Manage Your Mood

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Today's objectives

- Recognize symptoms of depression and generalised anxiety
- Understand the evolutionary context of depression
- How to use behavioural activation for depression
- Introduction to compassion focussed therapy

Depression in OCD & BDD

- Common (1/3 OCD, ½ in BDD)
- If not, demoralised, low mood, irritable
- Usually secondary to OCD & BDD ("magic wand question")
- Occasionally depression or bipolar disorder is a separate problem to the OCD & BDD

Screening for depression

"During the past month *most of the time in most situations*....

Have you often had low energy?

Have you often felt down?

Have you often had little interest or pleasure in doing things?

Have you often felt hopeless?"

- If yes, to any question, then ask...

Screening for depression

- Have you had difficulty concentrating?
- Have you lost weight or had a poor appetite? (or comfort eat and gained weight)
- Have you been waking early (or sleeping more than usual)?
- Have you felt slowed up?
- Have you tended to feel worse in the mornings? ("diurnal variation")

Themes in depression

Loss (including losses from OCD)

Inter-personal conflict

Change of role in life

Deficits in life

Failure to achieve an ideal or perfectionism

Highly self-critical

Depression across the ages

Adolescent – more behavioural symptoms and irritability

Elderly – more physical symptoms

Cultural – somatic symptoms may predominate

Bipolar disorder

Recurrent mood swings (mania "high" and depression "low")

Mania & hypomania – elated, irritable, insomnia, racing thoughts, lose inhibitions, spending lots of money, believe creative, can be delusional, usually exhausting for others)

Seasonal Affective Disorder

Recurrent seasonal depression onset winter

Atypical symptoms

- Increased sleep
- Increased appetite/ weight gain
- Lethargy

Mild version very common

Phototherapy

Generalised Anxiety Disorder

Mental anxiety - "Do you worry a lot? (often "all my life")

Apprehension ("Do you feel "on edge", have difficulty concentrating, irritable?")

Motor tension ("Do you feel restless? Fidgety? Do you get frequent headaches? Are you unable to relax?")

Over-reactive ("Do you startle easily? Do you have difficulty getting off to sleep")

(GAD often confused with depression or an additional problem. It is different from panic attacks (severe episodic anxiety) or OCD

Depression, anxiety or mixture?

Depression	**Anxiety**
Self is worthless, failure, stupid	Self as vulnerable (under-estimate cope)
Situation - Helpless to change	Over-estimate threat of the situation
Future is hopeless	Future uncertain
Ruminate past - Why?, If only...& self-pity	Worry future - What if?
Avoid by being withdrawn & inactive	Avoid situations or thoughts that are anxiety provoking

Alcohol & substance abuse

Alcohol, cannabis, cocaine, amphetamines and ecstasy short term escape from emotions

However over time aggravate or cause depression

Same severity of depression but very different

Consider 2 young unmarried female patients; both 18

Patient 1: is a lone mother

Parents divorced

Mother was depressed

Sexual abuse since age 11

Left home age 14

Casual sex since

Depressed for 2 years

Recently worse since child taken into care

Patient 1: is a lone mother	**Patient 2: university student**
Parents divorced	**Supportive parents**
Mother was depressed	**No FH of depression**
Sexual abuse since age 11	**Many friends**
Left home age 14	**Affair with boyfriend last 2 years**
Casual sex since	
Depressed for 2 years	**He recently left with another girl**
Recently worse since child taken into care	**Depressed for 2 weeks since he left**

Anti-depressants in OCD/ BDD

- Anti-depressants (SSRIs- citalopram, fluoxetine, sertraline, paroxetine) are recommended for moderate to severe OCD/ BDD and are helpful even in the absence of depression
- More likely to recommend SSRI if symptoms are more severe or also depressed
- Higher doses and longer duration than for depression

St John's Wort

Hypericum perforatum

300-600mg recommended daily dose

Improvement should occur within 3-5 weeks

Continue for at least 6 months

Induces CYP450 (warfarin, coumadin, theophylline, digoxin, contraceptive pill)

No evidence of benefit for OCD/BDD or fpor depression in context of OCD/BDD

Why do we develop depression and anxiety?

Focus on our biology

Evolutionary reasons

"Tricky brain" compared to other mammals or reptiles

What is Compassion?

COMPASSION IS:

'Sensitivity to the suffering of self and others with a deep commitment to try to relieve it"

Dalai Lama

Developing our compassionate mind involves two elements working together

• **ENGAGEMENT/APPROACHING DIFFICULTY**:

-Learning to become sensitive to the things causing difficulty or pain

-Turning towards these difficulties rather than away (engagement not avoidance)

-Learning that we can begin to tolerate distress

-Understanding the nature and causes of our suffering in a non-judgemental and accepting way

• **ALLEVIATING/PREVENTING DISTRESS**:

-Working to alleviate suffering with kindness, compassionate feeling a genuine wish for us to be better

-Understanding kindness and care as courage (not signs of weakness)

-Developing a motivation to be helpful to ourselves and others

The reality check: Life can be hard

Our lives are limited. We are destined to get older and die. We often suffer illnesses and tragedies. Our lives are influenced by the lottery of our genetic make-up, childhood experiences and chance events. Our life is full of change and loss.

We are designed for survival, not for happiness

It's not your fault!

-We just 'find ourselves here'

-We didn't chose to be born, nor choose the genes that made us

-We didn't choose our emotions

-We didn't chose our basic temperaments

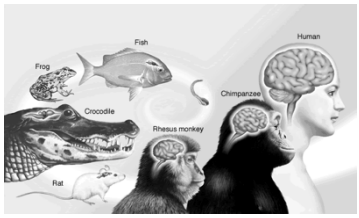
-We didn't choose our body and how it works

-We didn't choose our basic human desires and needs

-We didn't choose the time in history we were born.

Our biology

Our minds, brains and bodies have developed as the result of millions of years of evolution. Much of what goes on in our minds is not of 'our design' and not our fault. We were designed to feel, want and need certain things.



Our evolved emotions

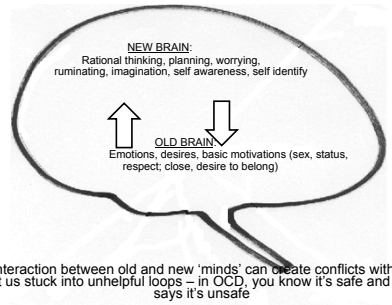
Emotions, such as anger and anxiety, have evolved in our brain to motivate, alert, drive and protect us.

Similarly, pain, which can be so uncomfortable, is also part of our body's natural defence system: It alerts us that we need to take action.

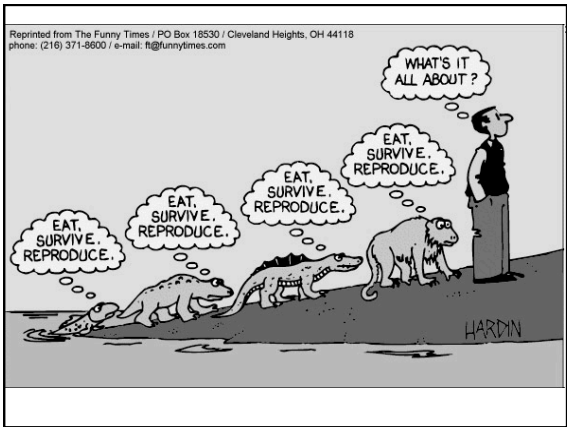
Both pain and emotion have evolved to protect us, but they can both be difficult to manage.

Why as humans do we get angry? Sad? Anxious? Jealous?

OUR TRICKY BRAINS: 'OLD' and 'NEW'



The interaction between old and new 'minds' can create conflicts within us. It can get us stuck into unhelpful loops – in OCD, you know it's safe and old brain says it's unsafe



The "OCD Bully" by Steve Caplin and David Veale
BMJ, 2010, 341: c2596

The OCD Bully

- Collaborative process between artist (Steve Caplin), therapists and residnts at Bethlem
- Externalise OCD – it's not your fault, we're all fighting the OCD
- Menacing, brooding thug because OCD is horrible
- Therapeutic role - frequent reminder of what residents are fighting
- One of the loops of New/ Old brain

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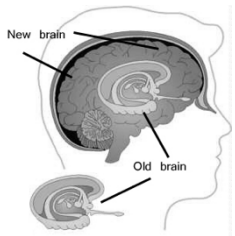
Our brains are 'tricky' and hard to manage



Our personal story

Our upbringing and culture shapes our values, our fears and our sense of self. We may have suffered tragedies and upsetting events that have also shaped us, but that we did not chose.

Our environment helps which potential 'self' is developed. We evolve to meet the demands, and dangers, of our environment.

How might a baby develop if it was adopted by a drug gang?

Our brains (our 'new brains') are built by our early relationships and our early environment. We are literally shaped and moulded by our family and what we experience at a time when we have no control over our lives.

Motivation to be compassionate and sensitive
Tolerant of our and others distress (not avoid)
Empathic, understanding, sympathetic
Avoid judgement or criticism
Kind, soothing, caring
- Learnt from carer as a child

We might have chosen a very different script to our lives

Compassionate insight:
Our lives have been shaped by relationships and circumstances we have not chosen or controlled

EMOTIONAL LEARNING

Our bodies and brains are designed to learn how to respond emotionally to things. We learn by emotional association and this is called **conditioning**.

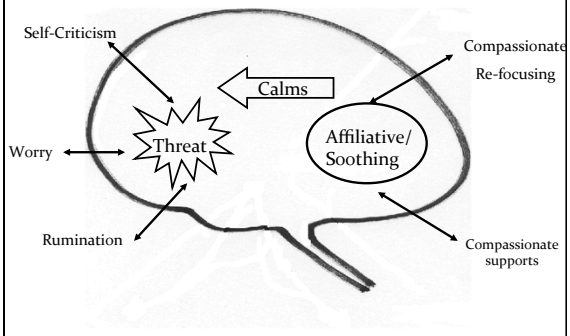
If you were scared and bitten by a dog, how might you respond next time a dog ran up to you?

Emotional learning in this way is not our fault- we, like animals, are designed to learn this way. This learnt emotional response becomes automatic and can even set us in conflict with the rational part of our brain (we may know most dogs are safe, but still have the same intense emotion due to our learning experience).

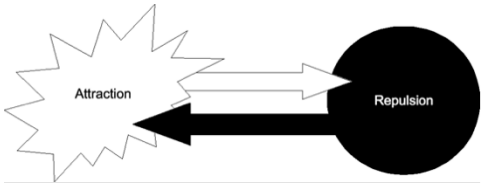
EMOTIONAL LEARNING

Considering this, what might we have learnt emotionally if:
- People were cruel or critical to us when growing up?
- We were sent to our room and made to feel alone for being angry?
- We were told we were stupid every time we tried something new?
- We were made to feel weak or selfish for showing kindness?
- People were initially kind to us but then abused our trust?

Basic evolved system in our brain



Did anyone feel contradictory emotions when coming along today?

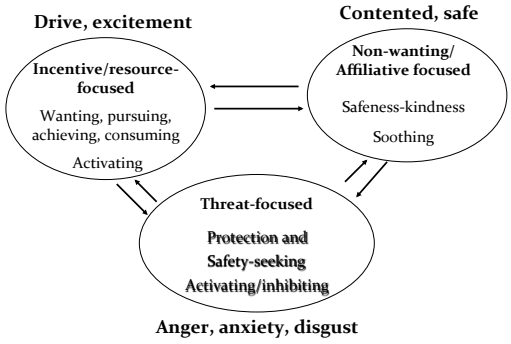


Because of the way we have evolved and the way we have been conditioned, we can have lots of different emotions, desires and motivations pulling at us at the same time!

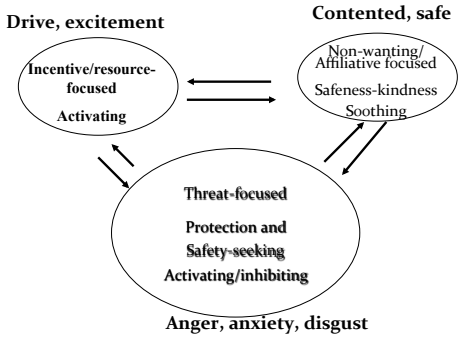
Compassionate insight:

Our emotional reactions can be confusing, contradictory and hard to manage. We have been conditioned or 'programmed' by forces outside of our control

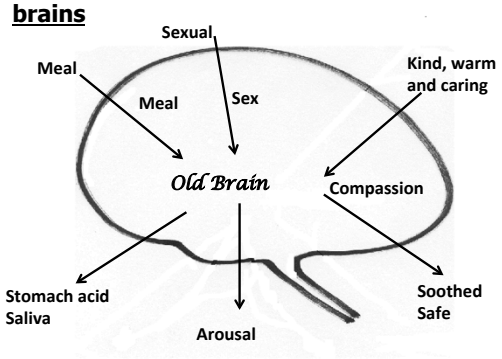
OLD BRAIN - Three Emotion Systems



When the threat system takes over

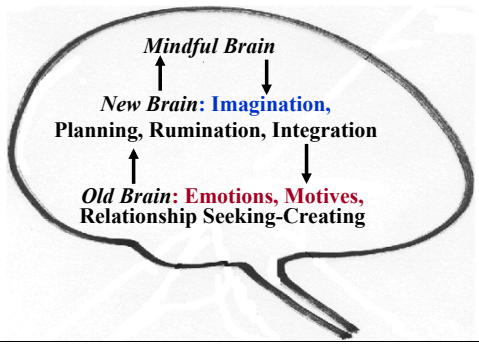


How our thoughts and images affect our brains



Pink represents our inner images and thoughts

Becoming self-compassionate

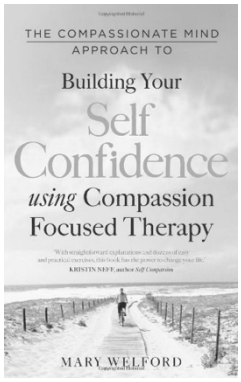


Soothing and safeness

Compassion focused therapy looks to develop our soothing system, which we will discuss more next week.

Soothing is linked to feelings of safeness. When we are able to sooth ourselves and develop a sense of safeness, we can use these feelings to help regulate threat based emotions of anger, fear, and disgust and shame.

Soothing-rhythm breathing is the basis for many of the compassion exercises
- Imagery
- Behaviour



Key messages

Much of what goes on in our lives is not our fault

Anxiety = being stuck in the threat system

Depression = threat system overwhelms drive and compassion

1. Activating your drive system (Behavioural Activation)
2. Developing your compassion system

Behavioural Activation

- "B" in CBT
- Principles are easy, doing is difficult
- Effective treatment for depression (as good as medication)
- Therapists not generally enthusiastic as it lacks complexity and no focus on reasons for becoming depressed!

Behavioural Activation

1st dismantling study BT v CT v CBT (Jacobson, 1996) equal effectiveness

2nd study

241 out patients Major Depression in USA

Age 18-60

2/3 female, 33% duration >12m

28% additional diagnoses

Behavioural Activation

RCT of BA (n=43) v CBT (n =45) v paroxetine (n=100) v placebo (n=53) (results compared at 8 weeks)

BA v CBT v paroxetine (at 16 weeks)

BA or CBT had maximum 24 sessions

Higher drop out rate in paroxetine

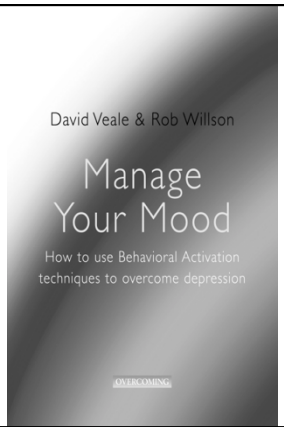
Behavioural Activation

BA = CBT = paroxetine = placebo for mild depression at 8 weeks

BA = paroxetine > CBT for severe depression at 16 weeks

BA = paroxetine = CBT at one year

Predictors of poor outcome any treatment - chronicity, unemployment, poor social support



Behavioural Activation

- It is a normal desire to escape from unpleasant feelings in the short term
- Depression occurs when
  - avoiding thoughts or feelings
  - trying to control unpleasant thoughts and feelings (e.g. trying to find reasons for the past)
  - trying to solve unsolvable problems
  - Self-critical ruminations

Consequences

- Withdraw and become inactive
- Lose out on events that normally bring satisfaction or pleasure
- Ruminate more and becoming more depressed
- Actions have an effect on others
- Goal is willingness to experience unpleasant thoughts and feelings – not try to avoid, control or manage feelings - but acknowledge them and to act in your valued directions in life – activate the drive system

Behavioural Activation

- Define what you are avoiding
- Identify what is important to you (your valued directions in life)
- Gradually structure day/ timetable activities and act according to a plan of the acts avoided and valued directions rather than how you feel
- No search for internal causes or reasons from the past. No focus on content of thoughts.

What do depressed people avoid ?

Behaviour (social) – withdrawn, not answer telephone, not develop relationship

Behaviour (non-social) - challenging tasks, rather than go out watch TV

Thinking (social) –avoid thinking about problems in relationships, family issues, try not to figure things out

Thinking (non-social) - thinking future, making decisions, taking opportunities, not serious about work/education or what to do in life

Functional analysis– e.g. "I'm a failure"
-> " In what situations in the past, do you think you are failing at something?"

"What do you next when you think you're a failure"
"What effect does it have?" **TRAP**
T – Trigger
R – Response (e.g. feel hopeless, depressed)
A P – Avoidance pattern (e.g. stay home, not answer phone, wait for others to respond)

"What alternatives can you choose to do ?"
Change TRAP - > TRAC (AC = Alternative coping that involves graded behaviour) and act in valued directions

ACTION

Use whenever not sure about function of behaviour
Assess how this behaviour serves you. What are my goals in this situation (i.e. are you avoiding something that is waiting that you do not want to do)
Choose to avoid or activate (Therapist should not judge for avoid – right to take a break, choose a goal of feel worse)
Try out whatever behaviour has been chosen (Even lying in bed ruminating is an activity that you can choose)
Integrate any new behaviour repeatedly into a daily routine
Observer the outcome – write down what they did and what happened (effect on mood
Never give up

Activity Schedule

For each day, plan diary according to
1) What you are avoiding
2) What is important in life (value)
3) What is pleasurable
Treat each activity as an experiment
Record what you actually did and what you learnt
Depends partly on a non-toxic environment

Defining the "problem"

People with depression are often trying too hard to "problem-solve" the wrong problems - and their solutions become the problem e.g.

- Non-solvable problems from the past – "Why…?" "If only.." (ruminate looking for reasons)
- Difficult to solve social problems
- Non-existent problems in future (worry) – "What if…?"
- Beliefs that interfere in solving problems (judging, comparing, self-blame, self-hatred)- (new brain)

Non-solvable "problems"

Ruminations
• Trying to find reasons for bad events in the past, or reasons for feeling bad (note this is encouraged by some therapies)
(e.g. Why didn't my mother love me? If only I'd done more work before the exam. Why do I feel so awful? Why me? I'm no good compared to x)
Do Functional analysis - What is effect of ruminating on my mood, energy level, activity. (Trigger, response, effect)
• Solution:
1) Don't respond to questions or comparisons or blame
2) Turn "Why?" and "If only" .. into action "How can I…?" and towards one's valued directions in life

Worry for non-existent problems

Worry (e.g. What if my husband dies, what if I get cancer, what if my boss doesn't like the work, what if…) (a desire certainty and control and trying to prevent them from happening in one's mind)
Accept what is likely, and prepare for them (e.g. Earthquake in LA). (e.g. death - make a will, guardian for children, write obituary) (e.g conflict at work – practise role play with boss (but <u>not</u> mentally rehearse)
Do functional analysis on worry (Trigger, Response, Consequences) = examine effect of worry
Ask "What beliefs are maintaining my worry?"
Ask "What I am avoiding in life by worrying?"
How can I act in my valued directions in life (despite my worries and anxiety)