

FCN Depression- a Diagnosis, or is it a Symptom?

A Wholistic Differentiating Worksheet for FCNs and Pastors

God created us as whole persons, and so we realize the benefits of considering the whole person before us. The more information available to us, the more potential to find: good resources for our counselee, what Help-team may be formed (in-church resource people, as well as outside-church resource people), and how we might best make referrals.

Not only will this approach foster our counselee getting accurate/targeted treatment, if necessary- it will also help us define our role as a helper to the person presenting to us.

As noted- the church is a likely 'first stop' for someone who is experiencing depression. It is often considered a safe place, with safe people, around whom one may open-up. Being equipped, acknowledging the need for a team approach, implementing a team approach (within privacy protocols- are all effective factors.

As Helpers- we need to have a self-awareness of our own resources and limitations, as well as be intentional in identifying resources, and resource people with whom we can network.

Depression is complex. It is more a symptom, than a diagnosis. Understanding this, will fuel your compassion for the person who comes to you. They need someone to see, and acknowledge, the courage they've shown by coming to you. As well as, for us to understand the gravity of honor and privilege we are shown in that holy moment that they share this deep suffering, this deep burden. In this holy moment- we may have to tame the 'well meaning' part of our self, and instead- be quietly seeking the leading of the Holy Spirit. Being present, in quiet, actively listening...may be 'all' for that moment. If a verse is shared- may we be cautious of the potential for it to come off as a rote platitude- instead, may we pause in that moment, asking the Holy Spirit to illumine what He would have us share. Ask the person if they would like prayer- would they like prayer now? Let them know you will be praying for them (and be intent on a gentle reminder, at a later time, that you are indeed continuing in prayer for them- trusting the LORD to direct by which means may be most meaningful to this individual- i.e., text, call, email, snail mail, visit...) Treating them in honorable ways will be a balm.

Safety is FIRST- if there is ANY reason you consider this person, or persons, to be in danger- make the 911 call.

Risk them being angry- it is preferred over them being harmed. IF you keep *thinking* you should call, likely- you *should call*.

Start your resource list today- call a meeting of those already in your congregation, who may have resource contacts to share. By the LORD's direction- health ministry arms may arise, or be strengthened by taking a leadership role in this.

What does this person want? What we all want. What we all need- the answers to (help to navigate) these questions (Attachment Theory):

Am I safe?

Am I needed?

Am I important?

Do I matter?

Four Spheres Approach to Depression Primer

Biological, Psychological, Social, Spiritual

Consider these in your interview process. What you hear can help direct your referrals~

Biological

___ Note other physical symptoms:

___ CBC (low Hgb?)

___ Chemistry profile

___ CRP (C-reactive protein; inflammation markers)

___ Autoimmune issues

___ Allergies/Intolerances

___ Vit D level (lab value target up around 50-70; up to 100 for chronic illness; low level can present with depression and with muscle aching; commonly a low value/overlooked)

___ Vit B12 (also consider gut issues/genetic issues)

___ Methylation issues (check for MTHFR- genogram may help; body cannot handle eliminating toxins)

___ APO 3/ 4 genetics- consider risk factors and lowering the epigenetic factors...

___ Endocrine profile (TSH, Free T3, Free T4; testosterone; progesterone; estrogen; A1C; LAD/Db; hypoglycemia; adrenals..)

__ Toxic exposure (mold; substance abuse, such as alcohol, prescription meds; pot, cocaine, meth, OTC meds....; chemical environment; infections; general anesthesia; chemotherapy; second-hand toxic exposure.....)

__ History of a TBI (traumatic brain injury- on average, in course your interview, you may need to ask, in different ways, by giving examples, up to seven times before the person may think of the event...riding accident, fall, sports injury...) If so, to what part of the skull, what kind of force (coup-contra-coup possible?)

__ History of anoxia or physical contributors to lower blood flow to brain? (sleep apnea, carbon monoxide, high bld sugar, low bld sugars, cardiac issues (CHF)... oxygen deprivation of any kind/any reason...)

__ Sleep patterns (excessive need; sleep deprived; restless sleep; no more dreams; nightmares; night terrors; hard to get to sleep; hard to get up in the morning; fall asleep, but wake and not get back to sleep—note times- any relation to adrenal dysfunction, nutrition, anxiety...)

__ Nutrition/gut health- (pattern of eating; overeating; undereating; nausea; how are stools; bloating/gas; note intake of sugar, caffeine, carbs, veg, proteins; hydrated enough?; alcohol use;

__ Exercise (none, what do/not do/for how long/how often; how feel when do/not do;

__ Medications list- (what kinds, how many, have they, as a whole, been reviewed by a pharmacist; diuretic keeping one from getting night's sleep that's needed; statin drug lowered cholesterol too far?; Side Effects (SE) include depression- or any contributors: any of them a 'new drug' to the person- symptom emerge within timeline of starting...

__ Supplements:

__ Pulse/Blood Pressure/ O2 saturation (Oximeter is a handy to tool to have at the church, along with your sphygmomanometer...)

__ Any brain imaging been done? (recommend a SPECT scan- can best see where brain may be over-firing/under-firing; see areas where tissue may have been affected and decide on further scan testing...- SPECT has good record of increasing compliance of patient, and compassion of those care-giving.... Help identify/target is person would benefit from an SSRI or an anti-convulsant, or if a stimulant would help; if dopamine/serotonin/norepinephrine need to be modulated... Depression can often respond well to anti-convulsant and should be considered a first choice- but you don't know 'unless you look', as with a SPECT scan- Which give you a much more effective way of getting into

targeting prescriptions to which brain systems are dysfunctioning...)

__ Family history of health- physical, social, spiritual, psychological- genogram can be very helpful

__ Are they experiencing ANY kind of chronic pain? Chronic stress? (note- Pain is often seen as anger- The person may not even be 'reading it' as pain...)

__ Other:

Psychological

__ Genome family history of MH issues (including substance use/abuse; mother using while patient inutero?)

__ Where/when/with whom has the person *ever* felt (attached) - safe, needed, important, valued (loved)

__ Note any life transitions

__ Note any patterns of resiliency in life story? Has the person been in a 'stuck place' before? If so- tell me the story of your getting unstuck from that...

__ Note 'feelings vocabulary' of the person- Do they have a feelings-word bank to any extent? Is it difficult to name the feeling? Difficult to recognize the feeling- have they felt it before- when.... Can they recognize it, name it, but difficult to express it in words, nonetheless- are there other communication avenues that work better (art, work, sports....) What is their EQ?

__ When in counseling- does the person prefer to sit, or walk-n-talk... are there reasonable aesthetics of the room to help foster communicating (anything too distracting)...

__ Identify any triggering events? (Grief, *any* losses, changes, a person influencing...

__ Person in survival mode, or thriving mode?

__ As you listen- note Brain Systems you may be hearing:

Pre-frontal cortex (Impulse control affected; the Supervisor; 'hyper') ;

Parietal Lobes (directionally challenged, oversensitive, poor spacial and tracking processing, dyscalculia, dysgraphia, denial of a problem...) ;

Temporal Lobes (Learning, moodiness, fears/anxieties, irritability, dark thoughts, phobias, forgetfulness, trouble finding words , religiosity)

Anterior Cingulate Gyrus ('get stuck center', brain's gear shifter; grudges; obsess..) ;

Basal Ganglia (Anxiety/panic center, predicting the worst, tics, addiction) ;

Deep Limbic/Thalamus (depression, negativity, sleep/appetite issues, isolation, guilt, pain syndromes,

poor motivation..)

Cerebellum (coordination, connected to whole brain/
 negative thinking can contribute to uncoordinated...,
 cognitive speed, gait problems...)

(Resource: Dr. Amen)

__ How best does this person learn? By....

__ "I feel _____ when _____."

__ What brings greatest pleasure (ever, before, now...)

__ About what, are you most afraid?

__ Do panic attacks or anxiety attacks come out-of-the-
 blue, or does something/someone bring them on?

__ When you experience strong feelings- do you tend to
 express them to others (with words, or with anger, or...)
 or, do you tend to hold those feelings inside?

__ When you feel anxious/fearful/panicky- What do you
 feel inside? What do you feel outside?

__ Are you suffering? If so- tell me more- Is there
 anything that brings you any kind of relief? (If person is
 using a substance to self-medicate or a ritual...- note what
 kind(s) as these are great clues to brain systems that may
 be effective some of the behavior...

__ Is there ANT going on? If so what are some of the main
 ones? (Automatic Negative Thoughts) Self-talk?

__ Sense of Worth

__ Past Success/Past Failures

__ Sense of power or control

__ Hope

__ Are you safe?

__ Have you been having thoughts of self-harm or suicide?

__ Do you have a plan to act out on self-harm or suicide?
 (If so, do you have access to the resources you plan to
 use...?)

__ Feeling words related to depression: sad, depressed,
 down, stuck, hopeless, irritable, pain, disconnected,
 isolated, lonely, out-of-body, fatigued, abandoned,
 rejected, unloved, unwanted, useless, excluded,
 disrespected, weak, powerless, failure, weepy, confused,
 overwhelmed, fragile, foggy...)

__ Grandiosity

__ Self-loathing

__ Any cyclic patterns (seasons, menstrual cycle,
 food/allergy, family events....)

__ how much 'screen time' do you have each day-
 Describe what kind of screen time it is-

__ Other:

Social

__ Current/past family systems

__ Stresses

__ Relationships- which are 'outstandingly' positive and
 negative?

__ Finances

__ Current successes or failures

__ What are the health habits of those with whom you
 spend the most time? (Are they 'friends or accomplices')

__ Are you in 'community'- if so, what are those
 communities?

__ Are you isolated? If so, what is influencing the
 isolation?

__ Any social situations that are especially difficult? Any
 social situations you find pleasurable?

__ What situations tend to overwhelm you (people, lights,
 sounds, deadlines...?)

__ Do you most enjoy doing a project with others, or by
 yourself? Give me examples/tell me more...

__ How do you mostly connect with others- face to face,
 fb, email, phone, texting, gaming...

__ Genome of family systems (relationships, marriages,
 divorces, traumatic events....)

__ Occupation

__ Education

__ Volunteering

__ Other:

Spiritual

- Ask them to tell you about how they see God in their life- (Do they even see Him in their life?)
- What most concerns them about their soul, today?
- Using 'emotion language', how would they describe their soul to you today (and/or, their heart today).
- What is their life-spiritual story this far-
- What brought them to come in today?
- Are they a part of a Fellowship?
- Understanding of: Salvation, Grace, Mercy, Redemption, biblical meaning of 'dying to self' (i.e., dying to sinful nature); fruit of the Spirit
- Connected to anyone in the church (mentor)
- Understand biblical definition of sin, guilt, shame, pride
- What is current Life Rhythm- of Sabbath, worship, family, work, hobbies....
- Would they say, with/to God, they feel: Safe, needed, important- that they matter?
- In what, or in whom, do you feel the most safe? (If you've ever felt truly safe.)
- Discern- is there oppression?
- (Seek Holy Spirit to direct beyond a 'well-meaning' approach- Practice quiet, prayer, prompting by Him.)
- Would they like you to pray for them?
- (Is there a Bible verse, or something they know about God, that is especially important/valuable to them?)
- (Is there a Bible verse, or something you've heard, or experienced that has caused you to move away from God?)
- (Tell me about your suffering. Tell me about your pain.)
- (I'm honored you are meeting with me today. I can imagine it's taken a lot of courage, strength, energy to meet with me today.)
- (Do you have a Higher Power? Tell me more--)
- Other

(Resource- Scazzero, Emotionally Healthy Spirituality, Skills 2.0, Emotionally Healthy Women)