



Depression

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1.1 INTRODUCTION

Depression affects your body, actions, thoughts, and mood. Left un-treated, depression can last for days, months, or years. This chapter covers depression, coping mechanisms, and additional resources available to you.

1.1.1 What is Depression

Depression is more serious than just feeling sad. Depression affects all areas of life and ranges from mild mood swings to severe negative feelings that disrupt daily life. Depression can also lead to suicidal thoughts.

Instead of hoping that your depressing thoughts and feelings will go away after time, you should learn and practice skills to cope with depression.

1.1.2 Signs of Depression

Depressed people may suffer from any of the following symptoms:

Physical Health

- Decreased energy, fatigue or tiredness
- Feeling slow or sluggish
- Headaches, stomach problems, chronic pains that don't improve with treatment
- Weight loss or weight gain

Thoughts

- Thoughts of death or suicide
- Hopelessness, excessive pessimism, negativity
- Thoughts of guilt, worthlessness, helplessness
- Negative thoughts about life, the world, or the future
- Problems paying attention and focusing
- Memory problems
- Confusion and problems making decisions
- Poor judgment
- Racing thoughts
- Harsh self-criticism (thinking "I'm a loser")

Moods

- Always feeling sad, anxious, or "empty"
- Feeling restless, annoyed or nervous
- Feeling anger, guilt, or regret

Behaviors

- Less interest or pleasure in hobbies and activities
- Less interest or pleasure in sex
- Trouble getting started with activities
- Desire to be alone, away from everyone
- Greater use of tobacco, alcohol, drugs, and/or caffeine
- Taking dangerous risks
- Laughing or crying at odd moments
- Sleeping too much or too little
- Eating more or less than usual

If you're depressed, you may experience several symptoms at the same time. For example, you may feel tired; have trouble sleeping, and no appetite. Symptoms of depression often last longer than two weeks. Severe symptoms can get in the way of social, work, and family duties.

If you think you're depressed, it's best to seek in-person help from a primary care physician or behavioral health professional.



No matter the cause, depression can be *overcome* with appropriate treatment.

1.1.3 Factors That Contribute to Depression

Many things can lead to depression:

- Dwelling on negative thoughts about job loss, divorce, illness/injury or trauma
- Feeling bad about oneself
- Changes in brain chemistry
- Using alcohol and/or illegal drugs to cope with emotional pain
- Misuse of certain prescribed and over-the-counter drugs (discuss possible side-effects of medications with a doctor)
- Family history and genetics
- Medical conditions, such as diabetes or TBI
- Anxiety disorders or other psychological problems

Traumatic or stressful life events can also bring on depression:

- Combat experience
- Threat of death
- Death of someone close
- Physical, sexual, or emotional abuse
- Prolonged stress at work or home
- Relationship problems or divorce
- Money problems
- Job loss

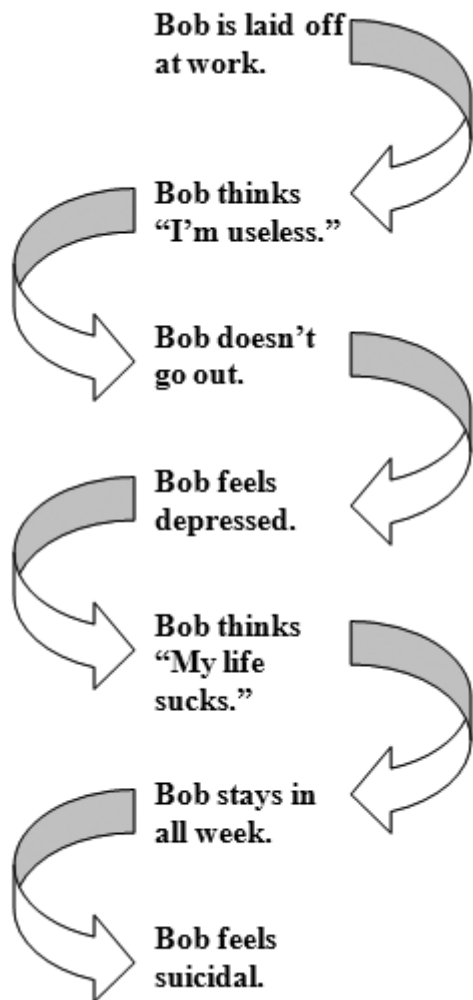
1.1.4 Depression's Downward Spiral

Negative *thoughts* often lead to depressed *feelings*. Depressed feelings make people less likely to engage in *behavior* that might make them feel better (see Figure 1). This can lead to more negative thoughts, which in turn can lead to even fewer positive activities.

*When people **think** negative thoughts they **feel** depressed, and they **behave** in less healthy ways.*

1.1.4 Depression's Downward Spiral (cont.)

Consider Bob. When Bob feels depressed, he is less likely to do things that will help him feel better. This is known as the **downward spiral of depression**. The less Bob does, the more depressed he gets.



From: "Control Your Depression," by Lewsinsohn

Depression may keep people from doing things they enjoyed in the past. If physical injuries make it more difficult to do those things, it's important to find other pleasurable activities. Not enjoying things in life can make depression worse.

1.2 BEHAVIOR AND DEPRESSION

Your behaviors can have affects on your moods. In this section you will learn about how negative or positive actions lead to negative or positive moods. You'll also learn techniques for stopping the downward spiral of depression including the importance of moving toward goals in a practical way.

1.2.1 Negative Action, Negative Mood

Depression usually makes people feel “down,” tired, sad, and hopeless. A depressed person might:

- Avoid tasks that require energy or effort.
- Put off important tasks until they feel better.
- Avoid family or friends.
- Sleep a lot or have trouble sleeping.
- Misuse alcohol and other substances.
- Overeat, or not eat well.
- Watch TV or play video games alone.

1.2.2 Find Your Depression TRAPs

To get out of the downward spiral of depression, figure out what behavior is making the depression worse. We call these behaviors “depression **TRAPs**.”

TRAP stands for:

T = Trigger (situation or thought)
R = Response (usually a feeling)
AP = Avoidance Pattern (avoidance behavior)

Here’s an example:

- **T** = John’s friends ask him to watch a football game with them. John thinks to himself, “I’m tired and sad. It’s pointless to watch the game. I won’t have fun anyway.”
- **R** = John feels irritated, tired, and more depressed.
- **AP** = John decides to stay home and doesn’t go out with his friends.

It can be hard to figure out what’s causing prolonging your depression or making it worse. Avoidance behaviors are often the cause. Avoidance means putting off doing things you should do, or *not* doing things that will help you feel better.

Example: Napping in the middle of the day, which disrupts your nighttime rest pattern.

1.2.3 Positive Action, Positive Mood

When you know what behaviors are *not* helpful, you can pull yourself out of the negative spiral. The key to finding your way out of depression is to *move toward what’s important*. *Do things in line with your goals and values, even if you don’t feel motivated at first.*

Think about your goals in these terms: *Where would you like to be and what would you like to be doing a month, a year, or 5 years?* When you know where you want to be, think about small, simple steps you can take to reach these goals. Taking those small steps toward your goals can lift your depression.

Feelings can influence your decisions, but feelings can’t *cause behavior*. Here’s an example:

Instead of going out with friends, John chooses to stay home. Walking into his kitchen, John notices his sink is full of dirty dishes. He thinks about washing the dishes, and then realizes he feels depressed. He decides to take a nap, thinking, “I’ll wash the dishes later, when I feel better.”

When John’s feelings *influenced* his choice to take a nap, those feelings didn’t *cause* him to take a nap. Here’s another example:

As John heads to his bedroom to take a nap, his roommate says, “Hey John, I have a date coming over tonight. I’ll pay you \$20 to wash the dishes before she gets here.” Though John still feels depressed, he washes the dishes because he needs the extra money.

John’s depression still made him *want* to take a nap, but he *chose* to wash the dishes. His feelings didn’t cause his actions.

What causes and controls behaviors? **Thoughts** affect feelings and actions. A person may *think* it’s a good idea to work toward life values and goals, even when depressed and unmotivated.

1.2.4 Moving Toward Goals

Here are some realistic ways to work toward your goals:

- Set realistic and achievable goals.
- Break big goals into smaller ones and prioritize them as tasks.
- Make a To Do list for your tasks.
- Go at a realistic pace.
- Set a routine, so you can begin to form new habits.
- Go easy on yourself. Don't worry about doing things perfectly.
- Reward yourself for completing steps toward goals.
- Accept invitations to spend time with friends and family.
- Doing the things you used to enjoy (like fishing, shopping, or socializing).

1.3.1 Role Of Thoughts In Depression

Automatic thoughts occur without you realizing it. Automatic thoughts reflect what's happening around you or how you feel about yourself. Negative automatic thoughts contribute to depression.

Fortunately, you can change negative automatic thoughts. Your **thinking is learned**, just like your skills or habits are learned. Much of what you think and believe comes from what you've learned from others. Your thoughts can be influenced by parents, friends, the media, and society.

Some forms of depression are known as **learned thinking problems**. You can control your negative thoughts by learning how to think positively.

People tend to blame others or events for their negative feelings. For example, you might say, "My roommate makes me mad." But, people and events don't cause thoughts and feelings. Feelings and behaviors are influenced by your thoughts, your belief systems, and how you interpret situations.

Depressed people often think they're worthless, helpless, and hopeless. The feelings tied to these thoughts can be so strong and real that a depressed person won't question or challenge them. The more you dwell on negative thoughts, the more real they seem. But these negative thoughts are part of the depression and aren't necessarily true.



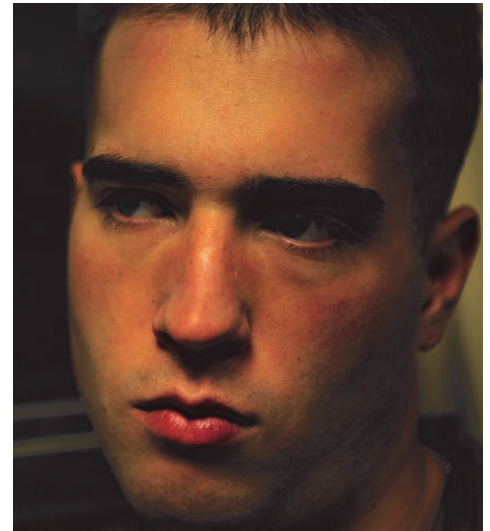
1.3 THINKING AND DEPRESSION

In this section, you will learn about automatic thoughts that contribute to depression and how you can control negative thoughts by thinking positively.

1.3.1 Role Of Thoughts In Depression (cont.)

Negative thoughts often center on three ideas:

- "I am the cause of _____ (bad event)."
- For example, "I failed the training because I'm not good enough."
- One bad thing means everything is bad.
- For example, "My girlfriend broke up with me so my life is screwed up."



1.3.2 Ten Common Thinking Errors

Some negative automatic thoughts distort the truth, making things seem worse than they really are. These are called **thinking errors**. When your thoughts don't fit all the facts, you have a thinking error. There are ten types of thinking errors.

1. All-or-Nothing Thinking.

Thinking in terms of either/or, black and white, good or bad, right or wrong.

SOLUTION: Look for the middle ground or "gray" area

2. Exaggerating or Minimizing.

When you exaggerate, you make too big a deal out of a negative experience, or you think things are more negative than they really are. When you minimize, you don't give yourself or others enough credit for doing something good.

SOLUTION: Stop blowing things out or proportion and recognize success.

3. Overgeneralization.

Thinking that if something bad happened once or twice it will always happen.

SOLUTION: Remember that because something happened once or twice does not mean it will always happen again in the future.

4. Mental Filter.

Seeing only the bad side of things.

SOLUTION: Notice positive things. Realize that they count as much or more than negative things

5. Not Accepting the Positive.

Rejecting anything positive, especially positive information about yourself.

SOLUTION: Accept the positives parts of life and yourself. Appreciate compliments from others. Ask yourself, "*Why is it so easy to believe negative comments and reject positive compliments? Is that fair?*"

6. Reasoning with Feelings Instead of Logic or Facts.

Example: "I feel like a loser, so I must be a loser."

SOLUTION: Question the feelings you use to make conclusions or decisions. If they're not based on logic or fact, ignore those feelings.

1.3.2 Ten Common Thinking Errors (cont.)

7. Jumping to Conclusions

When you think you know what will happen without getting the facts first. Or when you think you know what someone else is thinking.

SOLUTION: Check all the facts before deciding. Remember, you don't know the future, and you don't know how to read minds.

8. Labeling

Judging others (or yourself) without enough information. You may also judge your past mistakes too harshly. This has the effect of making it harder to accept mistakes. And, once the labels get "attached," they become difficult to remove.

SOLUTION: Accept people's shortcomings (including your own) and move on.

9. "Should" Statements

Statements based on rules or standards you set for yourself and others. These standards are often unrealistic and cause negative thoughts and feelings.

SOLUTION: Stop beating people up with "should" statements. Remember, life doesn't always happen the way you plan or expect.

10. Taking it Personally

Assuming people do negative things on purpose. People who take things too personally may blame themselves for things they shouldn't.

SOLUTION: A more healthy way to think is to look at the facts; most likely others did not do negative things on purpose. Also, take a look at the facts to see if you are really responsible for a negative situation.

1.3.3 Challenging Negative Thoughts

To stop these disrupting thoughts, challenge them.

1. Think about the cause of your negative thoughts and feelings.
2. Play "devil's advocate" with your negative thoughts. Look at the facts and challenge those thoughts.

Negative thoughts are a problem when they happen so often they disrupt your life.

TOP 10 THINKING ERRORS

1. All-or-nothing thinking
2. Exaggerating or minimizing
3. Overgeneralization
4. Mental Filters
5. Not accepting the positive
6. Reasoning with feelings instead of logic or facts.
7. Jumping to conclusions
8. Labeling (judging)
9. "Should" statements
10. Taking things too personally



1.4 SUICIDE AND DEPRESSION

People from all walks of life struggle with suicidal thinking and impulses. People who commit suicide usually think their situation is hopeless. But, there is always hope.

1.4.1 Information About Suicide

If you are thinking about suicide, call the national suicide prevention hotline anytime at: **1-800-273-TALK** (1-800-273-8255) or **1-800-SUICIDE** (1-800-784-2433). Or talk to a trained consultant at the Defense Centers of Excellence Outreach Center. Click on **Call** or **Chat**.

Suicide hotlines are free and confidential. They are staffed by trained counselors, and they have information about support services. You should contact a suicide hotline when:

- You're overwhelmed with sadness, hopelessness, or you have thoughts about suicide
- You're concerned that someone else may be experiencing these feelings
- You're interested in suicide prevention, treatment, or support services.

IF SOMEONE YOU KNOW IS THINKING ABOUT SUICIDE:

- Tell someone immediately. Never promise to keep suicidal thoughts a secret.
- Take a person's concern seriously, and listen without judging.
- Limit the person's access to firearms or other weapons.
- Call someone to help you, such as military law enforcement, 911, or mutual friends.
- Help the person find professional help. Give the person's contact information to a behavioral health professional, chaplain, counselor in your installation, or the national suicide prevention hotlines at **1-800-273-TALK** (1800-273-8255) or **1-800-SUICIDE** (1-800784-2433).

Or talk to a trained consultant at the Defense Centers of Excellence Outreach Center. Click on *Call* or *Chat* for live help.

1.4.2 Warning Signs of Suicide

Look for the following warning signs of suicide:

Talking About and Planning One's Death:

- Talking about dying and making plans to harm or kill oneself.
- Having the means to carry out the suicide plan, like having a gun or pills. Even over the counter medications can be dangerous when overdosed.
- Past suicide attempts.

Depression:

- Most suicidal people are depressed. But they may not show signs of depression before attempting suicide.

No Hope for the Future:

- Thinking you're all alone in the world or that the future is hopeless.

High Stress:

- Feeling overwhelmed by stressful problems in life.
- Believing the only solution, or way out, is death.
- Suffering a major loss (a break-up, losing a job, a friend or family member dying).

Combat Trauma

- Intense combat trauma
- Combat-related guilt about acts during war time or upsetting thoughts about the war.

Changes in Personality

- Wanting to be alone all the time.
- Feeling sad, tired, irritable, aggressive, anxious, or agitated.
- Not interested in things enjoyed or valued before.

Low Self Esteem

- Feeling worthless, ashamed, guilty, or hating yourself.
- Thinking, "The world would be better off without me," or "I'm a failure."

Reckless or High-Risk Behavior

- Reckless driving, gambling, putting yourself or others at risk.

Changes in Behavior

- Lack of interest in work or other activities.
- More problems than usual with leaders, co-workers, family, and partner .
- Change in sleep habits and increased exhaustion.
- Loss of appetite, over-eating, or sudden changes in weight.
- Rude or poor treatment of others.
- Lack of focus to finish routine, everyday tasks.
- Lack of interest in or giving away valued possessions.

Substance Abuse

- Using alcohol or illegal drugs for a long period of time.
- Abusing prescribed medications to deal with problems.

REMEMBER THERE ARE SERVICES AVAILABLE TO YOU:

Click on the *Call* or *Chat* button in the right-hand corner of this website to get **LIVE** help from a trained consultant at the Defense Centers of Excellence Outreach Center

OR

Call the national suicide prevention hotline anytime at: **1-800-273-TALK** (1-800-273-8255) or **1-800-SUICIDE** (1-800-784-2433).

there is always hope.

1.5 LOSS AND GRIEF

Grief is a natural reaction to loss. In this section you will learn what grief is, the normal process of grieving, and coping strategies to help you process loss in your life.



LOSS CAN INCLUDE:

- Divorce or break-up of an important relationship
- Death of a loved one
- Death of a comrade (combat or non-combat related)
- Loss of a pet.
- Loss of a sense of safety.
- Loss of meaning and purpose in life.
- Loss of physical health or a physical part of oneself.
- Loss of ability to relate or connect with others.
- Loss of identity.
- Loss of self-esteem..

1.5.1 What is Grief

Grief is a reaction to loss and a necessary part of healing after a loss. People usually grieve when a loved one dies, but you can feel grief after any kind of loss.

People are often surprised by their reactions to grief. For example, a person may feel shock when they first learn that a loved one has died. They may get angry at God, themselves, the person who died, or someone they think is responsible. They may also feel guilty about not having done something differently before the person died.

Death and loss can cause significant changes in life. Parenting alone, adjusting to single life after divorce, or going back to work are all significant life changes. These changes may add stress, so it's important to have the support of others. You can get support from family members, friends, a chaplain or other spiritual advisor, or a healthcare professional or psychiatrist.

Common Thoughts, Feelings, and Reactions Caused by Loss and Grief:

- **Denial.** Disbelief or doubt. Confusion. Shock. Sadness. **Yearning or longing.** Anger. **Shame.** Despair. Guilt. Regret.
- Feeling empty and/or depressed.
- Having a **hard time relating** to or connecting with others.
- **Hopelessness** about the future. Loss of appetite.
- Thinking things aren't as important as they once were.
- Getting **tearful or crying** easily.
- Feeling **restless** or irritable.
- Having upset stomach, headaches, or other **physical pains.**
- Having a **hard time sleeping** or sleeping much more than usual.
- Having **little energy.**

1.5.2 How Long Does Grief Last

Grief's timeline is different for everyone. It can take many months for the painful feelings and thoughts to go away. But, over time, grief **will** decrease. As you grieve, you'll have good days and bad days. It's common for grief to return "out of the blue" –that's part of the grieving process. Important dates, like anniversaries or birthdays, can bring back intense feelings of grief.

Grieving often involves talking about your loss with other people. However, sometimes people have a hard time grieving because:

- They're uncomfortable.
- They were raised to believe that they should never be sad or cry.
- They believe upsetting feelings are a sign of weakness, or grieving is only okay at funerals.
- Their friends or family tell them, "Stay strong and move on with your life."

1.5.3 Coping With Grief

Not dealing with your grief can lead to depression. Coping with loss and grief in healthy ways can keep things from getting worse. Here are some things that can help the grieving process happen naturally, which will help avoid depression:

- Give yourself permission to grieve. *Grief is normal and natural.*
- Remember that your grieving process will take time. Be patient.
- Spend time with people who have suffered a similar loss. Join a support group and share your story with others.
- Find helpful people, such as family or friends, or a chaplain or other spiritual advisor.
- If the grief doesn't go away, seek professional help from a psychologist, social worker, or other healthcare professional.

SEVERAL WARNING SIGNS MAY SUGGEST A PERSON HAS A SEVERE GRIEF REACTION AND NEEDS HELP. THERE ARE PROFESSIONALS AND GROUPS WITH EXPERTISE THAT CAN HELP. WE STRONGLY RECOMMEND CONTACTING A PROFESSIONAL PROVIDER *IMMEDIATELY* IF ANY OF THE FOLLOWING WARNING SIGNS ARE PRESENT:

- Thoughts or plans to commit suicide or self-harm.
- Grief getting in the way of self-care, like eating or personal hygiene.
- Distractions to avoid grieving:
 - Refusal to talk about the loss.
 - Denial of *thoughts and feelings* about the loss.
 - Refusal to talk or think about memories related to the loss.
- Inability to function for weeks to months after the loss.



1.6 GETTING SUPPORT

Even though it is hard to ask for help, there are many resources available to help yourself or someone you know.



1.6.1 When Stigma Gets In The Way

People are often skeptical of getting help or treatment. There may be stigma or shame attached to getting help, especially within the military. These thoughts prevent people from getting the help they need. Service members are often hesitant to seek help for depression because of the following thoughts.

“Getting help will affect my career.”

Service Members are more likely to get in trouble if they *don't* seek help. Avoiding treatment for depression can result in negative behavior towards co-workers and poor work performance.

“My leaders have access to my behavioral health records.”

While a commanding officer may request a Service Member's medical records, providers usually keep all records confidential. If you have concerns about the privacy of your records, ask your chaplain or provider.

“My service records will show my behavioral health information.”

Military service records don't contain behavioral health information unless the Service Member was ordered to get help or found unfit for duty.

“My command discourages me from getting help.”

Local community resources are available to Service Members uncomfortable with finding help through the military. Service Members and their units will benefit if they seek and receive help for their problems.



People often have
the **wrong idea**
about what it
means to get **help**.

1.6.2 Where To Get Help

Even though it's hard to ask for help, healthcare professionals offer a safe place to talk about depression. If you need help, here are some resources to consider:

An installation's support services can provide information and support. Support services include a chaplain, a Military Treatment Facility, family advocacy programs and family centers. Phone numbers are listed in the installation's military directory.

Talk to command. Check in with a leader about how to handle a stressful situation before it gets out of control. Keeping leadership informed is good practice.

Make an appointment with a primary care provider (PCP). Ask your PCP about available treatment options and a referral to a behavioral health practitioner, if needed.

Defense Centers of Excellence (DCoE) Outreach Center. Trained health resource consultants listen or provide guidance about depression and other behavioral health problems 24/7. Click the **Chat** or **Call** tabs to contact the center, or call 1-866-966-1020.

MilitaryOneSource. MilitaryOneSource provides grief counseling to active duty military personnel and their families, including Reservists and the National Guard. (1-800-342-9647; www.militaryonesource.com)

T*A*P*S (The Tragedy Assistance Program for Survivors), a nonprofit Veterans Service Organization, has a wide range of free services to those affected by the death of a loved one in the armed forces. 1-800-959-TAPS (1-800-959-8277) or www.TAPS.org

Vet Centers offer readjustment counseling for veterans and their families. Vet Center staff are available toll free at 1-800-905-4675 (Eastern) and 1-866-496-8838 (Pacific) www.vetcenter.va.gov

Veteran Affairs (VA) Resources VA medical centers and Vet Centers provide veterans with affordable behavioral health services. Services cost little or nothing, and may be covered by health insurance. Following deployment to a combat zone, veterans enrolled in VA services qualify for two years of care (after discharge) for conditions potentially related to their service. www.va.gov.

Local community services can include crisis centers, behavioral health centers, or suicide prevention centers.

Find behavioral health providers locally. Check out: http://therapists.psychologytoday.com/ppc/prof_search.php or click on the **Locate** tab.

Suicide Hotlines: You can call the national suicide prevention lifeline anytime. **1-800-273-TALK** (1-800-273-8255) or **1-800-SUICIDE** (1-800-784-2433). Both suicide hotlines connect you to the closest certified crisis center in your area. www.suicidepreventionlifeline.org

REMEMBER if serious symptoms persist, seek in-person help from a doctor or behavioral health professional!



Recognize
the warning
signs

and

Reach Out.

1.6.3 Reaching Out To Others

To help someone who's depressed or thinking about suicide:

- Listen carefully. Don't judge the situation. Point out the positive and realistic aspects of their situation and offer your encouragement.
- If they want to be left alone, tell them confiding in someone helps.
- Tell them it takes time and patience to get better.
- Help them stick with treatment. Encourage them to seek other treatment options if their symptoms don't improve.
- Hold them accountable to their treatment plan (like going to appointments and taking prescribed medication).
- Urge them to stop drinking alcohol or using drugs that aren't prescribed.
- Encourage them to do something (like exercising or going to the movies).
- Suggest activities they enjoy (like hobbies, sports, or religious activities).
- Ask if they have thoughts about hurting themselves.
- Call 911 or any of the national suicide prevention hotlines: **1-800-273-TALK** (1-800-273-8255) or **1-800-SUICIDE** (1-800-784-2433).

