## Major Depressive Disorder

* Behavioral Treatments – MDD (Very responsive)
  + Lewinsohn
    - Increase in individual’s rate of reinforcement (mastery and pleasure)
    - Decrease depressive behaviors by not reinforcing depressive behaviors
      * No crying, no woah is me, don’t give them attention for being depressed, etc
    - Social skills training
      * Teaching someone how to interact
* Cognitive Behavioral Therapy for MDD
  + Behavioral Activation
    - Increasing activities and elevating mood
    - There’s withdrawal so you need to get them back into doing things like work, etc
  + Identify and then Alter/challenge automatic thoughts and cognitive errors
    - Thought records
      * Patient keeps records on everyday negative thoughts
      * Just know how it’s used
    - Hypothesis testing
  + Alter basic beliefs and underlying schemas
    - Towards the end of treatment
* Sociocultural Tx for MDD
  + Interpersonal Therapy (IPT)
    - Identify core problem(s)
      * Interpersonal Loss
        + Death, grief, divorce, etc
        + Come up with ways to remember that person by being positive
      * Interpersonal Roll Disputes
        + Typically applied to difficult families or marriages where interpersonal conflict exists
        + Teach people new ways to work in those roles without disputes
        + Clarification of desires within the relationship, “ “ roles within the relationship
        + Typical marriage counseling
      * Interpersonal Role Transitions
        + A major life change

Becoming a parent, retiring, etc

* + - * + Find ways of coping with the negative aspects of that new role, develop meaning within that new role
        + Say if you retired your primary role now is the grandkids, not your previous role as a CEO for example
      * Interpersonal Deficits
        + Lack of social skills
        + Problem focused approach
        + ***Not*** as much emphasis on what got you to that point, or how you’re thinking, it’s just “what is the problem and how can we fix it?”
    - Develop strategies for resolving the problem

## Bipolar Disorder: Etiology and Treatment

* Biological Perspective
  + Neurotransmitters
    - Norepinephrine
      * Level of norepinephrine will be the way it’s expressed
    - Serotonin
    - Low serotonin & low norepinephrine = depression
    - Low serotonin & high norepinephrine = mania or hypomania
  + Antimanic Medication (mood stabilizers)
    - NO SSRI’S!
      * If you give them an antidepressant it could induce a manic episode
    - Lithium
      * Not given to improve depression, only reduce manic episodes
* Psychological Perspectives
  + Cognitive Therapy and Psychoeducation
  + Not very effective for manic episodes, only depression
    - Not effective because manic episodes aren’t aversive to the individual
* Bipolar Disorder vs Major Depression
  + Prevalence
    - Depression has a higher prevalance
  + Demographics
    - Females for depression
    - Equal for bipolar disorder
    - Bipolar is higher in higher socioeconomic individuals
  + Marriage
    - People married are less likely to be depressed
    - People married are equally likely to have bipolar
  + Personal History
    - In major depression there is a history of low self-esteem, dependencies, obsessive thinking, etc
    - In bipolar there is a history of hyperactivity
  + Depressive Episodes
    - In bipolar disorder there is more likely to have psychomotor retardation
      * Slow physical movement, sleeping a lot more
  + Course
    - Both are chronic
    - Bipolar has shorter mood episodes than depression
    - Median depression episode is 4-5 months, in bipolar they tend to be shorter
  + Prognosis
    - Depression is the “better” one to have
    - Tends to not be as severe, more options for treatments, etc
  + Genetics
    - More genetic links to bipolar
    - Depression seems to have more allowance for environmental factors
    - Monozygote twins
      * 40% chance for twins for depression
      * 72% chance for twins for bipolar

## Suicide

* Suicide Rates
  + Race/gender
    - Caucasian individuals are twice as likely to commit suicide than African American individuals
    - Native Americans are twice as likely to commit suicide
    - Men are 4-5x more likely to commit suicide than women
    - Females are about 3x more likely to attempt suicide
    - Men use more violent means
  + By age
    - Suicide is much higher at older age
      * Declining health, role transition, etc
    - Elderly white males have the highest risk for suicide, 6x as likely as the national average to commit suicide
    - Among adolescents it’s the 3rd highest reason for death
* Types of Suicide
  + - Edwin Shneidman research
      * Four main types of people who commit suicide
        + Death Seekers

Individuals intend to commit suicide, their goal is truly to be successful

Typically use means that are highly effective

* + - * + Death initiators

Intend to die, but they do it because they believe they’re hurrying along the natural process

They might consider assisted suicide

Usually old, health is declining, etc

* + - * + Death ignorers

Individuals who still intend to die, but they don’t believe death is the end of their experience.

Tend to have the idea that they are trading in their current existence into something else

Heavens Gates people, suicide bombers, etc

Doing it for a larger purpose, there will be a reward in the end

* + - * + Death darers

Individuals who attempt suicide but are ambivalent about whether or not it works. Do not intend to die, instead they do it because of secondary gain (e.g. attention, get back at the person who hurt that person, a cry for help etc)

* Suicide Risk Factors
  + Demographics
  + Stressful events
  + Mood and thought changes
  + Alcohol
    - 60% of individuals who attempt suicide do it while intoxicated
  + Having a disorder
    - About half the people who attempt suicide will be diagnosed with a disorder
    - 90% of the people who complete suicide have a disorder
  + Modeling
* Suicide Assessment
  + Suicidal Ideation
    - Are they having suicidal thoughts?
    - Do you have a plan?
  + Specific plan
    - If there’s a well drawn out plan or not
  + Means for carrying out the plan
    - “I have a plan to shoot myself”
    - “Do you have a gun?”
    - “If so, where is it?”
  + Life in order
    - Have they said goodbye to significant people in their life?
    - Have they made sure their will is in order
    - Have they made arrangements for their dog to stay somewhere
  + Previous attempts
  + Presence of a model
    - If they do, you’re more concerned
  + Drinking
    - Have they been drinking?
  + Impulsivity
    - Do they tend to be someone who makes decisions on a whim?
  + Hopelessness
    - For individuals who are hopeless there is a much higher risk
* Suicide Intervention
  + Validate feelings and give the person a chance to express thoughts/emotions
  + “No suicide contract”
    - A promise to not kill themselves
    - You’re making them accountable
    - They now have a reason to not commit suicide because they promised they wouldn’t
  + Take away means
    - If they say they’re going to shoot themselves and have someone else take their gun
  + Get support
  + Hotlines
  + Psychotherapy
    - Seek treatment for the underlying issues
  + Medication
    - Typically SSRI’s
    - If this is a longer, drawn out process, then medications could be given
  + Hospitalization (last option)
    - If at considerable risk, all the risk factors, then they’ll require hospitalization