



Caring with those with Depression

Types of Depression



- Mild depression is the most common type of depression. It can be brought on by sad events or by happy but stressful ones. Mild depression does not usually interfere with a person's ability to function, but it may make daily life and managing stress feel more difficult.

Moderate Depression

- Moderate depression is longer-lasting and often more intense than mild depression. It frequently follows a major, unhappy event, such as a loved one's death or a divorce. Moderate depression typically does not significantly interfere with a person's ability to go about daily life, but it may make regular activities and responsibilities more challenging. In some instances, moderate depression may become severe.

Severe Depression

- Severe depression occurs when a person exhibits characteristics of depression for most of the day, nearly every day for at least two weeks, and is unable to adequately function in daily life. A person with severe depression generally experiences more characteristics of depression and in greater intensity than someone with mild or moderate depression. Severe depression always requires professional help.

When to refer: Signs

- Particularly Intense Characteristics of Depression:
 - Care receivers who are experiencing severe depression will often experience the common characteristics of depression very intensely. For example, someone may experience a lowered mood so intense that the person is unable to find happiness or joy in anything rather than just being unhappy sometimes.

When to refer: Sign

- Pervasive negative Effects: The care receiver's depression may be causing significant problems in almost all areas of his or her life. Regardless of any other factors, if a person seems to have lost control of life due to depression, her or she needs professional help.

When to refer: Sign

- Giving Up Hope of Improvement
 - A person who has been depressed for a while or who has experienced a particularly difficult event in life may give up on overcoming depression. The person may believe that he or she will always be depressed and seem to lack the motivation to take steps toward healing.

When to refer: Sign

- Distorted Perception of Reality
 - A person who is severely depressed may express unreasonable or irrational thoughts or impressions. For instance, the person may assume that everyone is making fun of his or her situation, or a downward spiral of negative thoughts may leave the person unable to see the situation objectively or believe that it will change for the better.

When to refer: Sign

- Suicidal Thoughts
 - A person who is depressed may begin to have suicidal thoughts.
 - If determined that the person is a risk to themselves or others, the care giver should contact emergency services/911 immediately

Deciding Whether or Not to Refer

- Examples



Twelve Guidelines

- 1. Be accepting
 - Avoidance and invalidation from others are often perceived as rejection, which may push a care receiver into deeper depression
 - Reassure them: “It is OK to feel pain and share difficult feelings.”
 - “I know you’ve been struggling with feeling down. I just want to say that when people go through what you’ve been through, feeling down is natural. I’ll be with you while you work through this.”



Twelve Guidelines

- Take your care receiver's feelings of depression seriously.
 - Resist any temptation to try to cheer up your care receiver or use humor to help him or her out of depression.
 - The care receiver may perceive them as trivializing his or her feelings.
 - Work to see the situation from your care receiver's point of view by asking questions to learn how he or she feels about things.



Twelve Guidelines

- 3. Be Patient
 - Care receivers with depression may talk or respond more slowly than usual, repeat themselves frequently, or constantly focus on the negative.
 - Listen attentively.
 - Remain patiently focused on the process, allowing God and the person to work through the problems in their own time.



Twelve Guidelines

- 4. Initiate Conversation as Needed.
 - Each person is different.
 - Some may not initiate conversation.
 - Some talk in spurts and appreciate extra time to collect their thoughts.
 - Others may be extremely uncomfortable with silence and want to talk constantly.
 - Offer affirmation, prompt them with reflective statements, ask follow-up questions to invite additional sharing.



Twelve Guidelines

- 5. Encourage Expression of Feelings
 - “Thanks. I’d been wondering what you were feeling about that.”
 - “It’s alright to cry.”
 - “It seems like you are angry about _____. I wonder if you can tell me more about that.”
 - “There must have been some pretty strong emotions behind those tears. Could you tell me more about it?”



Twelve Guidelines

- 6. Help Your Care Receiver Work Through Negative Thoughts
 - Use a lot of reflective listening, validation of the care receiver's feelings, and follow-up questions.
 - Resist the urge to jump in and challenge the care receiver's thoughts.



Twelve Guidelines

- 7. Follow the Care Receiver's Lead in Using the Word Depression.
 - It is typically not best not to use the word with a care receiver unless he or she brings it up.
 - Exception: when you believe the care receiver may be severely depressed.



Twelve Guidelines

- 8. Discourage Self-Defeating Behavior
 - IE: quitting a job, selling a home, dropping out of school, ending an important relationship
 - Encourage them to avoid making significant decisions while feeling depressed.
 - Listen, ask questions, let them think through the decision themselves and come to their own conclusion.
 - Exception: possibility of harm to themselves or others.



Twelve Guidelines

- 9. Help Your Care Receiver Think Through Positive Steps
 - Sometimes they are immobilized by indecision, uncertainty, a lack of motivation or other characteristics of depression.
 - Help them think through small steps, leading to bigger ones, etc.
 - Avoid giving advice; but if they are open to change, provide an opportunity for them to think through possibilities.



Twelve Guidelines

- 10. Help Identify the Source of the Depression
 - Even if it is obvious, it can be helpful to encourage the care receiver to talk about his or her situation to clearly identify the root of those feelings.
 - Getting to the root may require “peeling away the onion.”



Twelve Guidelines

- 11. Recognize and Affirm Small Improvements
 - Helping your care receiver become more aware of those improvements can be a powerful way to help them see that change is possible.



Twelve Guidelines

- 12. Share Christian Resources When Appropriate
 - Prayer
 - Scripture
 - Forgiveness.
 - Grace