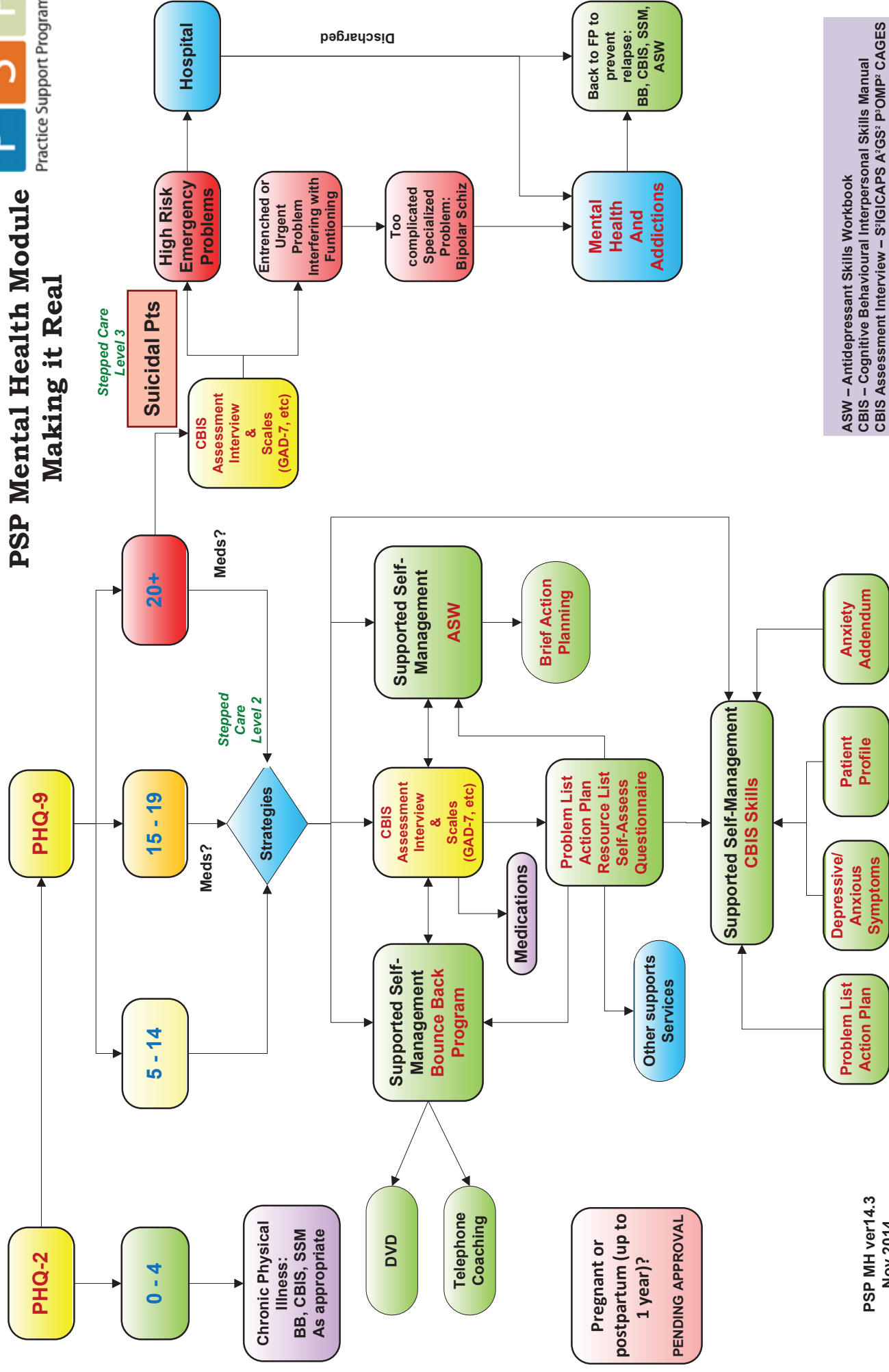


PSP Mental Health Module Making it Real



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 “✓” to indicate your answer)

	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
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:

	+		+	
--	---	--	---	--

(Healthcare professional: For interpretation of TOTAL,
please refer to accompanying scoring card.)

TOTAL:

--

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 _____

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at rls8@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at <http://www.pfizer.com>. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

INSTRUCTIONS FOR USE

for doctor or healthcare professional use only

PHQ-9 QUICK DEPRESSION ASSESSMENT

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the two right columns (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.
3. **Consider Major Depressive Disorder**
 - if there are at least 5 ✓s in the two right columns (one of which corresponds to Question #1 or #2).**Consider Other Depressive Disorder**
 - if there are 2 to 4 ✓s in the two right columns (one of which corresponds to Question #1 or #2).

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds, taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient. Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓:
“Several days” = 1 “More than half the days” = 2 “Nearly every day” = 3
3. Add together column scores to get a TOTAL score.
4. Refer to accompanying PHQ-9 Scoring Card to interpret the TOTAL score.
5. Results may be included in patients’ files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

PHQ-9 SCORING CARD FOR SEVERITY DETERMINATION

for healthcare professional use only

Scoring—add up all checked boxes on PHQ-9

For every ✓: Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
0-4	None
5-9	Mild
10-14	Moderate
15-19	Moderately severe
20-27	Severe

GAD-7 Anxiety

Over the <u>last two weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to sleep or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Column totals _____ + _____ + _____ + _____ =

Total score _____

If you checked any problems, how difficult have they 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

☐

Source: Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at ris8@columbia.edu. PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission

Scoring GAD-7 Anxiety Severity

This is calculated by assigning scores of 0, 1, 2, and 3 to the response categories, respectively, of “not at all,” “several days,” “more than half the days,” and “nearly every day.”

GAD-7 total score for the seven items ranges from 0 to 21.

0–4: minimal anxiety

5–9: mild anxiety

10–14: moderate anxiety

15–21: severe anxiety

Anti-Depression Activities

The activities below are helpful in recovering from depression. To start working on your recovery, put a check mark whenever you do one of the activities below. Push a little, often, but not to exhaustion. As you persist, day after day, you may gradually find your mood brightening and your energy returning.

	ACTIVITY	MON	TUE	WED	THU	FRI	SAT	SUN
1	Self-care(shower,shave, teeth etc.)							
2	Eat three meals, however small (check for each)							
3	Sleep (# of hours)							
4	Exercise, however little (# of minutes)							
5	Relaxation (# of minutes)							
6	Accomplish one small task or goal each day							
7	Social contact (enough but not too much)							
8	Pleasure activities/hobbies (check for each)							
9	Do something nice for yourself							
10	Do something nice for someone else							
11	Replace negative thoughts with helpful thoughts (check # times)							
12	Miscellaneous (your choice)							

Abdominal/Belly Breathing

Purpose

- Your breathing is directly related to the level of tension you carry in your body.
- If you breathe shallowly, in your chest, you will become more tense and more anxious. This kind of breathing stimulates the sympathetic branch of your nervous system, which is connected to the “fight, flight or freeze” response.
- If you breathe deeply, in your abdomen, you will become more relaxed. This type of breathing stimulates the parasympathetic nervous system, which triggers a relaxing and calming response.

Process

TO DISCOVER HOW YOU ARE BREATHING NOW:

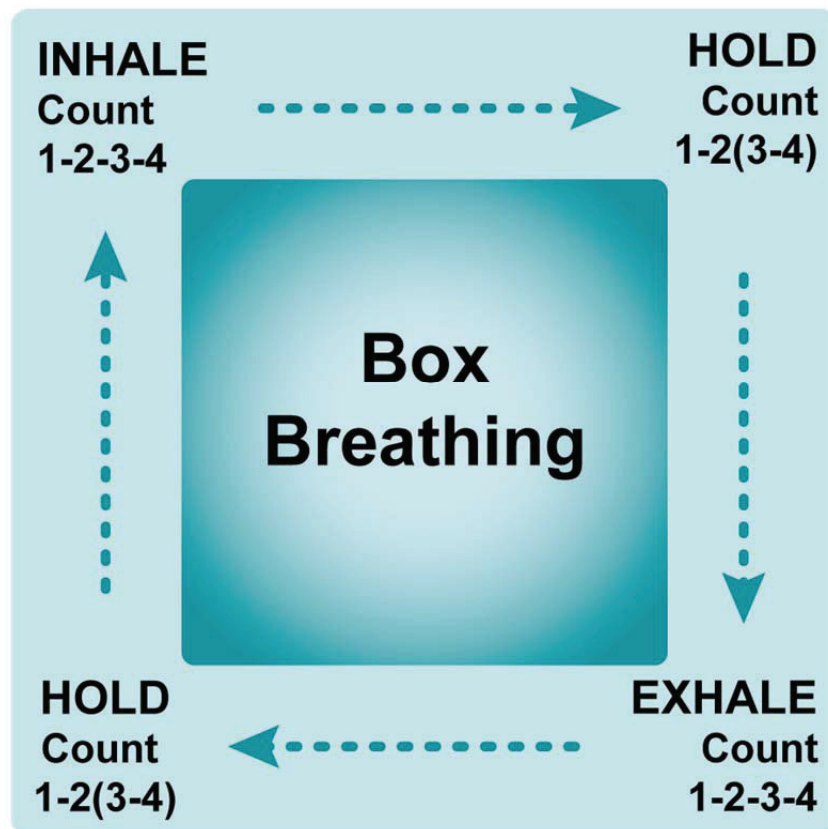
- Put one hand on your chest and one hand on your abdomen (belly). Pay attention to how you are breathing for a few moments. Observe which hand (if any) is moving.
- If it is your top hand, you are breathing mostly in your chest — shallowly. This kind of breathing will increase body tension and stress/anxiety.
- If it is your bottom hand, then you are breathing in your abdomen. This will help you to relax and calm down.
- The idea is to learn to breathe in your abdomen more.

PRACTICING BREATHING: *try listening to some low-energy relaxing music (ie. trance, classical, jazz or meditation tracks)

- When practicing abdominal breathing, put both hands on your abdomen and close or lower your eyes.
- First, breathe out fully. Then, as you breathe in, let your abdomen expand. You can imagine that you are gently filling up a balloon in your belly.
- Then just let go and feel the balloon emptying slowly and your abdomen flattening as you exhale.
- The more fully you breathe out, the easier it is to breathe in deeply.
- Practice breathing this way for 5 minutes twice a day.

Variation – Box Breathing

Box Breathing incorporates brief holding of breath following inhalation and exhalation. This is very useful during severe anxiety or panic to prevent hyperventilation.



Common Thinking Errors

The situations we find ourselves in don't cause our depressed feelings — our ways of perceiving the situations do. Here are some distorted ways of thinking that often increase depression. Check the ones that most relate to you.

FILTERING

Everyone's life has negative aspects. if you focus only on the negative and filter out all positive or neutral aspects, your life will indeed seem depressing. (ie. when someone compliments you and you assume they are lying and immediately reject the compliment and then focus on what you *don't* like about yourself instead)

EMOTIONAL REASONING

"I feel it so it must be true." remember feelings are not facts. Emotions are based on subjective interpretations, not hard evidence. i.e. "It feels like I'm not prepared enough for this test, so I will fail it"

OVER-INCLUSIVE

You think of one problem or demand, then another and another, until you feel completely overwhelmed. i.e. "If I don't get my history homework in on time then I'll get a lower grade and then my GPA will fall and I won't be able to get into college/university and I will be stuck working at a fast food restaurant forever!"

BLACK OR WHITE THINKING

You think only in extremes or absolutes, forgetting that most things fall into shades of grey. i.e. "I thought I really liked Jennifer but she embarrassed me at lunch today. She's into emo music, and all emo kids are like this and can't be trusted"

JUMPING TO CONCLUSIONS

You predict a negative outcome without adequate supporting evidence. i.e. "People are going to hate me because I broke up with my boyfriend and none of his friends will talk to me."

MIND READING

You believe that others are thinking and feeling negatively about you and you react as if this is true. i.e. "I know Darren is talking about me because he wouldn't throw me the ball today at gym class. I shouldn't have made us lose last time"

PREDICTING THE FUTURE

You anticipate that things will turn out badly and you feel convinced that your predictions are true. i.e. "No matter how much I study, I'm just not going to pass math this year."

CATASTROPHIZING

You blow things out of proportion and imagine the worse case scenario. This intensifies your fear and makes it difficult for you to cope with the actual situation. i.e. "I can't believe I forgot to buy Matt a birthday present. Everyone else has brought something and he's going to hate me. I might as well just go home."

SHOULD

You make rigid rules for yourself and others about how things "should" be. When these rules are not followed you become depressed and angry. i.e. Everything must always be in the same spot in the bathroom, no one should move anything around because this is the right way."

Thought Stopping

Depression often makes people brood and worry about current problems, things that have gone wrong in the past and things that might go wrong in the future.

When unwanted thoughts won't get out of your head, try the suggestions in Step 1 and Step 2. See which ones work best for you. Remember: success depends on repetition.

Step 1: Stop the thoughts

- Picture a large STOP sign
- Hear yourself shouting "STOP!"
- Count backwards from 100
- Recite a poem
- Sing a song in your head
- Gently snap an elastic band on your wrist and say "STOP"

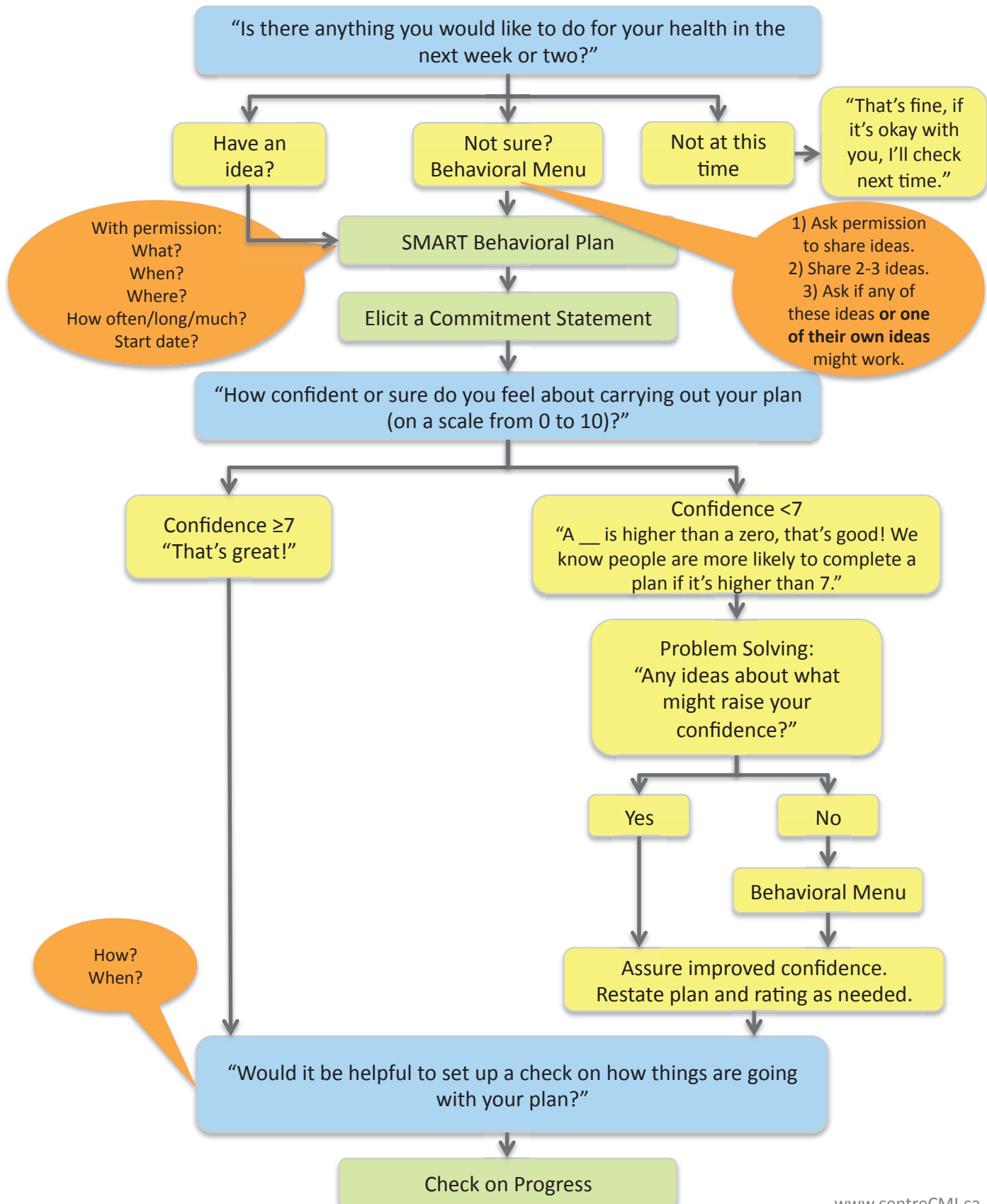
Step 2: Keep the thoughts away

As soon as the thoughts fade a little, do something to keep your mind and body busy. This will prevent the thoughts from coming back.

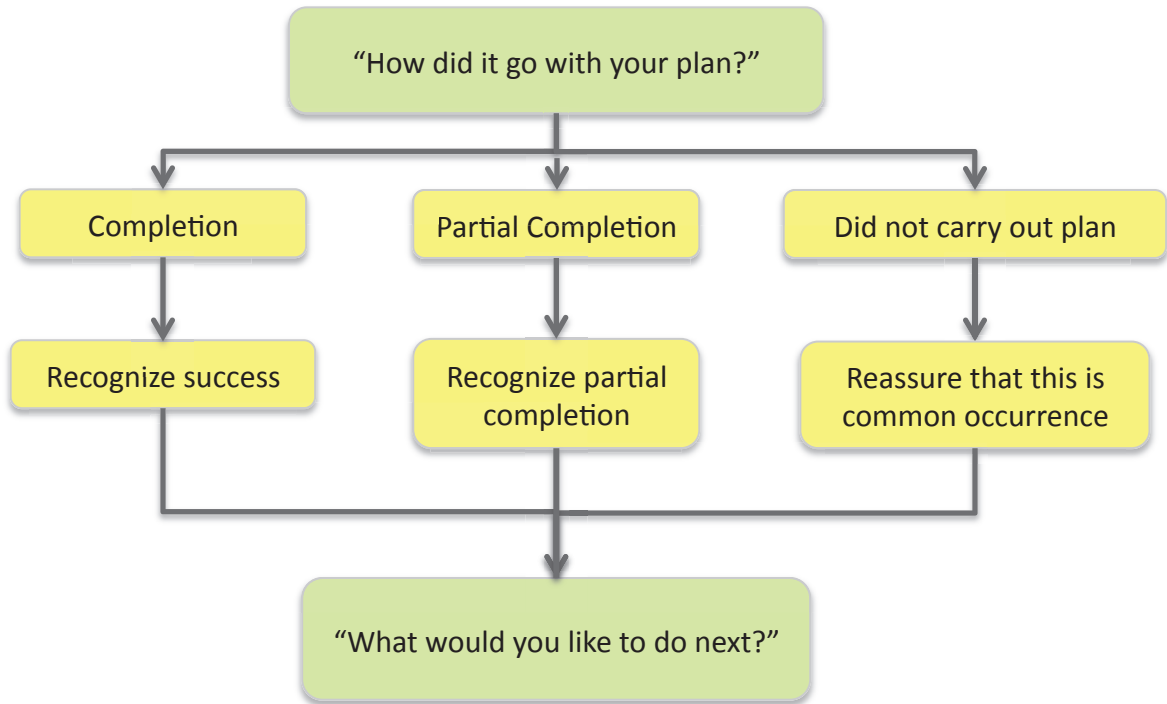
- Take a brisk walk and concentrate on what you see around you
- Talk to a friend, as long as you talk about something neutral or pleasant
- Read a book, as long as it keeps your attention
- Play a game, do a jigsaw or crossword puzzle
- Do a household chore that requires concentration
- Listen to a relaxation recording, read one or make one up
- Do crafts or hobby work
- Do something you're passionate about, love doing because it makes you feel heard, special or "you" good additions

Brief Action Planning Flow Chart

Developed by Steven Cole, Damara Gutnick,
Connie Davis, Kathy Reims



Checking on the Brief Action Plan



The Spirit of Motivational Interviewing is the foundation of Brief Action Planning

Compassion

Acceptance

Partnership

Evocation

Miller W, Rollnick S. Motivational Interviewing:
Preparing People for Change, 3ed. 2013.



The Brief Action Planning Guide

1 Mar 2014

A Self-Management Support Tool for Chronic Conditions, Health and Wellness

Brief Action Planning is structured around 3 core questions, below. Depending on the response, other follow-up questions may be asked. If at any point in the interview, it looks like it may not be possible to create an action plan, offer to return to it in a future interaction. Checking on the plan is addressed on page 2. Question #1 of Brief Action Planning is introduced in clinical interactions after rapport has been established.

1. Ask Question #1 to elicit ideas for change. "Situation" may be substituted when appropriate.

"Is there anything you would like to do for your health in the next week or two?"

- a. If an idea is shared and permission received, specify details as they apply to the plan. (Help the person make the plan SMART - Specific, Measurable, Achievable, Relevant and Timed).

"Many people find it useful to get very specific about their plan. Would that work for you?"

With permission, proceed.

"What?" (type of activity)

"When?" (time of day, day of week)

"Where?"

"How often/long/much?" (often: once, three times, five times; long: minutes, days; much: servings, meals)

"When would you like to start?"

- b. For individuals who want or need suggestions, offer a behavioral menu.

- i. First ask permission to share ideas.

"Would you like me to share some ideas that others I've worked with have tried?"

- ii. Then share two to three ideas ALL AT ONCE. The ideas are not too specific, relevant to their goal and varied.

"Some people I have worked with have _____, others have had success with _____ or _____."

- iii. The last idea is always one of their own. Then ask what they want to do.

"Do any of these ideas work for you, or is there an idea of your own that you would like to try?"

- iv. If an idea is chosen, specify the details in order to make the plan SMART (1a above).

- c. After the individual has made a specific plan, elicit a commitment statement.

"Just to make sure we both understand the details of your plan, would you mind putting it together and saying it out loud?"

2. Ask Question #2 to evaluate confidence. The word "sure" is a synonym for the word "confident."

"I wonder how sure you feel about carrying out your plan. Considering a scale of 0 to 10, where '0' means you are not at all sure and '10' means you are very confident or very sure, how sure are you about completing your plan?"

- a. If confidence level ≥ 7 , go to Question #3 below. ***"That's great. It sounds like a good plan for you."***
- b. If confidence level < 7 , problem solve to overcome barriers or adjust plan. Explain the reason to boost confidence. ***"5 is great. That's a lot higher than 0, and shows a lot of interest and commitment. We know that when confidence is a 7 or more, people are more likely to complete their plan. Do you have any ideas about what might raise your confidence to a 7 or more?"***
- c. If they do not have any ideas to modify the plan, ask if they would like suggestions. ***"Would you like to hear some ideas from other people I've worked with?"***
- d. If the response is "yes," provide two or three ideas (behavioral menu). Often the following menu applies: ***"Sometimes people cut back on their plan, change their plan, make a new plan or decide not to make a plan. Do you think any of these work for you or is there an idea of your own?"***
- e. If the plan is altered, repeat step 1c and Question #2 as needed to evaluate confidence with the new plan.

3. Ask Question #3 to arrange follow-up or accountability.

"Would it be useful to set up a check on how it is going with your plan?"

If they want to check, make the follow-up plan specific as to day, time and method (with themselves, with another via phone, email, in person, etc.)

Checking on Brief Action Planning

1. First ask, ***“How did it go with your plan?”***
 - a. If they completed their plan, recognize (affirm) their success.
 - b. If the plan was partially completed, recognize (affirm) partial completion.
 - c. If they did not try to do their plan, say, ***“This is something that is quite common when people try something new.”***
2. Then ask, ***“What would you like to do next?”***
 - a. If the person wants to make a new plan, follow the steps on page 1. Use problem solving and a behavioral menu when needed.
 - b. They may want to talk about what they learned from their action plan. Reinforce learning and adapting the plan.
 - c. If the person does not want to make another action plan at this time, offer to return to action planning in the future.

The Spirit of Motivational Interviewing

The Spirit of Motivational Interviewing underlies Brief Action Planning.

1. Compassion: Actively promote the other’s welfare.
2. Acceptance: Respect autonomy and the right to change or not change.
3. Partnership: Work in collaboration.
4. Evocation: Ideas come from the person, not the clinician or helper.



This tool was developed by Steven Cole, Damara Gutnick, Kathy Reims and Connie Davis.

<i>Activity</i>		Mon	Tues	Wed	Thur	Fri	Sat	Sun
	Week 1							
	Week 2							
	Week 3							
	Week 4							
	Week 5							
	Week 6							
	Week 7							
	Week 8							