

*Thames Valley*

---

## **Family Health Team**

*A Powerful Network for Primary Care*



# **Reducing Depression Symptoms & Instilling Hope: The Benefits of the Rise Up! A Self Care Depression Group**

Presented By: Kimberly Vaughan MSW RSW  
& Elizabeth Smith MN PHC-Nurse Practitioner

# Disclosure

“We have not in the past 2 years, had a financial interest, arrangement or affiliation with one or more organizations that could be perceived as a direct/indirect conflict of interest in the content of the subject of this or any other program.”

# Depression

- Approximately 8% of adults will experience major depression at some time in their lives (APHEO, 2005).
- 1 in 4 Canadians has a degree of depression serious enough to need treatment at some time in life (MHLTC, 2009).
- Depressions are among the most common mental disorders and the most treatable (MHLTC, 2009).
- Worldwide, major depression is the leading cause of years lived with disability (PHAC, 2002).
- Can affect all aspects of life – home, work, school and in society at large (Healthy Ontario, 2004).
- Mood disorders have a major economic impact through associated health care costs as well as lost work productivity (PHCA, 2002).
- Left untreated, depression sometimes worsens and can lead to suicide. (Healthy Ontario, 2004).



*Thames Valley*

**Family Health Team**

*A Powerful Network for Primary Care*

# Depression & Hope

- Hope has been identified by many to be essential to life (Chi, 2007; Miller, 2007; Castledine, 200; Kylma & Vehvilainen-Julkunen, 1997).
- Studies show hope is consistently associated with fewer symptoms of depression (Cheavens, Feldman, Gum & Snyder, 2005)
- Improved physical and psychological health results from hope (Bernays et al., 2007; Hollis et al., 2007; Dunn, 2005; Benzein & Saveman, 1998).
- Extensive research shows clients who have hope demonstrate a subjective improvement in their quality of life (Sanatai et al., 2008; Chi, 2007; Hollis et al., 2007; Moore, 2005; Rustoen et al., 2005; Benzein & Saveman, 1998).

# Depression & Hope

- Peace or a sense of contentment arises in clients who have hope (Benzein & Saveman, 1998; Kylma & Vehvilainen-Julunen, 1997).
- Hope is different from optimism, which is a generalized expectancy that good things will happen. Hope involves having goals, along with the desire and plan to achieve them (Cheavens, Feldman, Gum & Snyder, 2005).
- Hope is something that can be taught, and can be developed in many of the people who need it (Cheavens, Feldman, Gum & Snyder, 2005).

# Depression & Cognitive Behavior Therapy

- Cognitive therapy is a treatment process that enables patients to correct false self-beliefs that can lead to negative moods and behaviors (Rupke, S.J., Blecke, D., Renfrow, M. 2006).
- Studies have shown that cognitive therapy is an effective treatment for depression; the combination of antidepressants and has been shown to effectively manage severe or chronic depression (Rupke, S.J., Blecke, D., Renfrow, M. 2006).
- Cognitive therapy is also shown to reduce the occurrence of relapse in patients with depression (Rupke, S.J., Blecke, D., Renfrow, M. 2006).
- Cognitive behavior therapy behavioral principles are used to reactivate patients' inertia and reinforce positive activities (Rupke, S.J., Blecke, D., Renfrow, M. 2006).
- Emphasis on scheduling pleasurable and previously enjoyed activities that provide positive reinforcement (Rupke, S.J., Blecke, D., Renfrow, M. 2006).

# Depression & Group Therapy

- Most individuals with a mood disorder can be treated effectively in the community (PHCA, 2002).
- Group psychotherapy was found to be effective in its ability to reduce depressive symptoms in depressed individuals; treatment gains are typically maintained for several months to a year (McDermut, W., Miller, I., Brown, R. 2001).
- Savings of both time and money – able to provide more for less (McDermut, W., Miller, I., Brown, R. 2001).
- An essential component for depression treatment is a program that focuses on the importance of enhanced feelings of self-efficacy (McDermut, W., Miller, I., Brown, R. 2001).



*Thames Valley*

**Family Health Team**

*A Powerful Network for Primary Care*

# Benefits of Group Therapy

- Self help groups are found to be beneficial (CMHAO, 2011)
  - Feeling less lonely, isolated or judged
  - Gaining a sense of empowerment and control
  - Improved coping skills and adjustment
  - An opportunity to talk openly and honestly about your feelings
  - Reduction in distress, depression or anxiety
  - A clearer understanding of what to expect with your situation
  - Learning about new medical research
  - Getting practical advice or information about treatment options
  - Comparing notes about resources such as doctors and alternative resources



(<http://www.mayoclinic.com/health/support-groups/MH00002>)

*Thames Valley*

**Family Health Team**

*A Powerful Network for Primary Care*



# Our Work: Group Format & Outline

- Closed Four-week Program, 1-2 Hour Sessions
- Referrals: Self, IHPs, Physicians
- Week One:
  - Re-activating your Life!
  - Appetite Changes and Depression
- Week Two:
  - Thinking Realistically
  - Sleep Disturbances and Depression
- Week Three:
  - Depression and Problem Solving
  - Substances and Caffeine
- Week Four:
  - Talking to Family and Friends
  - Reducing the Risk of Relapse



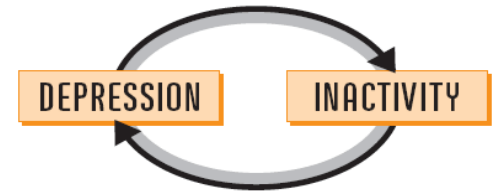
*Thames Valley*

**Family Health Team**

*A Powerful Network for Primary Care*

# Week One: Reactivating Your Life

- Introductions & orientation
- Review what depression is and the areas of participants' life that are impacted
- Discuss the importance of stopping and reversing the cycle of depression and inactivity
- Identify activities to increase and set realistic goals for reintroducing into daily/weekly routine
  - Personally rewarding activities
  - Self-care
  - Small duties
  - Involvement with family and friends



*Thames Valley*

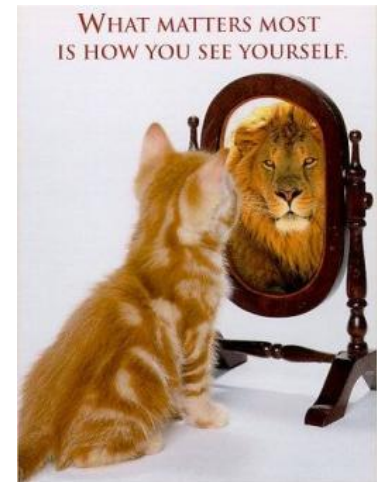
**Family Health Team**

*A Powerful Network for Primary Care*

# Week Two: Realistic Thinking

- Help participants to learn to identify depressive thoughts
- Recognize their own depressive thoughts and how they trigger low mood
- Learn to challenge depressive thoughts and replace them with fair and realistic thoughts
- Keep practicing realistic thinking

Adapted from: Self-Care Depression Program 2<sup>nd</sup> edition: Antidepressant Skills Workbook by Dan Bilsker, PhD and Randy Paterson, PhD



*Thames Valley*

**Family Health Team**

*A Powerful Network for Primary Care*

# Week Three: Problem Solving

- Choosing problems to focus on and establishing action steps to help solve the problem
- Compare action steps and pick the best option
- Make an action plan, put it into practice and evaluate



# Week Four: Reducing the Risk of Relapse

- Recognizing strategies that are important to keep up:
  - Plan ahead for stress
  - Lighten up on responsibilities
  - Keep up self care
- Talking to friends and family about providing support



*Thames Valley*

**Family Health Team**

*A Powerful Network for Primary Care*

# Benefits of IHP Approach

- Due to increasing complexity of chronic disease management there is a call for IHP models of patient management that include the patient (Journal of Medical Internet Research, 2004).
- Team = small number of consistent people committed to a relevant shared purpose with common performance goals, complementary and overlapping skills and a common approach to their work (Journal of Medical Internet Research, 2004).
- IHP team aspires to a more profound level of collaboration in which constituents of different backgrounds combining their knowledge mutually complete different levels of planned care (Journal of Medical Internet Research, 2004).
- Patients with depression rated the quality of their care more highly, were more adherent to medications, had fewer symptomatic days and decreased depression scores when treated collaboratively (Journal of Medical Internet Research, 2004).

# Our Results: Tools/Measures

- PHQ9
- Herth Hope Index
- Anecdotal evidence



# Patient Health Questionnaire - 9 (PHQ-9)

- Nine item depression scale
- The PHQ-9 is based directly on the diagnostic criteria for major depressive disorder in the Diagnostic and Statistical Manual Fourth Edition (DSM-IV)
- A powerful tool for assisting primary care clinicians in diagnosing depression as well as selecting and monitoring treatment
- There are two components of the PHQ-9:
  - Assessing symptoms and functional impairment to make a tentative depression diagnosis
  - Deriving a severity score to help select and monitor treatment

(<http://www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/>)

*Thames Valley*

**Family Health Team**

*A Powerful Network for Primary Care*



**Patient Health Questionnaire – PHQ-9**

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

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

	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
a. Little interest or pleasure in doing things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling/staying asleep, sleeping too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading the newspaper or watching TV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. 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 more than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thoughts that you would be better off dead or of hurting yourself in some way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If you checked off any problem on this questionnaire so far, 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

**TOTAL SCORE** \_\_\_\_\_

*Thames Valley*

**Family Health Team**

*A Powerful Network for Primary Care*

# Herth Hope Index

- An abbreviated instrument to assess hope in adults in clinical settings
- The Herth Hope Index (HHI), a 12-item adapted version of the Herth Hope Scale (HHS),
- Was tested: Alpha coefficient was 0.97 with a 2-week test-retest reliability of 0.91
- Criterion-related validity established by correlating the HHI with HHS ( $r = 0.92$ ), Existential Well-Being Scale ( $r = 0.84$ ) and Nowotny Hope Scale ( $r = 0.81$ ) Divergent validity with Hopelessness Scale was established ( $r = -0.73$ )
- Construct validity supported through factorial isolation of three factors (a) temporality and future, (b) positive readiness/expectancy, (c) interconnectedness.
- Widely used in a variety of settings and cited in scientific literature

(Herth, 1992)

*Thames Valley*

**Family Health Team**

*A Powerful Network for Primary Care*

### HERTH HOPE INDEX

Listed below are a number of statements. Read each statement and place an [X] in the box that describes how much you agree with that statement right now.

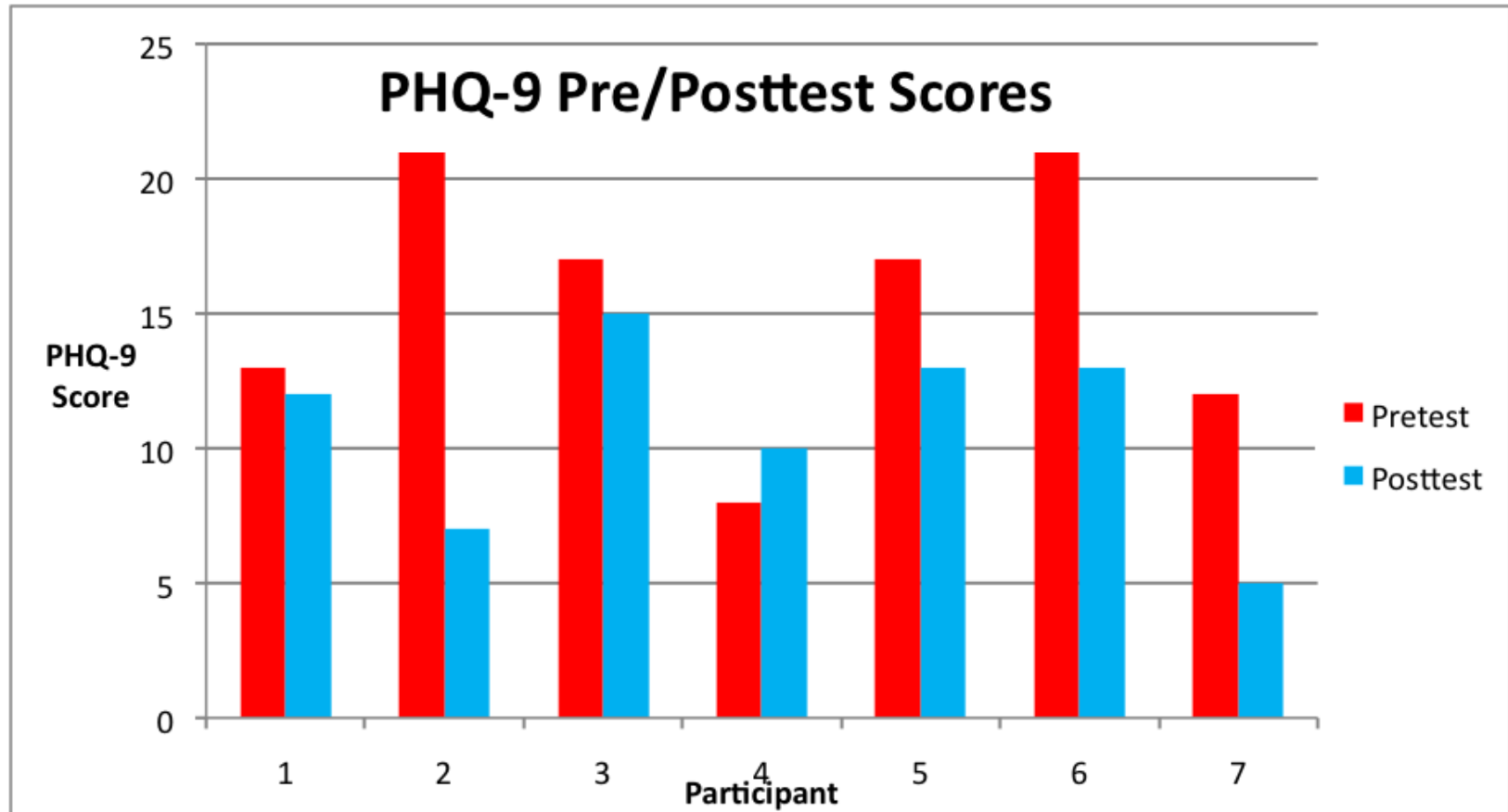
	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
1. I have a positive outlook toward life.				
2. I have short and/or long range goals.				
3. I feel all alone.				
4. I can see possibilities in the midst of difficulties.				
5. I have a faith that gives me comfort.				
6. I feel scared about my future.				
7. I can recall happy/joyful times.				
8. I have deep inner strength.				
9. I am able to give and receive caring/love.				
10. I have a sense of direction.				
11. I believe that each day has potential.				
12. I feel my life has value and worth.				

*Thames Valley*

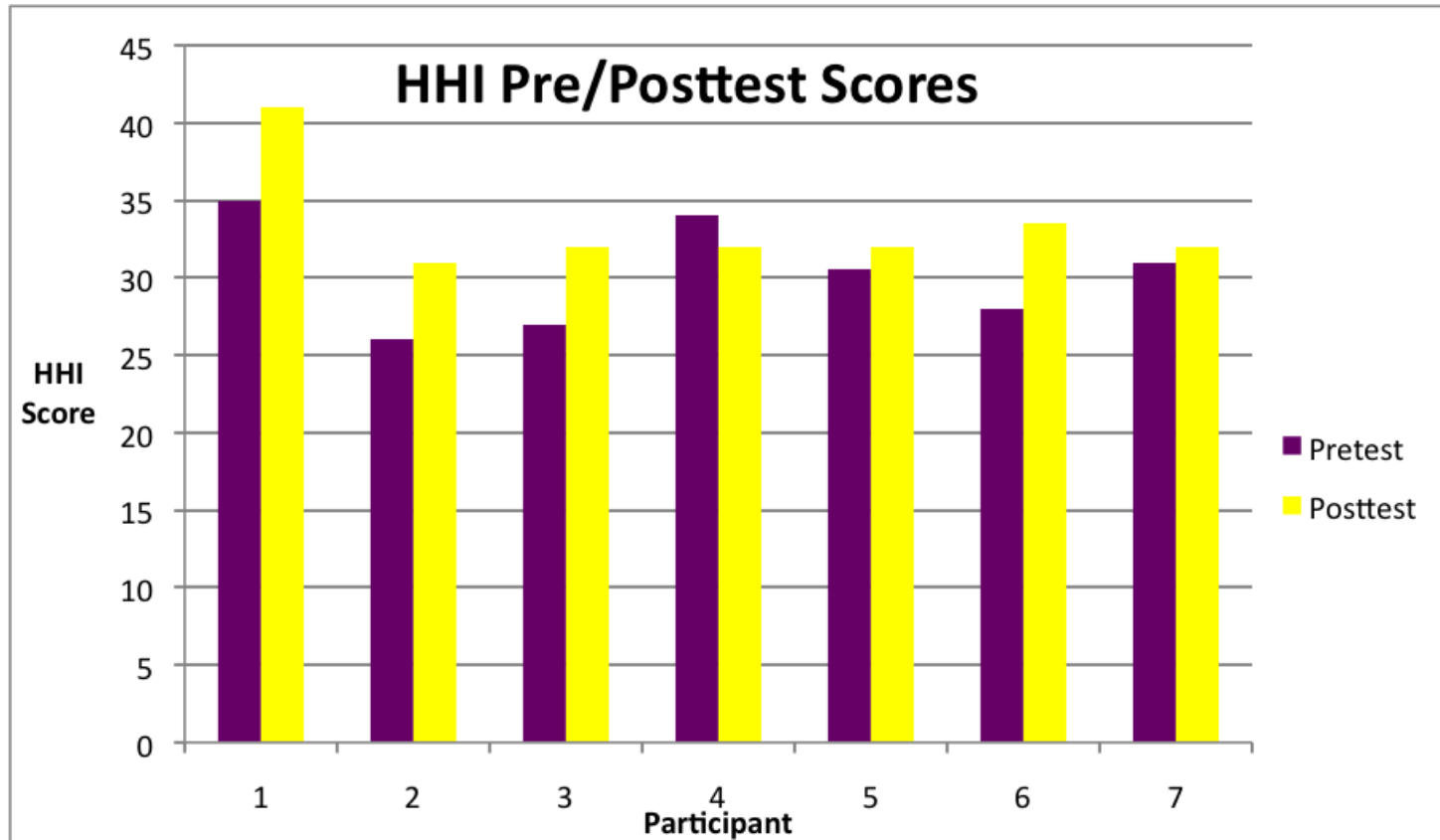
**Family Health Team**

*A Powerful Network for Primary Care*

# Our Results: PHQ-9



# Our Results: Herth Hope Index

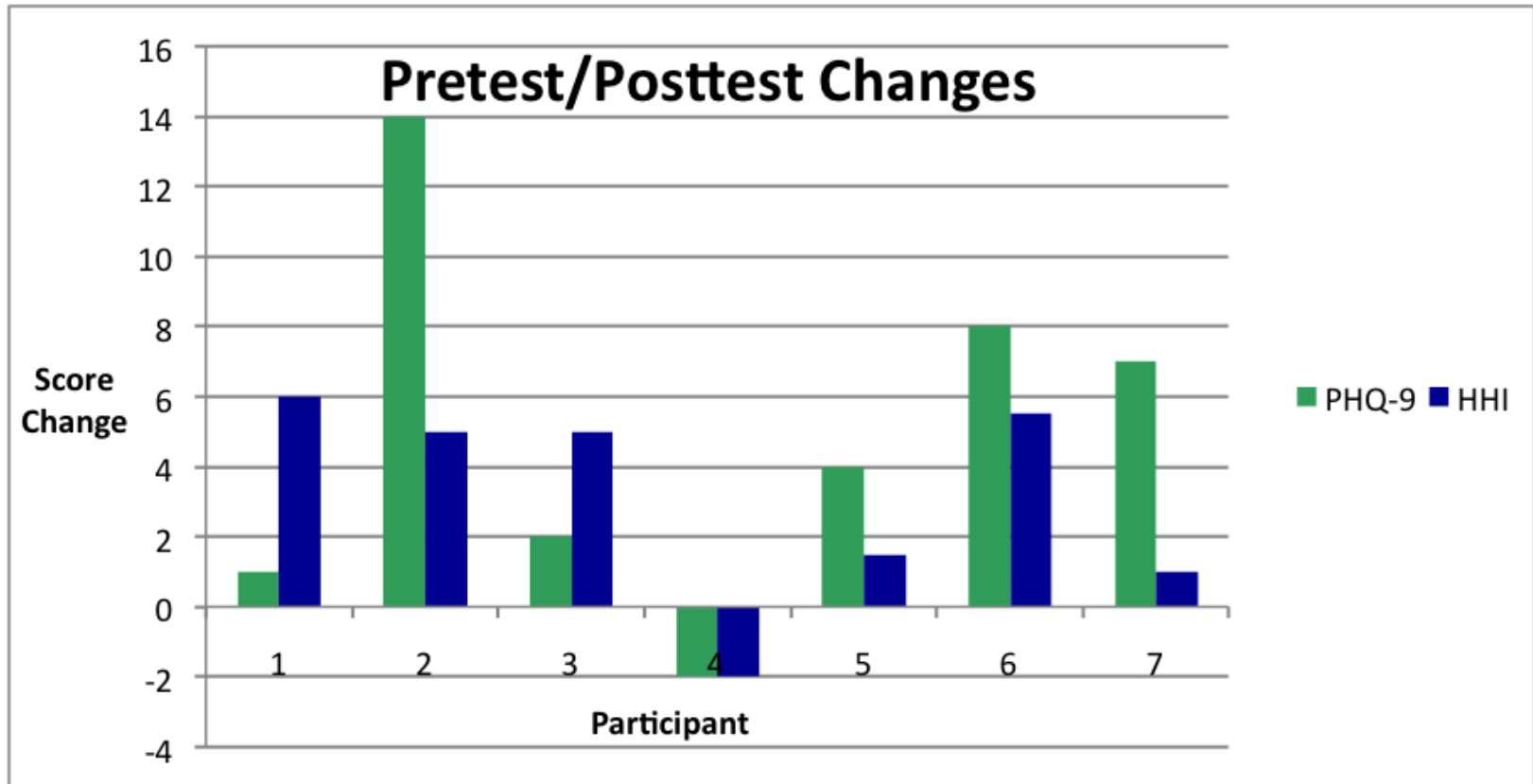


*Thames Valley*

**Family Health Team**

*A Powerful Network for Primary Care*

# Our Results: Pre-Test/Post-Test Changes



# Results: Value of Sharing & Shared Experience

- Reduced isolation
- Caregivers of aging parents
- Loss of relationships: divorce, separation, or death
- Job loss
- Chronic pain



*Thames Valley*

**Family Health Team**

*A Powerful Network for Primary Care*

# Participant Feedback/Experiences



*Thames Valley*

**Family Health Team**

*A Powerful Network for Primary Care*



# References

- APHEO, 2005, Retrieved at <http://www.apheo.ca/index.php?pid=159>
- Benzein, E., Saveman, B.I. (1998). One step towards the understanding of hope: A concept analysis. *International Journal of Nursing Studies*, 35(6), 322-329.
- Bernays, S., Rhodes, T., & Barnett, T. (2007). Hope: A new way to look at the HIV epidemic. *AIDS (London, England)*, 21 Suppl 5, S5-11.
- Bilsker, Dan PhD; Paterson, Randy PhD. (2011). Antidepressant Skills Workbook: The Self-Care Depression Program 2nd Edition downloaded from: <http://www.carmha.ca/publications>
- Butler, A. C. & Beck, A. T. (1995). Cognitive therapy for depression. *The Clinical Psychologist*, 48(3), 3-5.
- Cheavens, J., Feldman, D., Gum, A., & Snyder, M. (2006) Hope Therapy in a Community Sample: A Pilot Investigation. *Social Indicators Research* 77, 61-78.
- Chi, G. C. (2007). The role of hope in patients with cancer. *Oncology Nursing Forum*, 34(2), 415-424.
- Castledine, G. (2000). Hope: A key concept in the psychology of nursing. *British Journal of Nursing (Mark Allen Publishing)*, 9(14), 954.
- CMHAO, 2011, Retrieved at [http://www.ontario.cmha.ca/fact\\_sheets.asp?clD=1584](http://www.ontario.cmha.ca/fact_sheets.asp?clD=1584)
- Dobson, K. (1989) A meta-analysis of the efficacy of cognitive therapy for depression. *Journal of Consulting and Clinical Psychology*, 57(3), 414-419. doi: 10.1037/0022-006X.57.3.414
- Dunn, S. L. (2005). Hopelessness as a response to physical illness. *Journal of Nursing Scholarship: An Official Publication of Sigma Theta Tau International Honor Society of Nursing/Sigma Theta Tau*, 37(2), 148-154
- Healthy Ontario, 2004, Retrieved at <http://www.health.gov.on.ca/english/public/pub/mental/pdf/depression.pdf>
- Herth, K. (1992). Abbreviated instrument to measure hope: development and psychometric evaluation. *Journal of Advanced Nursing*. 17 (10), 1251-1259.
- Hollis, V., Massey, K., & Jevne, R. (2007). An introduction to the intentional use of hope. *Journal of Allied Health*, 36(1), 52.
- Kylma, J., & Vehvilainen-Julkunen, K. (1997). Hope in nursing research: A meta-analysis of the ontological and epistemological foundations of research on hope. *Journal of Advanced Nursing*, 25(2), 364-371.
- Macarthur Initiative on Depression Primary Care (2011) <http://www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/>
- McDermut, W., Miller, I. & Brown, R. (2001). The efficacy of group psychotherapy for depression: A meta-analysis and review of the empirical research. *University of Medicine. Clinical Psychology: Science*, 8 (1)
- MHLTC, 2009, Retrieved at <http://www.health.gov.on.ca/english/public/pub/mental/depression.html>
- Miller, J.F. (2007). Hope: A construct central to nursing. *Nursing Forum*, 42(1), 12-19.
- (PHAC, 2002) Retrieved at <http://www.phac-aspc.gc.ca/publicat/miic-mmacc/pref-eng.php>
- Rupke, S., Blecke, D. and Renfrow, M. (2006). Cognitive therapy for depression. *Am Fam Physician*, 73 (1), 83-86.
- Rustoen, T., Howie, J., Eidsmo, I., Moum, T. (2005). Hope in patients hospitalized with heart failure. *American Journal of Critical Care*, 14(5), 417-425.
- Sanatani, M., Schreier, G., & Stitt, L. (2008). Level and direction of hope in cancer patients: An exploratory longitudinal study. *Supportive Care in Cancer*, 16(5), 493-499.
- Support Groups: Make connections, get help – MayoClinic.com retrieved from: [http://mayoclinic.com/health/support-groups/MH0002\\_04/10/11\\_4:03\\_pm](http://mayoclinic.com/health/support-groups/MH0002_04/10/11_4:03_pm)
- Weicha, J. & Pollard, T. (2004). The Interdisciplinary eHealth Team: Chronic Care for the Future. *J Med Internet Res.*; 6(3); e22