

Treating Co-Occurring Depressive Disorders Along the Whole Continuum of Care

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Objectives

- ▶ Identify different symptoms of depression and impact on therapeutic effectiveness at different levels of care
- ▶ Review suicide experiences (emotional, behavioral, cognitive, nervous system) at different levels of care
- ▶ Discuss C-SSRS as a tool to utilize for SI and treatment planning
- ▶ Discuss treatment effective interventions surrounding depression with substance use disorder at different levels of care



Why oh Why?

- ▶ Depression= CNS Shut down
- ▶ Addiction
- ▶ Deep thinkers
- ▶ Nervous system brilliance
- ▶ Suicidality



Depressive Disorders

- ▶ 7.1% of all US adults (NIMH)
- ▶ Higher amongst females
- ▶ Highest prevalence amongst those aged 18-25
- ▶ High comorbidity with PTSD, Bipolar Disorders



Gift From Hollywood

- ▶ [https://www.youtube.com/watch?v=z
djpSCQrkEA](https://www.youtube.com/watch?v=zdjpSCQrkEA)



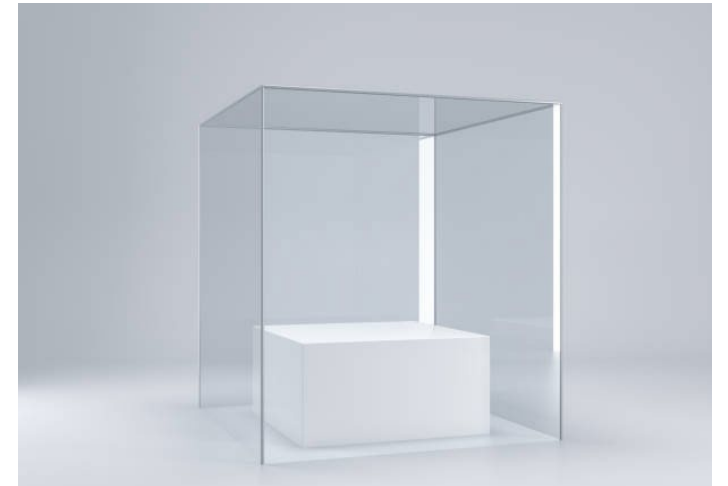
MDD and Addiction

- ▶ My issue is depression, not the drugs/alcohol
- ▶ My issue drugs/alcohol, not depression
- ▶ Nervous System Adaptations
- ▶ “My medications don’t work”



What's the challenge?

- ▶ Dorsal Vagal Shutdown
- ▶ Hopelessness
- ▶ Suicidality
- ▶ ADLs
- ▶ “why cant you just feel better”?



Assessment Importance

- ▶ PHQ
- ▶ Prevalence and pervasiveness of Symptoms
- ▶ Most troubling symptoms
- ▶ Magic Question
- ▶ When did this begin?
- ▶ Assess **STRONGLY** for suicidality



PHQ

		Not at all	Several days	More than half the days	Nearly every day
1.	Little interest or pleasure in doing things	0	1	2	3
2.	Feeling down, depressed, or hopeless	0	1	2	3
3.	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4.	Feeling tired or having little energy	0	1	2	3
5.	Poor appetite or overeating	0	1	2	3
6.	Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7.	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
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	0	1	2	3
9.	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

C-SSRS

Answer Questions 1 and 2	In the Past Month	
	YES	NO
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6		
3) Have you thought about how you might do this?		
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?		
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?		
Always Ask Question 6	In the Past 3 Months	
6) Have you done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.		

Any YES must be taken seriously. Seek help from friends, family, co-workers, and inform them as soon as possible.

If the answer to 4, 5 or 6 is YES, immediately ESCORT to Emergency Personnel for care.



DON'T LEAVE THE PERSON ALONE.

**STAY ENGAGED UNTIL YOU
MAKE A WARM HAND OFF TO
SOMEONE WHO CAN HELP.**



C-SSRS

<p>Frequency How many times have you had these thoughts? (1) Less than once a week (2) Once a week (3) 2-5 times in week (4) Daily or almost daily (5) Many times each day</p>	
<p>Duration When you have the thoughts how long do they last? (1) Fleeting - few seconds or minutes (4) 4-8 hours/most of day (2) Less than 1 hour/some of the time (5) More than 8 hours/persistent or continuous (3) 1-4 hours/a lot of time</p>	
<p>Controllability Could/can you stop thinking about killing yourself or wanting to die if you want to? (1) Easily able to control thoughts (4) Can control thoughts with a lot of difficulty (2) Can control thoughts with little difficulty (5) Unable to control thoughts (3) Can control thoughts with some difficulty (0) Does not attempt to control thoughts</p>	
<p>Deterrents Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of suicide? (1) Deterrents definitely stopped you from attempting suicide (4) Deterrents most likely did not stop you (2) Deterrents probably stopped you (5) Deterrents definitely did not stop you (3) Uncertain that deterrents stopped you (0) Does not apply</p>	
<p>Reasons for Ideation What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both? (1) Completely to get attention, revenge or a reaction from others (4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (2) Mostly to get attention, revenge or a reaction from others (3) Equally to get attention, revenge or a reaction from others and to end/stop the pain (5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (0) Does not apply</p>	

C-SSRS

GET TRAINED

http://zerosuicide.edc.org/sites/zerosuicide.actionallianceforsuicideprevention.org/files/cssrs_web/course.htm



Suicide Treatment Goals

- ▶ Attune and assess accurately and frequently (C-SSRS, Hopelessness, impulsivity, lack of connection, isolation)
- ▶ Identify five internal and external triggers
- ▶ Improve Mindfulness Skills
 - ▶ Observe SI
 - ▶ Describe SI
 - ▶ Move through SI



Suicide Interventions

- ▶ Externalizing parts
- ▶ Perspective Taking/Defusion
- ▶ Continue to live a valued life despite existence of thoughts
- ▶ Relationship with self and part that wants to die can change



Safety Planning

- ▶ Happening at EVERY LEVEL OF CARE
- ▶ Needs to include
 - ▶ Warning signs
 - ▶ Coping strategies
 - ▶ Crisis lines
 - ▶ “Safety Net”
 - ▶ Nervous system stimulation

My Safety Crisis Plan/Initial Treatment Plan

Recognize your warning signs and use your coping skills to keep yourself safe and healthy

Triggers and Stressors
(Behaviors, situations and circumstances that put you at emotional risk)

Things to do... My goals for healthy/recovery behavior:

1. _____
2. _____
3. _____

People to contact...

- ▶ Talk, text, or chat #988 for mental health crisis.
- ▶ Dial 911 for a medical crisis
- ▶ **Skwood** Emergency 24 Hour Helpline: 248-781-2715
- ▶ SPONSOR, as appropriate:
- ▶ AA Helpline, as appropriate:

Warning Signs
(Your behavior signals that show you're growing more and more at risk)

→

→

→

→

→

→

→ **Call someone and ask for help.**

_____ does not have access to:

- Prescription medications for use other than as prescribed
- Weapons
- Lethal Medications
- Illegal drugs/alcohol, as applicable
- Other means of self-harm

(Print Name) _____ verify that these items have been secured/removed from the home

Relationship to Patient:

Verified on _____ via phone or in-person

My Coping Skills...

What I can do to be calm and stay safe IN THE MOMENT:

What can my support person do to help me?

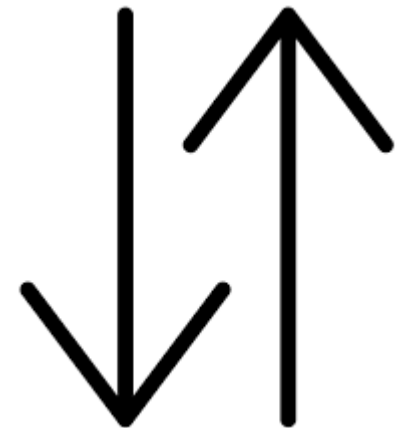
Reminders

- ▶ Take medications as ordered – do not change the dose or time unless directed by your physician.
- ▶ If you experience side effects from your medications – notify your outpatient provider or Primary Care Physician
- ▶ For Children/Adolescents – Medication should be kept out of reach and in a secure place

Level of Care Consideration

- ▶ Intervention Choices Shift
- ▶ Increased Responsibility
- ▶ Heightened Awareness
- ▶ Stabilizing Structure is KEY

LEVEL
UP



Residential LOC Goals and Interventions

- ▶ Improve ADLS
- ▶ Provide Structure
- ▶ Safety Offering
- ▶ Medication adjustments
- ▶ Depression influence on life (CBA)
- ▶ Levels of Hopelessness



PHP Goals/Interventions

- ▶ Reacquaint into living situation while maintaining sobriety AND addressing depression
- ▶ Triggers to use/engage in depressive behaviors WITH SUD
- ▶ Self-Structure
- ▶ Relapse Prevention
- ▶ Accountability/Relational Connection
- ▶ Medication Adjustments



Committed Action

- ▶ What I Value is.....
- ▶ What I've been doing is.....
- ▶ What its cost me is.....
- ▶ And I'm Done with that!!!!
- ▶ I Commit to.....



IOP Goals/Interventions

- ▶ Stabilize recovery in Home setting
- ▶ Exposures/Behavioral Activation
- ▶ Diary Card
- ▶ Structure/Accountability/Support



Exposure Set

Exposure item	Anxiety rating 0 = No anxiety; 8 = Panic
NB: All of the items are rated as if to be performed without compulsive hand washing and compulsive bathing/showering.	
Look at pictures of dogs and touch these pictures and then touch myself including my hair and lick my fingers.	1
Look at films of dogs and touch the screen and then touch myself including my hair and lick my fingers.	3
Go out of the house to the local shop and touch items such as the door handle to the shop. (Once I saw a woman with a dog excrement bag touch this handle.) No precautions and touch items in my house afterwards.	5
Touch my legs below the knee even though I have been walking outside as I fear they are closer to the ground and more likely to be contaminated. Without washing, touch myself including my hair and lick my fingers.	5
Go to the local park and touch the children's play equipment and then touch myself including my hair and lick my fingers.	6
Touch items handled by other people without washing and then touch including my hair and lick my fingers.	6
Touch the floor and then touch myself including my hair and lick my fingers.	8
Stroke a dog and then touch myself including my hair and lick my fingers.	8
Pick up dog faeces using a plastic bag and dispose of this in the appropriate disposal bin and then touch myself including my hair.	8

Outpatient Goals

- ▶ “Deep Dive”
- ▶ Maintenance of sobriety
- ▶ Improve present moment contact
- ▶ Identify impactful thought processes
AS THEY ARISE
- ▶ Create different relationships with thoughts
- ▶ Wolf Analogy



Outpatient Interventions

- ▶ “How’s that working for you”?
Irreverence
- ▶ Make them laugh
- ▶ Metaphors
 - ▶ Brick house
 - ▶ Unwanted Party Guest
 - ▶ Chessboard
 - ▶ Depression as fog, you still need to drive



Outpatient Interventions

- ▶ Mindfulness-Based
- ▶ Opposite to Emotion Action
- ▶ Movies
- ▶ Songs
- ▶ Engaging in Ventral Vagal Activities

emotion	action	opposite
FEAR	run away and avoid	approach: go anyway and participate fully
ANGER	shout and attack	gently avoid to be kind
SADNESS	withdraw	be with others increase activity

Case Example

- ▶ Tim is a 34 year old, gay, married, Caucasian, male physician. He is presenting at a treatment setting wanting to do IOP treatment with alcohol use disorder severe and major depressive disorder. He grew up in a suburb of Atlanta and has one older sibling, his parents got divorced when he was 12 years old. Depressive symptoms started around the age of 14, he has had two suicide attempts, one while in medical school at age 23, and another two years ago, neither led towards inpatient hospitalization. His date of first alcohol use was at age 12, his date of last use was today, ten beers. He has been drinking daily for the last four weeks. He is currently self-prescribing Lexapro and sees a therapist once a month. What sorts of interventions would you do with him at Res/php/iop/op levels of care?

Questions?



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RECOVERY

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Foundations
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