

## **A New Compass for Depression Screening and Treatment True North's Integrative Pilot Program 2009**

*(If you encounter errors while trying to follow the links in this document, simply copy and paste the URLs into your web browser.)*

### **Abstract**

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#### **Context**

Approximately 4% of the population is clinically depressed.<sup>i</sup> Depression is widely under-diagnosed. Interventions for depression are sub-optimally effective. Many patients presenting at True North, an Integrative Medicine Center, with somatic complaints are at risk for depression. Functional Medicine<sup>ii</sup>, Healing Arts, Complementary and Alternative (CAM) are novel and promising approaches that warrant well-designed investigation. Locus of control scores may correlate with response to treatment and provide a useful way to identify future responders and guide therapy.

#### **Objective**

To screen patients for depression using the Patient Health Questionnaire-9 (PHQ-9) (See Appendix A)<sup>iii</sup>, establish the severity of depression, refer timely those at emergent and urgent risk, screen for reversible medical causes of depression, customize patient-centered interventions, and monitor the response to treatment. Changes in phq-9 scores will be analyzed by locus of control score quintiles. Identified areas of promise will guide further study.

#### **Design, Setting, and Participants**

Patients/ clients over age 17, seen at True North Health Center, deemed at risk for depression by complaint, local radio station solicitation ads, known diagnosis, primary care screening or Medical Symptom Questionnaire (MSQ) response identifying depression as a symptom, will develop a patient centered treatment plan in conjunction with their provider. Recruitment for participants will occur over one calendar year. Patients will be formally followed in the study for three months. Six and nine-month follow-up phq-9s will be sought.

**Results** Pending, available one year after start of pilot.

#### **Conclusion**

Locus of control scores will or will not correlate significantly with response to treatment for mild and moderate depression in an Integrative Health Center. Practices which are most promising at lowering patient phq-9 scores will be identified and form the basis for a rigorous clinical trial.

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#### **Introduction**

Depression is projected to be the 4<sup>th</sup> leading cause of disability in the United States by 2025. Screening for depression and improved interventions are a national priority. As Maine's center for Functional Medicine and the Healing Arts, True North is well positioned to pilot a study that combines elegant science with creative healing to combat this 21<sup>st</sup> century scourge. A vast literature indicates that feelings of personal control are related to physical as well as mental health across the life course. More

specifically, this research suggests that people who feel they can influence the course of events in their lives tend to enjoy better health than individuals who believe the external world is unresponsive to their efforts. <sup>iv</sup>

### **Design, Setting, and Participants**

Patients over age 17, seen at True North Health Center, deemed at risk for depression by complaint, known diagnosis, primary care screening or Medical Symptom Questionnaire (MSQ) will be screened using the Patient Health Questionnaire-9 (PHQ-9) <sup>1</sup> Solicitation will also occur by local radio station ads.

Severity of depression will be staged. A counseling algorithm for patients scoring greater than 14 will guide patient triage for urgent or emergent intervention. (See Appendix B).

The PHQ-9 will be used to determine diagnosis and symptom severity and as a guide for initial management. Monthly phq-9s will assess patient response to treatment. Locus of control score, using the 13 item, brief Rotter scale<sup>v</sup> and informed patient consent will be obtained at the time of enrollment. Safety monitoring is described below.

### **Eligibility**

Greater than 17 years old

### **Inclusion Criteria**

- Phq9 scores greater than 5 and less than 15 (less than 5 not depressed)
- Capable of giving informed consent
- Has given written informed consent
- Agrees to take phq-9 at baseline, 4, 8 and 12 weeks, and locus of control questionnaire at baseline.

### **Exclusion Criteria**

#### **Phq-9 score greater than 14 –urgent or emergent referral**

*Previous psychiatric diagnoses and medical conditions contraindicated in study*

- Active suicidal ideation or other safety issues that would render the candidate unsuitable
- Bipolar disorder
- Schizophrenia
- Schiziform/Schizoaffective disorder
- Anorexia Nervosa
- Obsessive-compulsive disorder
- Psychotic depression
- Depression caused by physical illness or medication (beta-blockers, phenytoin, corticosteroids, reserpine) –see **Screening below**
- Alzheimers or other dementia
- Any unstable medical or neurologic condition likely to interfere with depression treatment

*Psychosocial exclusion criteria*

- Not likely to complete 3 months- moving, undomiciled etc.
- Active Alcohol or drug abuse (CAGE score 3 or 4)

**Screening for reversible medical causes** will be performed at enrollment, including the following:

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<sup>1</sup> <http://www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/>

Complete blood count (CBC)  
Comprehensive Metabolic Profile (CMP)  
Thyroid Function Tests -screening Thyroid Stimulating Hormone (TSH)  
24 hour free cortisol (optional)  
B12 (optional)  
Concurrent medication screening:

**Antihypertensives and cardiovascular drugs-** methyl dopa, reserpine, clonidine, betablockers, digoxin, diuretics (hyper and hypokalemia)

**Sedative hypnotic agents-** alcohol, benzodiazepines, barbiturates, chloral hydrate, meprobamate

### **Opioid analgesics**

**Hormones-** corticosteroids, oral contraceptives, estrogen withdrawal, anabolic steroid

### **Herbs and supplements?**

Alcohol abuse?

CAGE Questionnaire see

<http://counselingresource.com/quizzes/alcohol-cage/index.html> (score 2 or more is deemed clinically significant)

Mania or Bipolar

Grief Reaction

Investigators will perform an appropriate screen, refer, exclude or monitor candidates before enrolling them in the intervention stage of the study.

Patients with mild and moderate depression (PHQ-9 scores from 5-14) will confer with their provider, review the menu of providers in Appendix C and choose a pathway or combination of pathways after reviewing guidance materials and conferring with their provider.

1. psychotherapy
2. standard pharmacotherapy with their PCP
3. functional medicine<sup>2</sup>
4. complementary and alternative medicine (CAM)

Patients will be given a **Patient Handout –What Is Depression?** (See Appendix D).

Patients will agree to take PHQ-9 surveys 6 and 12 weeks after their first, and to complete a **Depression Monitoring Flow Sheet** (See Appendix E)

### **Safety system:**

Patients who score above 14 on the phq9 may have severe depression and will be referred directly to appropriate counseling:

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<sup>2</sup> <http://www.functionalmedicine.org/about/whatis.asp>

McGeachey Hall MMC  
Community Counseling  
Primary Care Physicians  
Crisis or Emergency evaluation if appropriate  
Miles Simmons MD True North

Safety monitoring for patients on antidepressant medication:

Biweekly phone contact for patients with phq-9s > 9, from age 18-24, for suicide risk factors, if patient elects treatment with antidepressant medication.<sup>vi</sup>

Patients who chose medication will be monitored for SSRI-type symptoms<sup>vii</sup> biweekly then every 4 weeks:

- activating (insomnia, nervousness, anxiety),
- sedating (somnolence, asthenia),
- gastrointestinal (dyspepsia, nausea, anorexia, diarrhea)
- other symptoms-tremor, sweating, dizziness, headache

If phq9 score increases by > or = 4, refer for individual evaluation, consider withdrawing from study

Women of childbearing potential are required to have a negative urine pregnancy test (bHCG) and to use an oral contraceptive, IUD or barrier method of contraception during the entire study if the patient chooses antidepressant medications.

## Appendix A: Patient Health Questionnaire PHQ-9 for Depression

### USING PHQ-9 DIAGNOSIS AND SCORE FOR INITIAL TREATMENT SELECTION

A depression diagnosis that warrants treatment or treatment change needs at least one of the first two questions endorsed as positive (*little pleasure, feeling depressed*) indicating the symptom has been present more than half the time in the past two weeks.

In addition, the tenth question about difficulty at work or home or getting along with others should be answered at least “somewhat difficult.”

When a depression diagnosis has been made, patient preferences should be considered, especially when choosing between treatment recommendations of antidepressant treatment and psychotherapy.

PHQ-9 Score	Provisional Diagnosis	Treatment Recommendation
5-9	Minimal symptoms	Support, educate to call if worse; return in 1 month.
10-14	Minor depression ††	Support, watchful waiting
	Dysthymia*	Antidepressant or psychotherapy
	Major depression, <i>mild</i>	Antidepressant or psychotherapy
15-19	Major depression, <i>moderately severe</i>	Antidepressant or psychotherapy
≥	Major depression, <i>severe</i>	Antidepressant <u>and</u> psychotherapy (especially if not improved on monotherapy)

\* If symptoms present ≥ two years, then probable chronic depression which warrants antidepressant or psychotherapy (ask, “*In the past 2 years have you felt depressed or sad most days, even if you felt okay sometimes?*”)

†† If symptoms present ≥ one month or severe functional impairment, consider active treatment.

## USING THE PHQ-9 TO ASSESS PATIENT RESPONSE TO TREATMENT

- The goal of acute phase treatment is remission of symptoms as indicated by a PHQ-9 Score of < 5 points.
- Patients who achieve this goal enter into the continuation phase of treatment.
- Patients who do not achieve this goal remain in acute phase treatment and require some alteration in treatment (dose increase, augmentation, combination treatment).
- Patients who do not achieve remission after two adequate trials of antidepressant and/or psychological counseling or by 20 to 30 weeks would benefit from a formal or informal psychiatric consultation for diagnostic and management suggestions.

Initial Response after Four – Six weeks of an Adequate Dose of an Antidepressant		
PHQ-9 Score	Treatment Response	Treatment Plan
Drop of $\geq 5$ points from baseline	Adequate	No treatment change needed. Follow-up in four weeks.
Drop of 2-4 points from baseline.	Probably Inadequate	Often warrants an increase in antidepressant dose.
Drop of 1-point or no change or increase.	Inadequate	Increase dose; Augmentation; Switch; Informal or formal psychiatric consultation; Add psychological counseling
Initial Response to Psychological Counseling after Three Sessions over Four – Six weeks		
PHQ-9 Score	Treatment Response	Treatment Plan
Drop of $\geq 5$ points from baseline	Adequate	No treatment change needed. Follow-up in four weeks.
Drop of 2-4 points from baseline.	Probably Inadequate	Possibly no treatment change needed. Share PHQ-9 with psychological counselor.
Drop of 1-point or no change or increase.	Inadequate	<p>If depression-specific psychological counseling (CBR, PST, IPT*) discuss with therapist, consider adding antidepressant.</p> <p>For patients satisfied in other type of psychological counseling, consider starting antidepressant.</p> <p>For patients dissatisfied in other psychological counseling, review treatment options and preferences.</p>

\*CBT – Cognitive-Behavioral Therapy; PST – Problem Solving Treatment; IPT – Interpersonal Therapy

## Use of the PHQ-9 to Make a Tentative Depression Diagnosis

(Symptomatology & Functional Impairment)

### PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Over the last 2 weeks, how often have you been Bothered by any of the following problems? (use "v" to indicate your answer)		Not at all	Several days	More than half the days	Nearly every day
<b>1.</b>	Little interest or pleasure in doing things	0	1	2	3
<b>2.</b>	Feeling down, depressed or hopeless	0	1	2	3
<b>3.</b>	Changes in appetite or weight	0	1	2	3
<b>4.</b>	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
<b>5.</b>	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
<b>6.</b>	Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you had to leave your seat more often than usual	0	1	2	3
<b>7.</b>	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
<b>8.</b>	Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you had to leave your seat more often than usual	0	1	2	3
<b>9.</b>	Thoughts of harming yourself or thoughts of suicide (including suicidal ideation with or without a plan)	0	1	2	3
<b>TOTAL SYMPTOMS endorsed more than half the days (except question 9—any positive endorsement)</b>					
<b>10.</b>	If you checked off <i>any</i> problems, how <i>difficult</i> have these problems made it for you to do your work, take care of things at home, or get along with other people?			Not difficult at all _____	Somewhat difficult _____
				Very difficult _____	Extremely difficult _____

**STEP 1:**  
Need one or both questions endorsed as "2" or "3" ("More than half the days" or "Nearly every day").

**STEP 2:**  
Need a total of five or more boxes endorsed within the shaded areas of the form to arrive at the total SYMPTOPOM COUNT.

**STEP 3:**  
FUNCTIONAL IMPAIRMENT is endorsed as "somewhat difficult" or greater.

## Use of the PHQ-9 for Treatment Selection & Monitoring

(Determining a Severity Score)

### PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

	Over the last 2 weeks, how often have you been Bothered by any of the following problems? (use "✓" to indicate your answer)	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.	Fatigue or loss of energy	0	1	2	3
3.	Thoughts of death or suicide	0	1	2	3
4.	Feeling slowed down or tired	0	1	2	3
5.	Problems with concentration	0	1	2	3
6.	Feeling anxious or nervous	0	1	2	3
7.	Thoughts of death or suicide	0	1	2	3
8.	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
<p><b>STEP 1:</b> Count each item in the column labeled "Several Days" and multiply by one. Enter that number below the column.</p> <p><b>STEP 2:</b> Count each item in the column labeled "More than half the days" and multiply by two. Enter that number below that column.</p> <p><b>STEP 3:</b> Count each item in the column labeled "Nearly every day" and multiply by three. Enter that number below that column.</p>					
<p><b>STEP 4:</b> Add the totals for each of the three columns together. Enter the TOTAL. This is the SEVERITY SCORE.</p>					
<p><b>TOTAL:</b> _____ (do not endorse more than half the days (except question 9 – any positive endorsement))</p>					
10.	If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?		Not difficult at all _____ Somewhat difficult _____ Very difficult _____ Extremely difficult _____		



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MAINE'S CENTER FOR FUNCTIONAL MEDICINE AND THE HEALING ARTS

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Over the last 2 weeks, how often have you been Bothered by any of the following problems? (use "v" to indicate your answer)		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

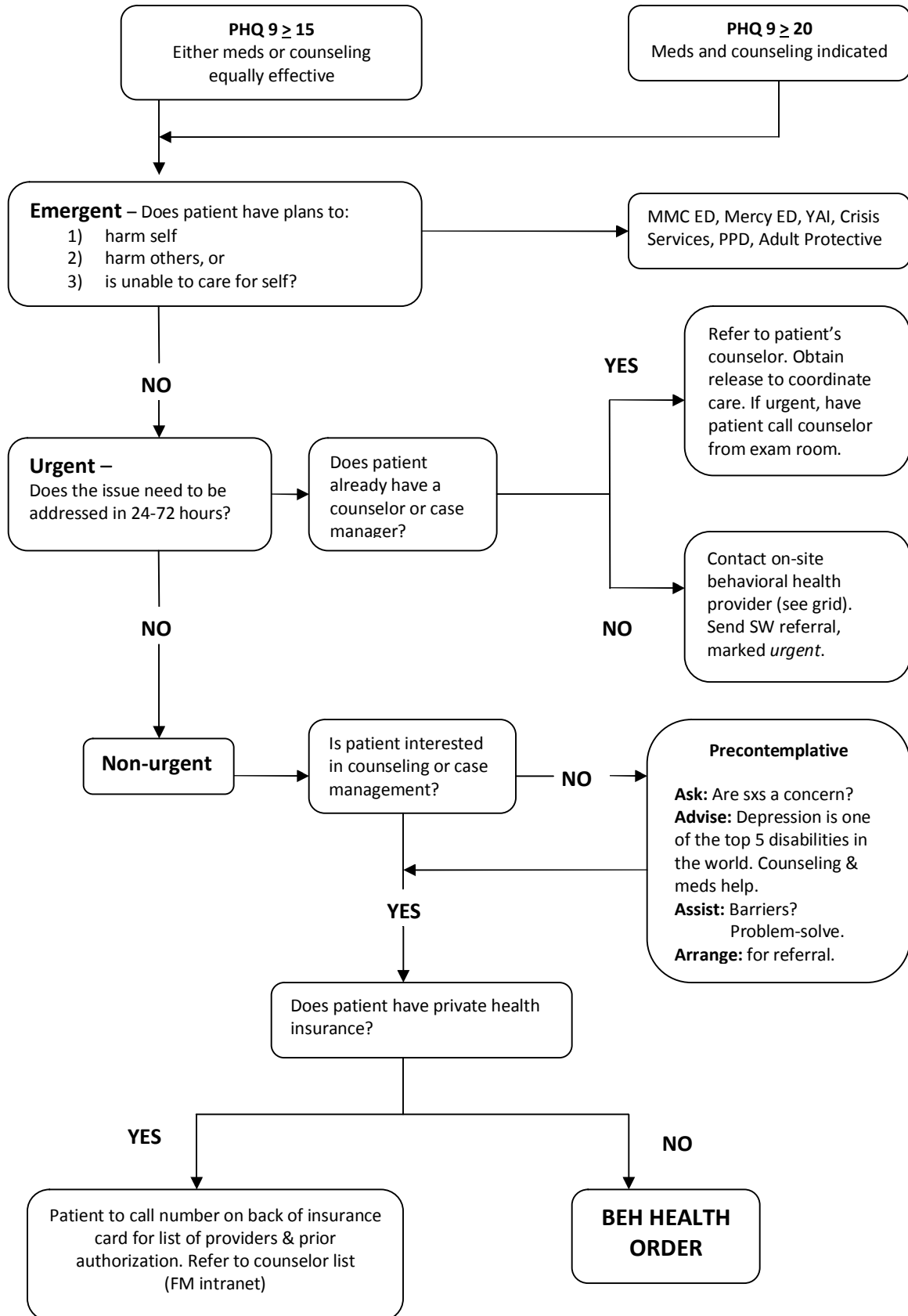
Add Columns: + +

TOTAL:  

<b>10.</b>	If you checked off <i>any</i> problems, how <i>difficult</i> have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all _____ Somewhat difficult _____ Very difficult _____ Extremely difficult _____
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## Appendix B: Counseling Algorithm



## Appendix C: Comprehensive List of Approaches to Depression Available at True North

At True North, our practitioners share a common “macro” approach to health care. In particular, we practice integrative medicine by:

- Paying attention to mind, body, and spirit
- Being aware of the interconnectivity of systems
- Practicing collaboration between state-of-the-art medical care and proven complementary therapies
- Honoring the needs of both the patient and practitioner in the context of the therapeutic relationship.

We view each patient as an individual with complex evolving needs and as such believe they should have a menu of options for treating depression. We recognize there are many paths to healing and look to expert research and outcomes scrutiny as a guide to selecting the best treatment option for patients.

To follow is an articulation of the approach used by our practitioners when treating their patients for depression.

### **FAMILY MEDICINE**

*Christopher T. Bartlett, MD and Charles deSieyes, MD*

Dr. Bartlett, and Dr. deSieyes, are board-certified Family Practice physicians. In addition to traditional full-spectrum family practice care, they also treat mild to moderate depression. Their approach is to look first for causes of the depression in metabolism or chemical imbalance, and if appropriate, counseling or medications may be advised.

### **FUNCTIONAL MEDICINE**

Functional Medicine is based on the concept of the interconnected biochemical, physical and mind-body-spirit systems which create complex chronic disease. A functional medicine approach to depression includes brain biochemistry with the idea of providing the precursors to the important neurotransmitters and the co-factors that make them work properly. It also looks at the hormonal environment that "sets the rheostats" in the brain allowing for proper function and the historic events that sometimes set those rheostats.

Functional Medicine is also interested in the intimate connections between the signaling of the brain, the immune system and the gut. Therefore, a Functional Medicine work-up for depression will include a detailed history, assessment of current nutrition, supplements and drugs, evaluation of hormones, measurement of important nutrients and biochemical function followed by the design of a personalized program of diet, lifestyle and supplements to optimize mental health and improve response to conventional pharmaceutical therapy. Three True North practitioners utilize Functional Medicine in their approach to treating patients with depression.

### **WOMENS HEALTH/ FUNCTIONAL MEDICINE**

*Bethany Hays, MD*

Dr. Hays is board certified OB/GYN. Her practice now focuses on women's health and Functional Medicine. Because depression occurs almost twice as often in women there are unique aspects of being a woman in our stressful culture that need to be addressed to improve mood disorders. She notes that, "Functional Medicine is a wonderful addition to my physician's tool kit for addressing mood disorders."

### **INTEGRATIVE MEDICINE/ FUNCTIONAL MEDICINE**

*Joseph Semmes, MD*

Dr. Semmes is board-certified in internal medicine with training in Functional Medicine. He will hear patients' histories and help them customize an approach to depressed mood that looks first at reversible medical causes, then at emerging nutritional and biochemical factors such as inflammatory nutrients and vitamin D insufficiency and lifestyle factors such as exercise and stress reduction. He will help patients assess the potential fit for other True North or community practitioners to help people feel and function better.

### **PSYCHIATRY/FUNCTIONAL MEDICINE**

*Miles Simmons, MD*

Dr. Simmons is a board-certified psychiatrist with training in Functional Medicine. In his years of practice, he has seen how often psychopharmacology and conventional psychotherapy fall short of their promise in chronic disorders. This led to his collaboration with complementary health practitioners and eventually to an exploration of ways to intervene directly with nutrition, lifestyle, energetic healing techniques, and Functional Medicine. As a holistic psychiatrist, Dr. Simmons looks to nutrition, lifestyle modification and various healing techniques to affect the greatest outcome for the patient. His services include Holistic Psychiatry, Functional Medicine, Psychopharmacology, Psychotherapy, Thought-Field Therapy/ Emotional Freedom Techniques (EFT) and Tappas Accupressure Technique.

### **PSYCHOTHERAPY**

Psychotherapists take many approaches to treating depression. True North's mental health practitioners articulate their approaches below.

*Mary Fogg, PhD*

Dr. Fogg is passionate about learning, sharing and healing, both for herself and with others. She has always been drawn to complementary and spiritual practices and focuses on bringing complementary approaches into her work, bringing heart into the core of her therapeutic relationships and humanizing the more traditional approaches to emotional healing. As such, she is trained in several forms of energy healing, including Therapeutic Touch, Healing Touch, Emotional Freedom Technique, Mindfulness-Based Cognitive Therapy (MBCT) and other mindfulness practices, Transformational Breath™, and Voice and Sound Healing. In addition to psychotherapy, she loves teaching from a skills focus. She also offers breath sessions and voice and sound healing sessions for physical, emotional and spiritual healing. She has worked in acute, outpatient

and long-term care settings, and with adults of all ages and older adolescents. She enjoys and is skilled in individual, couples/family and group work.

***Jennifer Lunden, LCSW, LADC, CCS: Storytelling***

Our stories are potent forces in our lives. They shape us. They tell us who we are, and what is possible for us. The stories you tell yourself about your life impact your ability to enjoy it. Depression is generally accompanied by a negative outlook and pessimistic beliefs. But as the hero of your own story, you are also the editor. This can be a liberating revelation. It means that you have the power to shape your stories.

In counseling with Lunden, certain questions are likely to emerge:

- What are your life themes?
- Where do they come from?
- How have they served you?
- How do they get in the way?
- What is the story you want to tell about your life?
- What changes do you need to make to begin to move your life in that direction?

Lunden believes that good therapy is a dynamic collaboration built on authentic relationship. She respects her clients and honors their strengths and their stories. In individual work, or in therapeutic writing and storytelling groups, you will have the opportunity to explore your struggles and envision new paths, realizing your capacity for creativity, growth and change.

***Judie Mignona LCSW: Healing Through Strengths***

By working from a “strengths-based” perspective, a Licensed Clinical Social Worker helps a client empower themselves, while they gain/renew feelings of hope, trust, worthiness and self-efficacy. By administering the PHQ9 (a short, revealing screening tool for depression), early identification of clients suffering with depression can be identified. This tool helps clinicians utilize appropriate therapeutic interventions that address the needs of the client, while respecting their desire and stage of readiness for change and self-discovery. Clients, whose symptoms of depression are beginning to effect health, emotional wellbeing, and productivity, are helped through constructive modalities that promote healing.

Therapeutic interventions may include Cognitive and Dialectical Behavioral Therapies, Narrative Therapy and Applied Behavior Analysis. Validation and encouragement are important, while facilitating the client's recognition/reframing of negative self-talk and self-defeating thoughts. The client, through a team-work approach, learns new coping skills, anger management techniques, and obstacles that affect their communication styles. Unresolved losses, unprocessed grief and traumatic experiences can drain a person’s energy. Consequently, the resultant stress can manifest as boredom,

intolerance, anxiety, depression, lack of motivation, and a multitude of other symptoms and “illnesses.”

Judie provides counseling, using a “teamwork” approach with the client, to help them regain a sense of security, fulfillment, self-awareness and peace. Clients learn self-acceptance for the unique individuals they are. As a result of a supportive approach, clients gain access to new possibilities and problem-solving skills. They begin to master their own “destiny” and eradicate self-defeating obstacles. Their stress, anxiety, and depression decrease as they become integrated and mindful of themselves.

***Robert Myers, LCPC***

Depression is a world out of balance. Sleep is off, interest is waning, the past is faulted, and weariness is waxing. The ability to concentrate is leaving and appetite might be increasing or gone completely. Negative perseverating thought train may be overtaking normal thinking and lethargy may be the new best friend. Suicide might even seem like a way out or something that has already been tried as a remedy.

So how do we as healers meet it, measure it, treat it?

Head on is how we meet it. We speak about it and to it. Our clients may be missing the restorative presence of Now due to thoughts of “Oh my God, what have I done”, quickly moving to, “What’s to become of me”? We halt the arch that stretches back and forth across the present, by asking the age old question, “What ails thee?” We ask the difficult questions. We sit ourselves down into the darkness with those who suffer and listen.

A light bringer in the mythic underworld of depression is the PHQ-9. The PHQ-9 is a contemporary quantifier. How depressed is depressed, and what is to be done now? Concrete questions which yield specific answers allow the clinician to measure the immeasurable—provide a walking stick for the difficult terrain and point toward a treatment regimen that can provide results.

There are multiple methods for treating depression—life course correction, pattern recognition and adjustment, existential realignment, new relationships inclusive of a therapeutic one, meditation, medication, correction of thinking errors, diagnosing bodily deficiencies and corrective action, and even a healthier lifestyle. The way into depression is individual and the way out is best facilitated by a trained clinician who is not afraid to walk the dark walk with the person suffering from the debilitating effects of a depressed mood.

**COMPLEMENTARY AND ALTERNATIVE MEDICINE**

True North has 14 practitioners of Complementary and Alternative (CAM) Medicine. Three of them treat patients with depression. Their approaches are articulated below.

**ACUPUNCTURE**

*Coleen Connolly MAc, RN*

The Chinese considered that emotions emanate from a person's spirit. Acupuncture strives to free the depressed individual from being dominated by a particular emotion or by being impoverished from the lack of an appropriate emotion. Emotions, when they become extreme, create imbalances in the healthy functioning of a person's chi (chi= life force.) If the chi of one's spirit is no longer healthy and vital, then the imbalance may spread and manifest symptoms in any level of body, mind or spirit.

### **ENERGY WORK**

*Cynthia Atkinson, CEMP/S/I, CHTP*

Along with medical/psychotherapy support, Energy Medicine can be helpful for depression. People who have depression literally have depressed and diminished energy fields. The energy system needs to be open and flowing in order to facilitate healing. Energy work brings clients into energetic balance, and a balanced energy system = state of congruence. This is calming and helps to facilitate healing on all levels. Energy work reduces anxiety and stress, as well as helps to relieve depression and offers the opportunity to release the burdens at the root cause of the stress, anxiety, and depression. Related to the depression may be wounding events, limiting beliefs, relationship issues, or family patterns that would benefit by being transformed using Energy Medicine. In addition to routine sessions at True North, daily self-care energy work, which can easily be taught to the client, can be very helpful for someone who has chronic depression.

### **SHAMANIC HEALING**

*C. Allie Knowlton, MSW, LCSW, DCSW & Evelyn C. Rysdyk*

Shamanic Healing compassionately addresses sources of disharmony in the spiritual realm to create healing and balance. It is based on the principle that the source of everything is Spirit. Shamanic Healing is an excellent complement to traditional psychological and medical treatment as it addresses underlying spiritual causes that are not well addressed by other methods. If you are experiencing the effects of physical, mental or emotional trauma, chronic pain or illness, depression, anxiety or addictions, shamanic healing can help by locating the spiritual causes of your pain and releasing those patterns of suffering from your life. (M. & S. Harner in the Textbook of Complementary and Alternative Medicine, W.B. Jonas and J.F. Levin, editors, Philadelphia: Lippincott, Wilkins and Williams, 2001) Shamanic Healing can restore lost fragments of your self/spirit, release unbeneficial energies from your body, guide you to sources of personal power and reestablish the connections between to you and the wider cosmos.

## Appendix D - Patient Handout - What is Depression?

### **General Facts**

Depression is a very common, yet highly treatable, medical illness that can affect anyone. About 1 in every 20 Americans get depressed every year. Depression is not a character flaw, nor is it a sign of personal weakness. Depression is a treatable medical illness. Unfortunately, many persons with depression do not tell their doctor how they are feeling. This is very regrettable since effective treatments are available for depression, and most people with depression can begin to feel better in several weeks when they are adequately treated. Talking with a doctor about how they are feeling is the depressed person's first important step toward getting better.

### **What is Depression?**

Depression isn't just feeling "down in the dumps." It is more than feeling sad following a loss or hassled by hard times. Depression is a medical disorder (just like diabetes and high blood pressure are medical disorders) that affects your thoughts, feelings, physical health and behaviors. People with major depression experience a number of symptoms all day, nearly every day, for at least 2 weeks.

### **Symptoms include:**

- √ Feeling sad, blue or down in the dumps
- √ Loss of interest in things you usually enjoy
- √ Feeling slowed down or restless
- √ Having trouble sleeping or sleeping too much
- √ Loss of energy or feeling tired all the time
- √ Having an increase or decrease in appetite or weight
- √ Having problems concentrating, thinking, remembering or making decisions
- √ Feeling worthless or guilty
- √ Having thoughts of death or suicide

### **If I'm Depressed, What Can Be Done About It?**

The good news is that *depression is treatable*. Your primary care doctor can effectively treat depression by supportive counseling, prescribing an antidepressant medication and/or referring depressed persons to a mental health professional for counseling. Talking with your doctor about how you are feeling is a very important first step. You can further help your doctor treat you most effectively by participating actively in treatment by (a) asking questions and (b) following through with the treatment that both you and your doctor decide is best for you.

*Reference: Rost K. Depression tool Kit for Primary Care NIMH grant NH54444*

## Appendix E: Depression Monitoring Flow Sheet

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Symptoms	DATE:	DATE:	DATE:	DATE:	DATE:
	Week:	Week:	Week:	Week:	Week:
Mood					
Interest					
Appetite/weight					
Sleep					
Psychomotor					
Fatigue					
Self-Esteem					
Concentration					
Death/Suicide					
PHQ-9 Score (# Symptoms/Score)					
Suicidality (Question "i" score)					
Functioning (PHQ-9 #2 Question)					
Patient Impression					
Contact With Patient/Phone = P Visit = V					
MH Referral					
Medications/Dosage					
Patient Complaint With Recommendations					

*(If you encounter errors while trying to follow the links in this document, simply copy and paste the URLs into your web browser.)*

<sup>i</sup> Harwitz D, Ravizza L. Suicide and Depression. *Emerg Med Clin North Amer.* 2000;18:263-271

<sup>ii</sup> <http://www.functionalmedicine.org/about/whatis.asp>

<sup>iii</sup> <http://www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/>

<sup>iv</sup> Mendes de Leon, Seeman, Baker, & Richardson, 1996)

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<sup>v</sup> <http://www.psych.uncc.edu/pagoolka/LocusofControl-intro.html>

<sup>vi</sup> <http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm153362.htm>

<sup>vii</sup> Beasley CM Adverse events and treatment discontinuations in clinical trials of fluoxetine in major depressive disorder: an updated meta-analysis. *Clin Ther.* 2000 Nov;22(11):1319-30. [http://www.ncbi.nlm.nih.gov/pubmed/11117656?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed\\_ResultsPanel.Pubmed\\_RVDocSum&ordinalpos=17](http://www.ncbi.nlm.nih.gov/pubmed/11117656?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=17)