

- A dozen years ago, WHO declared depression the FOURTH most significant cause of suffering and disability worldwide (behind heart disease, cancer and traffic accidents) and predicted that

  it would rise to become the SECOND most debilitating human condition by the year 2020

  We already reached that unfortunate milestone in late 2013

WHO Underestimated the Rate of Depression's Increase

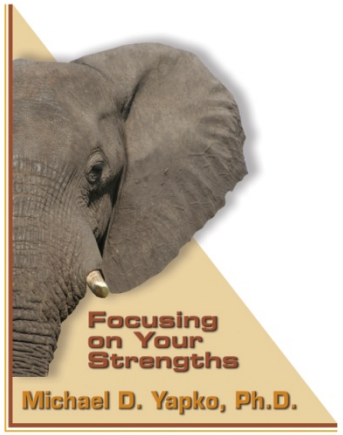
- Almost two years ago, on March 30th (2017), WHO declared depression the **leading** cause of ill health and disability **worldwide**.
- Rates of depression worldwide have risen by more than 18% since 2005.
- "These new figures are a wake-up call for all countries to re-think their approaches to mental health and to treat it with the urgency it deserves," said Margaret Chan, WHO's director-general.

M What Do the WHO Data Suggest to You?

- Depression is already a pervasive and debilitating condition
- Depression is growing in prevalence around the world
- Most of the people who need help don’t receive it
- Depression will impact individuals, families and cultures in unpredictable ways
- Depression’s growth is more likely to be socially transmitted than by other means

Consider Your Answer to this Seemingly Simple Question:

What causes depression?



How you answer this question is the single most important determinant of :

- *whether* you will recommend (or seek) treatment
- what *kind* of treatment you will recommend (or seek)
- how the client (or you) will likely *respond* to treatment
- how you will relate to all I will discuss in our time together

Is Depression Caused By:

- Genetics?
- A biochemical imbalance in the brain?
- Inflammation, an elevation in C-reactive protein?
- Psychosocial stressors?
- Cognitive distortions ?
- A lack of environmental and social rewards?
- Social inequities?
- Cultural/familial influences?
- Mishandling key vulnerable situations?
- A poor diet?
- A lack of physical exercise?

The best and most realistic answer is that depression is caused by *many* contributing factors that will vary in degree across individuals

The Biopsychosocial Model Of Depression

- Depression has a ***biological*** component (genes and biochemistry, diseases, drugs)
- Depression has a ***psychological*** component (cognitive distortions, history)
- Depression exists in a ***social*** context (social disturbances, distress, cultural influences)

DSM-5 Still Has Difficulties in Helping Diagnose Depression

- A DSM-5 Task Force conducted field trials on the reliability of proposed DSM-5 criteria, i.e., whether clinicians can use the criteria consistently.
- Kappa values reflect the agreement in a rating by 2 different persons, after correction for chance agreement. Kappa values greater than 0.5 are generally considered good.
- For example, a 70% agreement between raters translates to a kappa value of 0.4

DSM-5 Still Has Difficulties in Helping Diagnose Depression

- Neurocognitive disorder: 0.78
- Autism spectrum disorders: 0.69
- PTSD: 0.67

But -- a range of only 0.2-0.4 for anxiety and depression

Ghaemi, N. (June 1, 2012). DSM-5: Finding a middle ground. *Medscape*. www.medscape.com/viewarticle/764740

Deviating From the Official Recommendations for Combined Treatment

Many people are prescribed drugs as the sole form of intervention, despite experts' recommendations for so-called combined treatments of medication and psychotherapy. In fact, nearly 80% of antidepressant prescriptions are written by physicians who are not psychiatrists, and ***only about 20% of patients on antidepressants also received psychotherapy.***

Thus, You Can't Avoid Having to Answer Questions Like These…

- Is my depression genetic? Is it biochemical?
- Should I go on antidepressants?
- Should I go *off* my antidepressant?
- How long will I need to be on the medication?
- Will the drug change my personality?
- Will I become dependent on the drug?
- What will the drug do? How does it work?

How effective are antidepressants?

As we are learning the hard way because of deception, misdirection, and the power abuses of the pharmaceutical industry, not nearly as effective as we have been led to believe

“The Unfulfilled Promise of Antidepressant Medications”

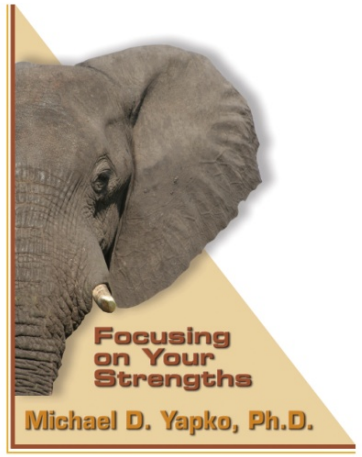
The title of an article published May, 2016, in the *Medical Journal of Australia* (by C. Davey & A. Chanen); some of their findings:

- Australia has one of the highest rates of antidepressant use in the world – 10% of Australians take them daily; use in children has increased proportionally
- It has more than doubled since 2000, despite evidence showing that the effectiveness of these medications is lower than previously thought.
- An increasing placebo response rate is a key reason for falling effectiveness, with the gap between response to medications and placebo narrowing.
- Combined treatment with medication and psychotherapy provides greater effectiveness than either alone.
- The number of patients receiving psychotherapy had been declining, although this trend is probably reversing with the Medicare Better Access to Mental Health Care initiative.

There are legitimate concerns to be raised about the use of antidepressants…

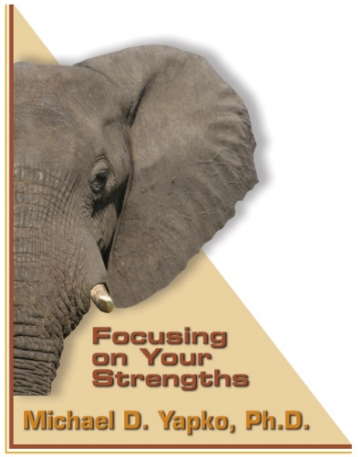
Concern #1: The One-Dimensional Nature of a Purely Biological Perspective

What about all the ***other*** factors that contribute to depression?



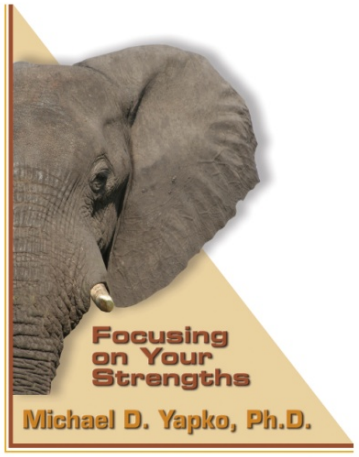
Concern #2: The Passive Definition of the Client's Role

The unfortunate messages: You don't have to change your life, you don't have to learn any new skills, you just have to take your medication on time



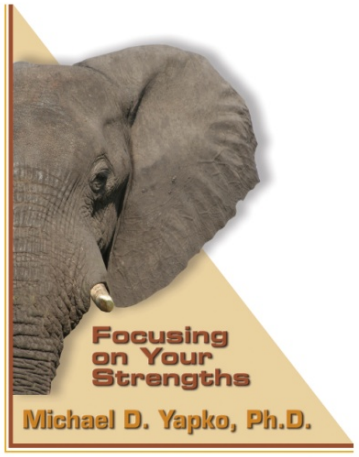
Concern #3: Economic Corruption and Undue Influence

Researchers, Journal Editors and Clinicians are *not* Greed-Free



Concern #4: Pseudoscientific False Advertising

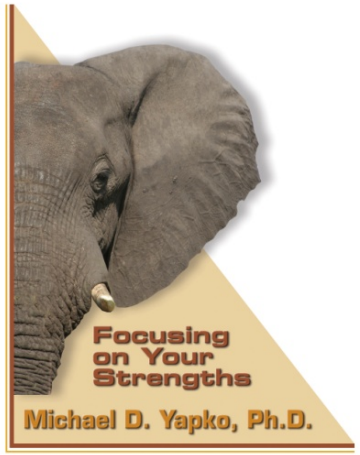
The "shortage of serotonin" is a heavily touted hypothesis with little empirical basis and considerable contradictory evidence



Concern #5: Conflicting Data That Confuses Almost Everyone

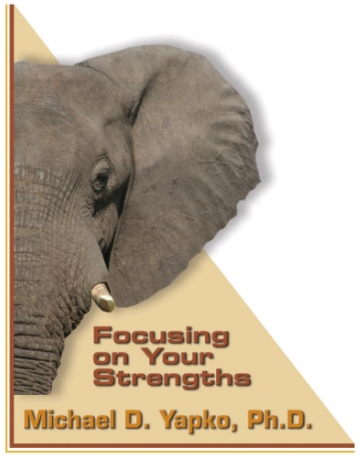
Be afraid… Be very afraid.

But, there's really nothing to be afraid of…



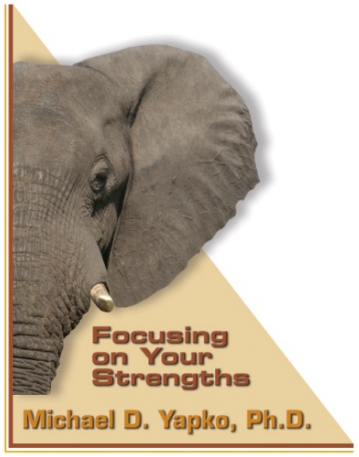
Concern #6: Drugs are *Over*-prescribed and, Paradoxically, They are *Under*-prescribed

People who don't need them are taking them, and people who need them aren't getting them



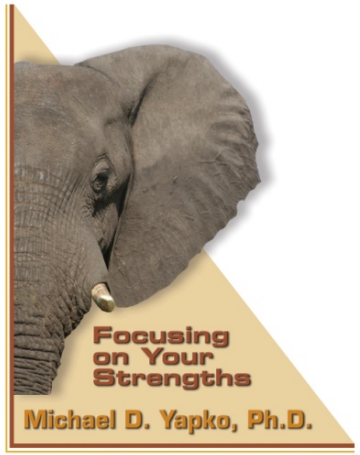
Concern #7: Side –effects Can be More Than Just an Irritant

Side-effects can reduce or prevent participation in treatment, complicate symptoms and serve to ***reinforce*** depression



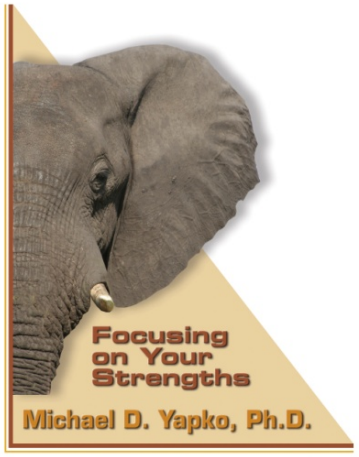
Concern #8: The Arguable Therapeutic Efficacy of Antidepressants

This issue alone makes all the other concerns secondary



Concern #9: Ecological Concerns

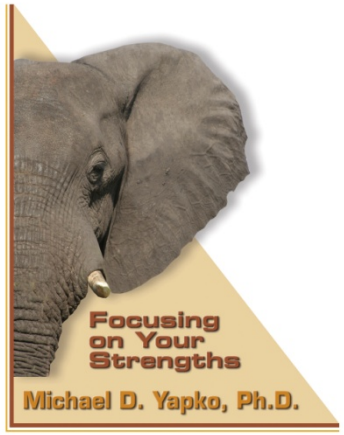
The unintended consequences for the environment will likely yield long-term effects we can't even imagine right now



Strands of Evidence Depression is About Much More than Biology Run Amok

- Genetics and Epigenetics
- Neuroscience
- Affective Neuroscience
- Epidemiology
- Individual Psychology
- Social Forces (e.g., culture, attachment)

The more we learn about the biology of depression, the more we discover the power of human relationships to either *increase or decrease one's vulnerability to depression*

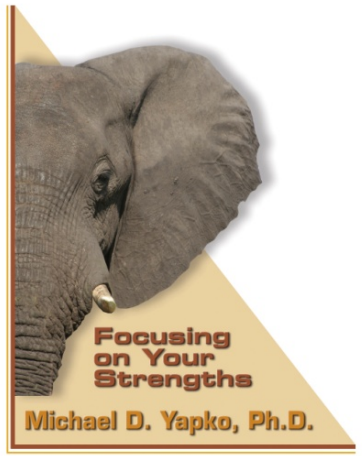


No Amount of Medication Can Teach Your Client (or You):

- More effective coping skills
- More realistic explanatory styles
- Healthier relationship styles
- More flexible and discriminative cognitive skills
- Sophisticated problem-solving skills
- More effective decision-making strategies
- How to build and maintain a support network
- How to transcend an adverse personal history
- How to build a realistic and motivating future

Helping people develop key skills in these areas in order to empower them to live effectively is what therapists can do that medications **can't**

Antidepressants in particular, but *any* treatment that defines the client's role as passive in recovery, will further compound the problem



Suggesting a drug will cure depression misses the inescapable point…

…Depression is more a ***social*** than medical problem.

The more we learn about the biology of depression, the more we discover the power of human relationships to either *increase or decrease one's vulnerability to depression*

GENETIC EVIDENCE
The genetic variance for depression is consistently placed at between ***.3*** and ***.4***

Genetic contributions are ***relatively mild*** and largely mediated by environmental factors, including *social* ones

Strands of Evidence Depression is About Much More than Biology Run Amok

- Genetics and Epigenetics
- Neuroscience
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- Epidemiology
- Individual Psychology
- Social Forces (e.g., culture, attachment)

“The strongest predictor of major depression is still your life experience. There aren’t genes that make you depressed. There are genes that make you vulnerable to depression.”

Kenneth Kendler, M.D.

Professor of Psychiatry and Genetics

Medical College of Virginia

There is growing evidence *that the same genetic factors that sensitize people to negative experiences (stressors) also sensitize them to positive experiences.* My goal here is to persuade you to **start creating positive experiences on a variety of levels.**

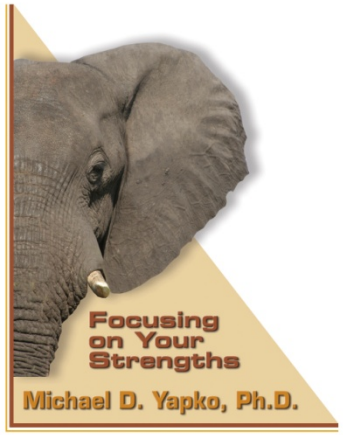
How Do You Define Your Therapeutic Relationship with Your Client?

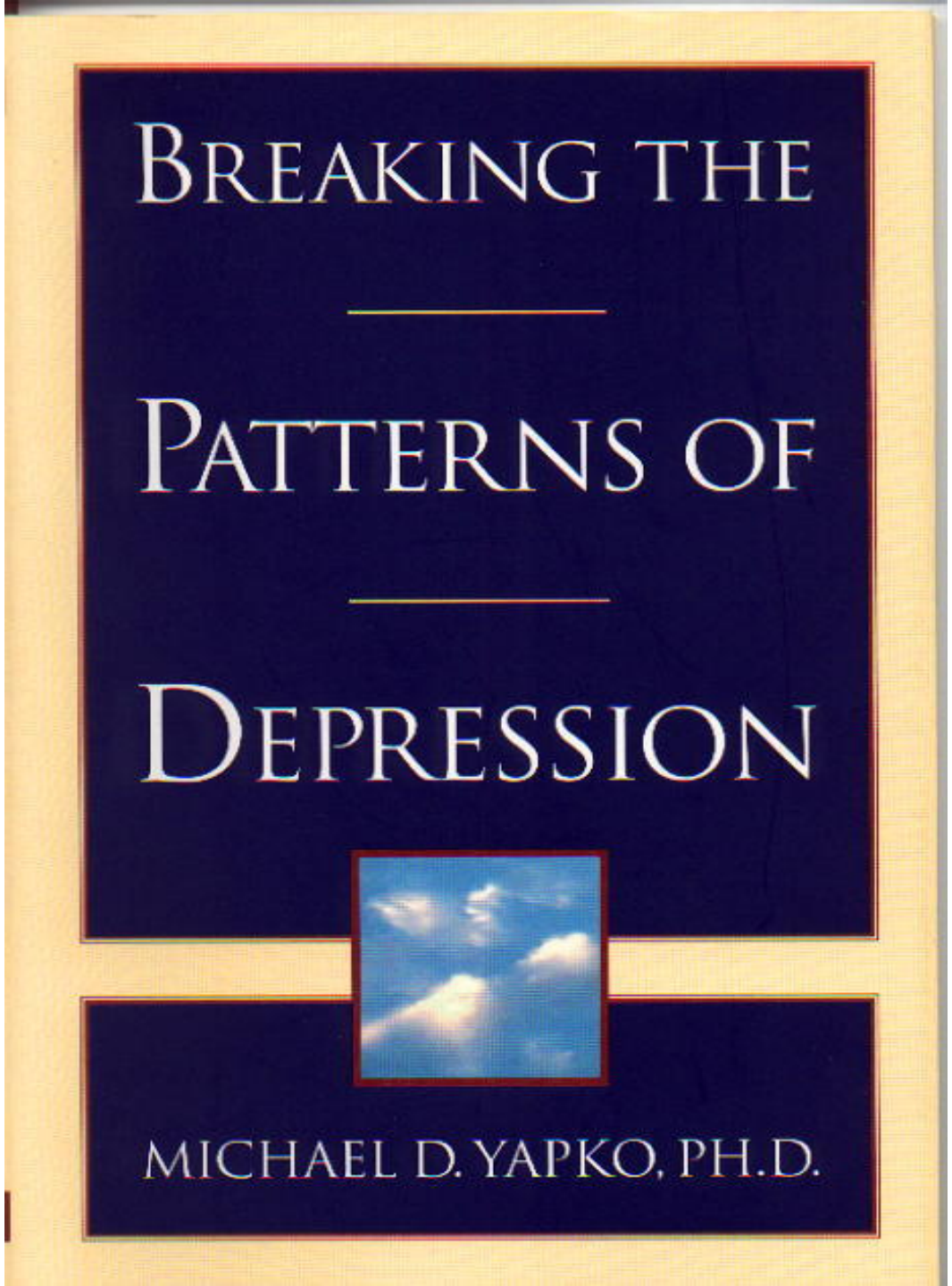
- Is therapy about shrinking pathology or expanding strengths?
- Is therapy about changing or accepting oneself?
- Do you define the client's role as active?
- What is the client expected to ***do*** over the course of treatment?
- Is the client a collaborator in the process?

Section 2: Patterns That Regulate Depression

These patterns represent RISK FACTORS for depression;

can you identify ***yours***?




BREAKING THE
PATTERNS OF
DEPRESSION
MICHAEL D. YAPKO, PH.D.

The Social Spread and Treatment of the
Most Common Mood Disorder in the World

Depression Is Contagious

Michael Yapko, Ph.D.

Key Cognitive Patterns to Focus on in Treatment

- Internal orientation (re: self)
- Cognitive rigidity
- Cognitive style (especially ***global*** cognition)
- Tolerance for ambiguity
- Attributional style
- Locus of control
- Expectancy
- Risk assessment, tolerance
- Discrimination skills
- Memory

Key Relational Patterns to Focus On in Treatment

- External locus of control re: others
- Internal orientation (re: others)
- Excessive reassurance seeking
- Conflict avoidance
- Unrealistic expectations of self, others
- Lack of specific social skills

Global Cognitive Style as a Key Factor

When you can't see the trees for the forest…

Examples of Global Style in Client Self-Reports

- “I just want to be happy”
- “I just want to feel normal”
- “I ***am*** my depression” (anxiety, history, or diagnosis)
- “I’m just so overwhelmed”
- “I get so bad I just can’t think”
- “The symptom just happens to me”

Examples of Global Therapeutic Truisms

- “Trust your guts” (inner sage, unconscious)
- “Life is what happens to you when you had other plans”
- “Just let go…no need to try to control it”
- “Be fully present in the moment”
- “It’s a disease…it’s not your fault”
- “Everyone is entitled to good self-esteem”

Global Thinking *in the Symptom Context* Virtually Precludes the Ability to:

- Compartmentalize (e.g., contain and manage feelings of depression, anxiety, anger, etc.)
- Think linearly, sequentially
- Maintain good boundaries
- Make key discriminations

Global thinking is what makes issues seem so big that they can’t be handled; it’s what leads people to feel overwhelmed and paralyzed into inaction

“Overgenerality Bias” and the Global Cognitive Style in Depression

Depressed individuals suffer from an overgenerality bias in retrieving personal memories of past emotional experiences as well as in imagining possible future experiences. For instance, when asked to recall experiences of anger, depressed individuals tend to report overgeneral events (e.g., “When I am with my girlfriend”) rather than a specific event (e.g., “last Sunday, I had an argument with my neighbor whose dog was endlessly barking”). (p. 560)

Philippot et al., *Emotion*, Nov., 2006, Vol. 6, No. 4, 560-571.

Overgeneral Memory Bias and PTSD

Findings suggest that "people with PTSD may have an overgeneral memory bias (OGM) similar to people with depression. When asked to retrieve a specific memory from their lives in response to a cue word (e.g., "happy") in an Autobiographical Memory Test (AMT), people with OGM will reply with descriptions that summarize several different events ("always when I visit my friend") instead of retrieving a single, circumscribed event (e.g., "going to my friend's place last Saturday afternoon")." (p. 461)

Schönfeld & Ehlers, *Emotion*, November, 2006, Vol. 6, No. 4, 611-621.

The Knowledge Illusion

- “The human mind is both genius and pathetic, brilliant and idiotic. People are capable of the most remarkable feats…and yet we are equally capable of the most remarkable demonstrations of hubris and foolhardiness...People often lack skills that seem basic, like evaluating how risky an action is, and it’s not clear they can ever be learned... Perhaps most important, individual knowledge is remarkably shallow, only scratching the surface of the true complexity of the world, and yet we often don’t realize how little we understand. The result is we are often overconfident, sure we are right about things we know little about.”

The Knowledge Illusion

- "Our point is not that people are ignorant. It's that people are more ignorant than they think they are. We all suffer, to a greater or lesser extent, from an illusion of understanding… we can't possibly understand everything, and the sane among us don't even try. We rely on abstract knowledge, vague and unanalyzed... The mind is not built to acquire details about every individual object or situation. We learn from experience so that we can generalize to new objects and situations. The ability to act in a new context requires understanding only the deep regularities in the way the world works, not the superficial details."

- From *The Knowledge Illusion* by Steven Sloman and Philip Fernbach (March, 2017, New York: Riverhead Books)

Attributional Style

- Purpose: To identify the client's characteristic patterns for self-explaining the events of life
- Describe the event in objective terms ("Here's what happened.")
- State perceptions of the major cause of the event ("I think it happened this way because...")

Attributional Style
Patterns to Identify

- Internal or external ("It's me/ It's them.")
- Stable or unstable ("It will always be this way/ It will change.")
- Global or specific ("It affects everything/ It affects only this.")

The Negative Attributional Style of Depression

The generalized tendency to attribute negative events to internal, stable and global causes.

How Does Someone Expend Effort in Staying the Same?

- Defining the problem in **unchangeable** terms (e.g., "it's genetic")
- Defining the problem in **global** (nonspecific) terms that obscure a starting point
- Defining oneself as **helpless** and **hopeless**
- Using a **past orientation** as the reference point

How Does Someone Expend Effort in Staying the Same?

- Attributing the problem to **negative motivation** (e.g., secondary gains)
- Ruminating and avoidance as coping strategies
- Ignoring or not seeking either **objective** or **contradictory evidence**
- Justifying ideas about **how things "should" be**

Drinking to Cope is a *Very* Bad Idea

In a study of unipolar depressed patients assessed 4 times over a 10 year period, drinking to cope with distress operated **prospectively** as a risk factor for more alcohol consumption at each follow-up, as well as more drinking problems and higher levels of depressive symptoms.

Rigidity is the target

Rigidity is the lack of variability in response across a variety of contexts

The more global the person is in a context, the more emotional and rigid they are likely to be there

Types of Rigidity

- Cognitive rigidity
- Behavioral rigidity
- Emotional rigidity
- Perceptual rigidity
- Identity rigidity
- Relational rigidity

12 Paths to Passivity

- You know you need to do something, but have no idea what to do
- You know you need to do something, but you don’t like any of your options
- You’ve failed previously and fear failing again
- You view any action as excessively risky
- You don’t have any reason to make the effort
- You don’t believe effort will be rewarded

12 Paths to Passivity

- You believe the reward isn't worth the effort
- You can't do it perfectly or to maximum benefit
- The likely outcome is too uncertain for you
- You don't trust your judgment or resources
- You believe outside forces control or *should* control the outcome
- You believe further analysis will lead to the insights that will change how you feel or see things

To state it plainly, no one, NO ONE, overcomes depression by giving up and retreating into passivity

Action Oriented vs. Ruminative Coping Styles

It is no coincidence that the therapies with the greatest empirical support all emphasize **ACTION** in treatment; clients may ***feel*** better in merely supportive therapy, but they will ***do*** better in treatment with direction.

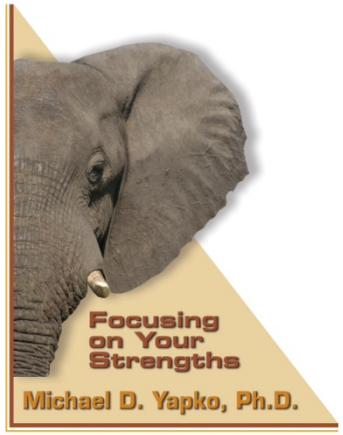
It may seem counterintuitive, especially to those invested in “deep” psychotherapies, but there is a potential danger ***in thinking too much***…

Reaffirming the Value of Exercise: Just Walking Can Help Ease Depression

In an **Australian** study of middle-aged depressed women, women who averaged 150 minutes of moderate exercise (golf, tennis, swimming, dancing) or 200 minutes of walking every week had more energy, socialized more, felt better emotionally, and weren't as limited by their depression when researchers did a 3 year follow-up.

Heesch, K., van Gellecum, Y., Burton, N., et al., (online January 13, 2015). Physical activity, walking, and quality of life in women with depressive symptoms. *American Journal of Preventive Medicine*.

Section 3: Expectancy and Ambiguity: Two Key Risk Factors in Depression



Addressing expectancy is a core aspect of treating depression

Fatalism and Self-Management

Why bother to exercise, eat properly, or learn to manage your moods if you believe nothing you do can make a positive difference?

Suicide as the Ultimate Giving Up

Suicide in Australia

- Annually, over 65,000 Australians make a suicide attempt
- More than 3,000 Australians died by suicide in 2017 [1]
- Suicide is the leading cause of death for Australians between 15 and 44 years of age [2]
- Young Australians are more likely to take their own life than die in motor vehicle accidents
- In 2017, about 75% of people who died by suicide were males and 25% were females [1]

- [1] 'Causes of Death', 26 Sep 2018, Australian Bureau of Statistics, http://www.abs.gov.au/Causes-of-Death
- [2] 'Causes of Death', 27 Sep 2017, Australian Bureau of Statistics, http://www.abs.gov.au/Causes-of-Death

Trying to Predict Suicide

- A study was published just two years ago in the February, 2017, issue of *Psychological Bulletin* about trying to predict suicide. The researchers conducted a meta-analysis of studies that have tried to predict suicide. Their meta-analysis included 365 studies involving 3,428 total risk factor effect sizes spanning the last 50 years. 50 years! The studies examined risk factors such as previous suicide attempts, stress life events, substance abuse, and depression…

Trying to Predict Suicide

- Perhaps surprising to some, *no broad category or subcategory of risk factors accurately predicted suicide any better than chance*. Furthermore, the ability to predict suicide is no better now than it was 50 years ago!
- I want therapists to take the steps whenever they can to prevent suicide. But, I hope therapists won't reflexively go into harmful self-blame when reflecting on what else might have been.
- Franklin, J. et al.(February, 2017). Risk factors for suicidal thoughts and behaviors: A meta-analysis of 50 years of research. *Psychological Bulletin*, 143(2), 187-232.

Help for Suicidal Individuals

- Call Emergency Services on 000
- Call Lifeline on 13 11 14
- Suicide Call Back Service. 1300 659 467
- Go to a hospital emergency department

Help For Young People

Kids Helpline. 1800 55 1800

Affective Forecasting Defined

"When people look ahead to the future, they not only predict what will happen, they also predict their emotional reactions to future events. This process is known as affective forecasting, and a substantial body of work indicates that it is remarkably error-prone. Although people are often able to accurately forecast whether their affect about an event will be positive or negative, and even specific emotions they will feel...

Affective Forecasting Defined

...they are consistently inaccurate in predicting how intense those emotions will be and how long they will last. People typically overestimate both how bad they will feel if a negative event occurs and how good they will feel if a positive event occurs." (p. 447)

Marroquin, B. Nolen-Hoeksema, S., & Miranda, R. (2013). Escaping the future: Affective forecasting in escapist fantasy and attempted suicide. *Journal of Social and Clinical Psychology, 32 (4)*, 446-463.

Response expectancies are anticipations of one's own automatic reactions to various situations and behaviors.

Examples of Expectancies

- Expecting to feel more alert after drinking a cup of coffee
- Expecting to feel less pain after taking pain medication
- Expecting to feel less depressed after taking an antidepressant
- Expecting to feel intoxicated after having a drink or two (or three or four)

Factors Affecting Expectancy

- **The strength** of the expectancy (how confident one is the response will occur)
- **The magnitude** of the expected response

When a person has a strong expectancy for a relatively small change in response, the expectancy is more likely to be confirmed. A weak expectancy for a large change in response is less likely to occur.

Expectancy and Psychotherapeutic Response

Expectancy affects every phase of treatment:

- Whether someone seeks treatment
- Whether someone progresses quickly or slowly
- Whether someone follows the treatment plan
- Whether someone responds partially or fully
- Whether someone is more or less likely to relapse

Hypnosis and Mindfulness Can Help People Develop Positive Expectations

The therapeutic immersion in experiences that orient the person to *positive possibilities* as well as to experiences that highlight the *malleability of their symptoms*

Ambiguity is a Risk Factor

- People strive to understand and make “meaning”
- Ambiguity raises, while certainty lowers, anxiety; projection as a coping device
- Cognitive distortions represent efforts to reduce, eliminate ambiguity
- A therapeutic goal is to learn to both RECOGNIZE and TOLERATE ambiguity

From a therapeutic standpoint of wanting to be influential, it helps to appreciate ***the relationship between certainty and suggestibility is an inversely proportional one***

The higher your level of certainty, the less likely you are to be influenced; this is one of the implications of *The Knowledge Illusion*

Key Questions Regarding Recognizing and Tolerating Ambiguity

- How do you know when you are facing an ambiguous stimulus?
- How do you know when you are engaged in projecting meaning?
- How able are you to step outside your thinking long enough to evaluate it?

Discriminations in Everyday Life

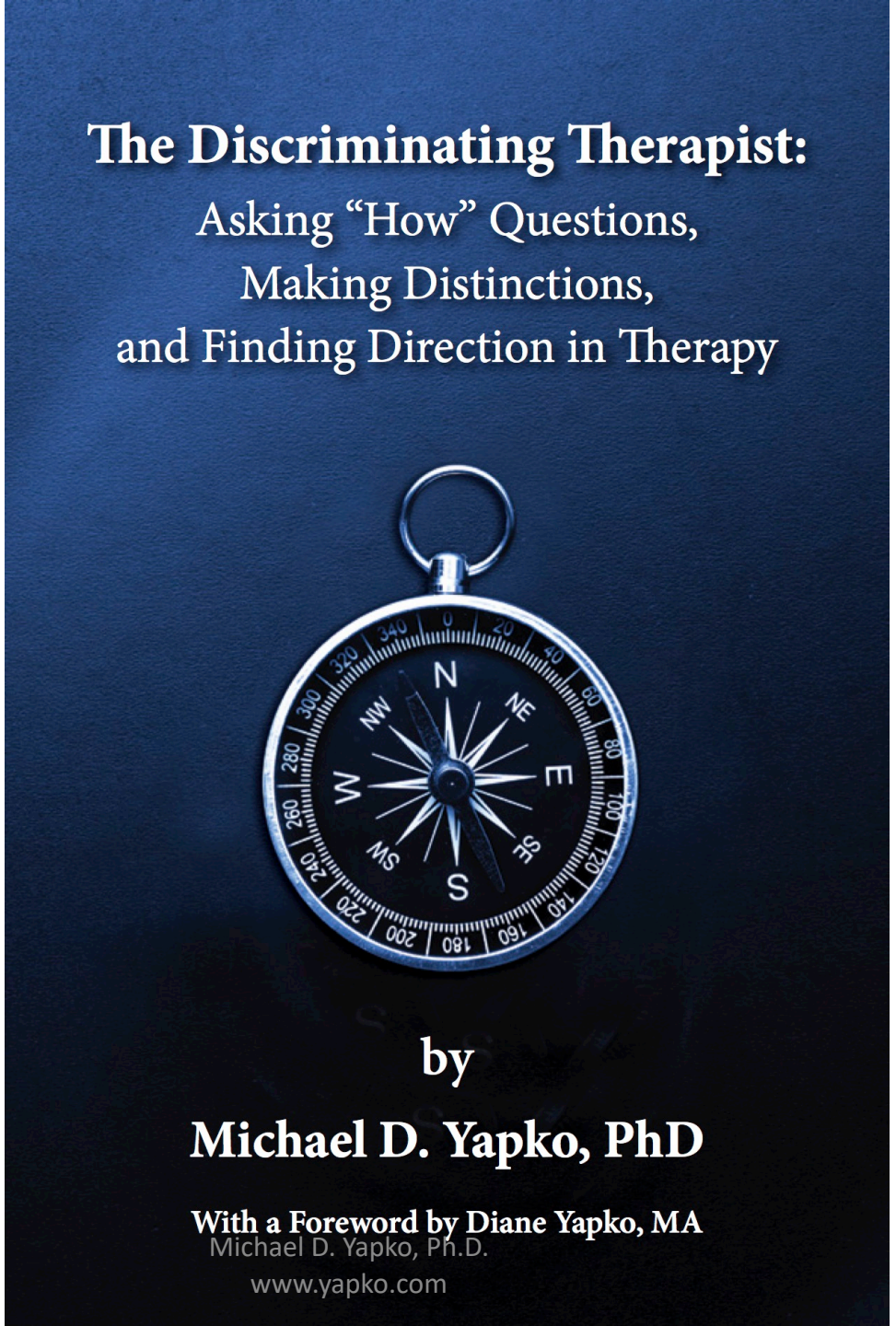
A prime example: How do you know when you do and do not have control over some circumstance?

Let’s do an exercise together…

Extreme Perceptions Regarding Controllability

- ***Learned Helplessness***: Learned expectations that one's efforts will have *no* effect on the outcome

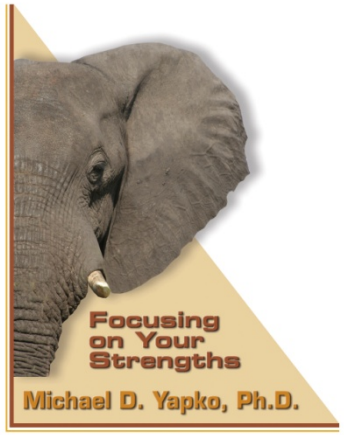
- ***Illusion of control***: Learned expectations that one's efforts are the *sole* determinant of the outcome


The Discriminating Therapist:
Asking "How" Questions,
Making Distinctions,
and Finding Direction in Therapy
by
Michael D. Yapko, PhD
With a Foreword by Diane Yapko, MA

The Skills That Go Into Tolerating Ambiguity

- Recognizing ambiguity in and across situations
- Recognizing multiple possible meanings (encouraging flexibility in your perspective)
- Suspending conclusions while striving for objectivity
- Recognizing that, at times, no clear evidence is obtainable or readily forthcoming
- Accepting “I don’t know” as a valid, blameless conclusion at such times

Attention with Intention: The Merits of Hypnosis and Mindfulness in Treatment



Hypnosis and mindfulness have proved to be valuable in reducing anxiety and depression, but ***how*** do they help?

Hypnosis and Mindfulness Facilitate Vital Skills Acquisition

- Increased impulse control
- Increased frustration tolerance
- Greater internal locus of control
- Greater empathy, social attunement
- Greater self-awareness and self-acceptance
- Greater emotional self-regulation, coping skill

The ability to detach from your own thoughts and other aspects of your internal experience is essential to transforming it

Does Either Hypnosis or Mindfulness Cure People?

NO! It's what happens *DURING* these absorbing experiences - the new and beneficial ***associations*** (i.e., understandings, insights) the client forms through the shift in focus and absorption in new possibilities

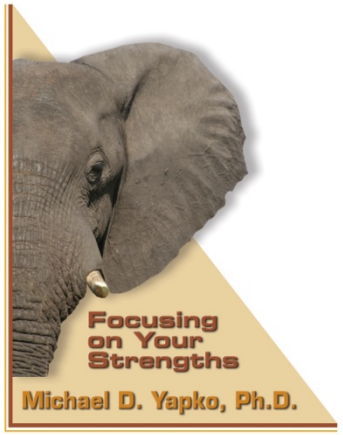
Why Hypnosis and Mindfulness for Depression? Because They *Empower* People

- Helps people focus
- Facilitates the acquisition of new skills
- Encourages people to define themselves as resourceful
- Eases the transfer of information across contexts
- Intensifies useful subjective associations
- Provides experiential learning
- Defines people as active managers of themselves

Key Therapeutic Messages We Want People to Absorb

- You can develop the skills to cope
- The past doesn't predict the future
- You're more than your history
- You're more than your symptoms
- You have more resources than you realize and you can learn how to use them effectively

Section 4:
Depression in the Family Life Cycle



How often are other people at the heart of one's depression?

Rejection, loss, betrayal, humiliation, abuse, and abandonment are all common points of depression's origin- and these are all ***social*** (interpersonal) phenomena

Regardless of culture, the people who are in positive, satisfying relationships, including in relationship to themselves, do better in terms of mood and health

Maladaptive Mate Selection

- The choice of a mate is a strong determinant of stress level and overall family adjustment
- Poor self-concept and perceived limited choices
- Similarity and familiarity with "damaged" partners
- Family "re-enactment"
- Complementarity in seeking "excitement"

(Hammen, *The Interactional Nature of Depression*)

Marital Distress and Depression

- At least half the people seeking help for depression are also suffering marital distress AND,CONVERSELY
- At least half the couples seeking marital therapy have at least one depressed partner in the marriage

Beach, Sandeen & O'Leary, Depression in Marriage

Marriage and Depression

- Are marital discord and depression clinically linked?
- Do poor marriages predict increased vulnerability?
- Does marital discord predict later depression?
- Does marital discord "cause" depression and vice-versa?
- Can marital therapy relieve depression?

THE ANSWER IS "YES" TO ALL!

Expectations and Marital Satisfaction

How well your partner lives up to your expectations has a great impact on your degree of relationship satisfaction.

What happens, though, if your expectations aren't ***realistic***?

How much of the anger, hurt, and disappointment people experience in their relationships is a product of their own unrealistic expectations?

Especially when combined with low frustration tolerance, poor impulse control, and an external attributional style

Interpersonal Patterns That Maintain Depression

- Negative feedback seeking (seeking out information that confirms their already low self-concepts)
- Excessive reassurance seeking (desiring and repeatedly asking for reassurances as to their worth while rejecting positive input)
- Interpersonal conflict avoidance

Depression Skews Perceptions of Interpersonal Support

- Depressed individuals perceive that others evaluate them negatively, more readily recall unfavorable evaluations by others, and rate helpful behaviors less favorably than non-depressed individuals.

- This suggests that depressive cognition heightens sensitivity to social demands while diminishing sensitivity to support.

The 25-44 year-olds are the largest group of depression sufferers

Their children are the ***fastest*** growing group of depressives

Why are children and adolescents the fastest growing age group of depression sufferers?

There are many reasons…

Among Young Adults, Depression is More Common Among the Highest Users of Social Media

- Researchers at U of Pittsburgh surveyed 1787 young adults 919-32) about their use of social media (Facebook, twitter, Snapchat, Instagram, etc.) and administered a depression assessment
- Respondents who reported the most social media use throughout their day were 1.7 times more likely to be depressed than those who reported the least use
- Does social media use contribute to depression? Or do depressed people turn to social media more often?
- Lin, Sidani, Shensa et al., (January 19, 2016). Association between social media use and depression in young adults. *Depression and Anxiety, 33*, 4, 323-331.

Cyberbullying Victims

- Girls are more likely to report than boys, consistent with their greater use of social media in peer relationships
- More prevalent through texting and emailing than through *Facebook* or other social media websites
- Victimization is higher among non-heterosexually identified students
- Cyberbullied students are more likely to report suicidal ideation
- A majority of cyberbullying victims are also school bullying victims

Schneider, S., O'Donnel, L., Stueve, A. & Coulter, R. (2012). Cyberbullying, school bullying, and psychological distress: a regional census of high school students. *American Journal of Public Health, 102*(1), 171-177.

Teen Bullying Accounts for Large Share of Adult Depression

- A study of nearly 700 teens conducted by investigators led by Lucy Bowes, Ph.D., at Oxford University in the UK showed that individuals who reported being bullied frequently at age 13 were about twice as likely to suffer from depression at age 18 compared with their peers who did not experience bullying.

- Published online June 2, 2015 in the *British Medical Journal*. See *Medscape*, June 12, 2015, for details.

“When Parents Are Depressed…

…children can be deprived of basic needs in subtle ways that do not constitute serious neglect or abuse…These parents are far less able than others to provide their children with almost all of the ingredients of growth.”

Richard Weissbourd
The Vulnerable Child

Children by Nature:

- Are global thinkers
- Have a low tolerance for ambiguity (developmentally, they are concrete thinkers)
- Have a personal value system that is just beginning to develop (kids are by nature impulsive –they want what they want; delayed gratification is a learnable skill)
- Are cognitively rigid
- Have a limited range of experience

Children need to be taught discrimination strategies

They need to learn how to:

- Problem solve,
- Understand cause-effect thinking,
- Evaluate alternatives

Anxiety Typically Precedes Depression in Young People

The finding that most anxiety disorders seem to occur temporally prior to depressive disorders has stimulated considerable research efforts to determine why people with anxiety disorders might be at an increased risk for developing depressive disorders.

Depression Intensifies From One Generation to the Next

The first such studies following *3 generations of high-risk families* and has taken more than 2 decades to complete showed most of the prepubescent grandchildren with a 2 generation history of depression developed anxiety disorders that developed into depression as they aged into adolescence.

Be the Antidepressant Family

- Take prompt action. Don't wait.
- Create a context for communication to occur
- Listen non-judgmentally
- Ask open-ended questions
- Ask for other attributions for whatever has happened
- Encourage physical activity
- Encourage frequent social contact
- Seek out opportunities for fun
- Encourage relaxation
- Encourage self-care and personal responsibility

From *Hand-Me-Down Blues* by Michael Yapko

Rituals/Strategies for Strengthening and Protecting Families

Rituals of:

Time (meals, storytelling, projects, recreation)

Place (kitchens, state parks, cabin, porch)

Interest (music, art, sports, hobbies)

Celebration (birthdays, accomplishments, new job, new season)

Connection (family interviews, visiting friends/relatives, family reunions)

History (storytelling about family members and events, looking at photos)

From ***The Shelter of Each Other*** by Mary Pipher

Some Advice for Partners/Family Members

- Don’t blame the person for being depressed. Use the depression as a series of problems to be solved.
- Don’t attribute the depression to motivation problems.
- The depression is their problem, not yours. Don’t feel guilty, but do what you can to help.
- Keep *your* life going.

More Advice for Partners/Family Members

- Avoid clichés like “Pull yourself up,” “Quit feeling sorry for yourself,” and “Cheer up.”
- Don’t try and “save” the person from doing things he/she can do for him or herself.
- Getting out of depression is a series of small steps needing your encouragement.
- Focus on present challenges- there’s no need to bring up past failures.

When to Get Professional Help

- Suicidal thoughts or feelings
- When feeling “stuck” and hopeless
- When lacking support to “reality test” and have no clear sense of direction
- BEFORE it reaches a crisis point
- When potentially life-changing decisions must be made with clarity
- When adversely affecting others

It is important to “shop” for a good therapist, one who knows a lot about the depression and its active treatment

Advice for Choosing a Psychotherapist

- Someone licensed/credentialed with the appropriate academic and clinical training
- Someone with an advanced and CURRENT knowledge of the intricacies of depression
- Someone who will push you gently but firmly to be proactive in treatment
- Someone who will also talk to your partner and kids, at least occasionally
- Someone available for regular consultation
- Someone who will teach skills, provide information, and offer perspective

Six Ways to Address the Social Aspects of Depression

- Encourage the valuing of connections with others
- Encourage a sense of social responsibility to all others, but especially to partners and children
- Encourage an external orientation, empathy, observational skill, tolerance for differences
- Encourage social action over rumination/analysis
- Encourage social contributions
- Encourage thinking and behaving preventively

We can shift our focus to *prevention*

Most of the depressed clients I've seen had ample time to act preventively, but missed the opportunity…

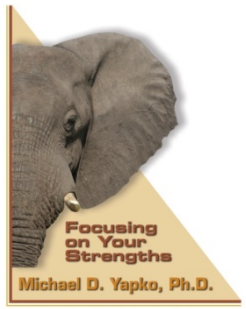
Primarily because it came disguised as inconvenience

So much of human misery could be ***prevented*** if people would just take a moment to think ahead

But, who is teaching them to do that?

The Foundation of Prevention is the Ability to *Think Ahead*

Emphasize the Skill of Foresight



Teaching Foresight to Children

- “Before” and “after” examples (e.g., shoes after socks)
- Story building (e.g., “what do you think will happen next?”)
- Asking, “What might happen if…?”

Prevention Opportunities

- Expanding diagnostic opportunities
- Addressing sleep
- Encouraging exercise
- Working with couples and families
- Screening for postpartum depression
- Identifying children at risk
- Teaching social and problem solving skills
- Practicing foresight

Online Resources in Australia

- Beyond Blue (beyondblue.org.au)
- Lifeline (lifeline.org.au)
- Black Dog Institute (blackdoginstitute.org.au)

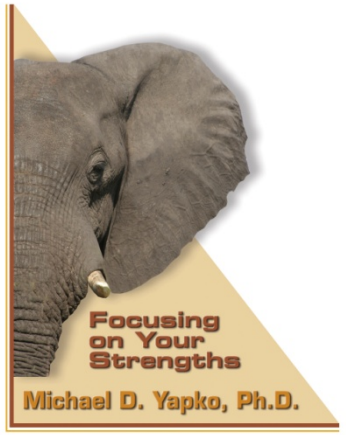
Highly Recommended Self-Help Resources

- Keys to Unlocking Depression (Yapko)
- Depression is Contagious (Yapko)
- Breaking the Patterns of Depression(Yapko)
- Hand-Me-Down Blues (Yapko)
- Focusing on Feeling Good CD Program(Yapko)
- Calm Down! CD Program (Yapko)
- Mind Over Mood 2nd ed. (Greenberger & Padesky)
- Emotional Intelligence (Goleman)
- The Optimistic Child (Seligman)
- Feeling Good (Burns)

An Excellent Review of the Current Depression Prevention Literature

- See "Major Depression Can be Prevented" by Ricardo Muñoz, William Beardslee, and Yan Leykin in the May-June, 2012, issue of *American Psychologist* (Vol. 67, No. 4, 285-295).
- Meta-analyses suggest that 22-38% of major depressive episodes could be prevented with ***currently available*** methods.

Thank you for coming to my workshop…



Michael D. Yapko, Ph.D.

e-mail: michael@yapko.com

Website: www.yapko.com

P.O. Box 487

Fallbrook, CA. 92088-0487

USA