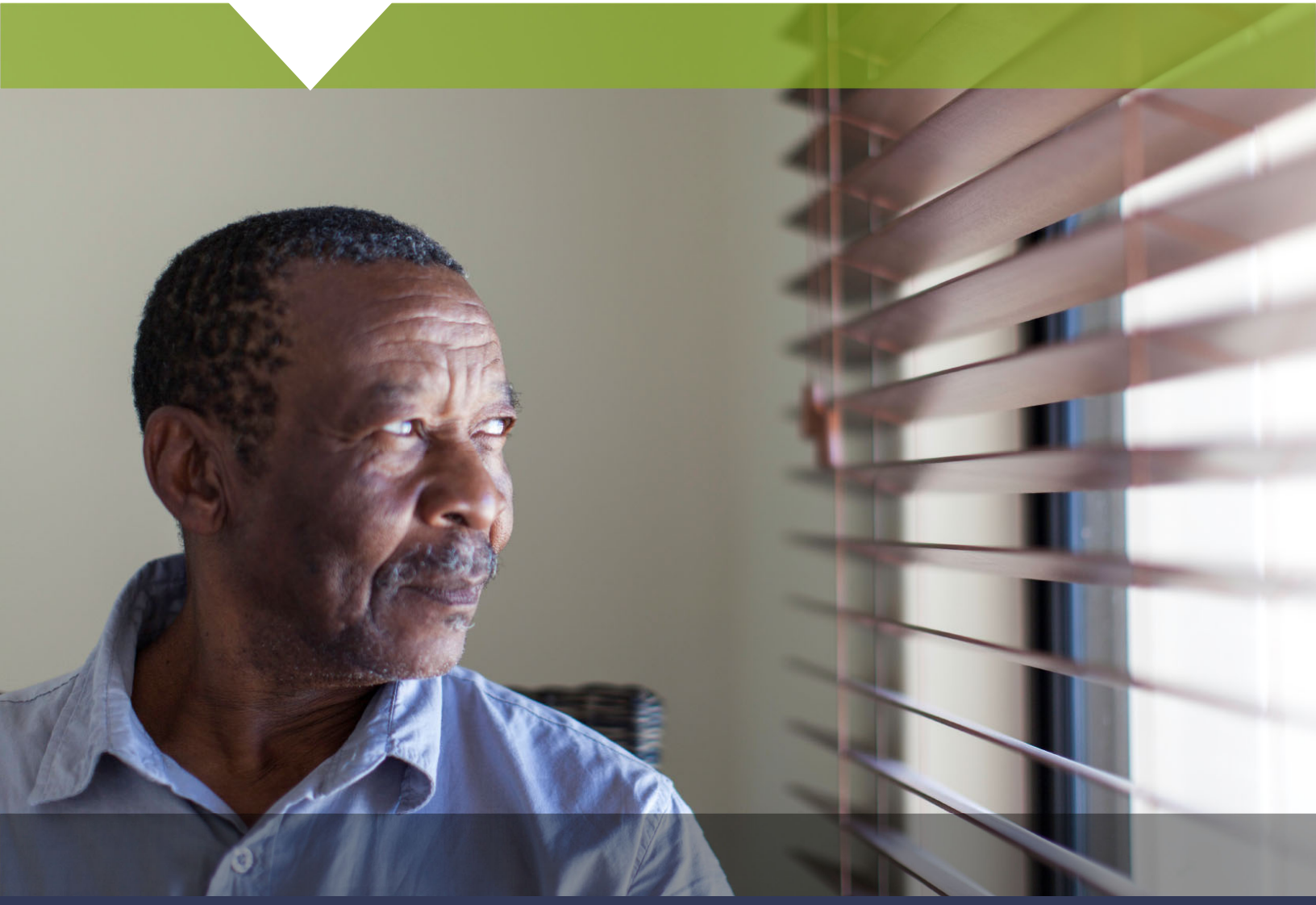
inthe**know**
CAREGIVER TRAINING

A DISEASE PROCESS MODULE:
UNDERSTANDING DEPRESSION



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CAREGIVER TRAINING

A Disease Process Module:

UNDERSTANDING DEPRESSION

We hope you enjoy this inservice, prepared by registered nurses especially for caregivers like you!

Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask your supervisor.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Email In the Know at feedback@knowingmore.com with your comments and/or suggestions for improving this inservice.

THANK YOU!

After finishing this inservice, you will be able to:

Discuss the conditions that must be met for a formal diagnosis of depression.

❖

Compare how each of the various types of depression look and feel differently.

❖

List at least three risk factors for depression.

❖

Discuss the most common treatments for depression and list their side effects.

❖

List at least five important skills needed for working with depressed clients .

Inside This Inservice:

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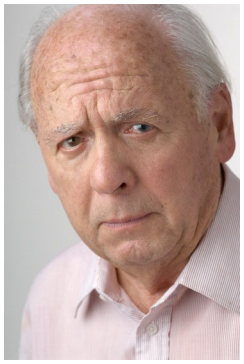
CAREGIVER TRAINING

A Disease Process Module:
Understanding Depression

WHAT'S DISTURBING DONALD?



This is Donald. When Donald was 64, he was diagnosed with type 2 diabetes. He was mildly obese and had high blood pressure.

At age 68, he began having ***trouble falling and staying asleep***. As a result, he was extremely ***tired*** most of the day. He became less physically active, stopped exercising, and ***gained 12 pounds***.

He gradually ***stopped socializing*** and eventually ***lost interest*** in most things, including spending time with family and friends. Donald went to his regular check-up and discussed the issue with his doctor, but *denied feeling "sad" or "depressed."*

After six months, Donald started to notice he had ***trouble concentrating***. He began to ***forget things***, and he felt ***impatient, irritable, and frustrated***.

- ***Do you think Donald is suffering from depression? Why or why not?***
- ***What (if any) treatment do you think Donald needs?***

Depression is a medical illness, like diabetes or cancer. It can affect how a person feels, thinks, and behaves. The difference between depression and other physical illnesses is that depression can cause emotional *and* physical problems.

You may argue that everyone feels "blue" now and again. But, depression is more than just "the blues."

Depression isn't a weakness, nor is it something that you can simply "snap out" of. Depression is a illness that usually requires medical treatment. Most people with depression feel better with medication, counseling, or a combination of both.

Keep reading to learn more about depression. You'll learn exactly what it is—and what it isn't. You'll discover that depression comes in all shapes and sizes and "feels" different for everyone.

THE ANATOMY AND PHYSIOLOGY OF DEPRESSION

To this day, researchers are still not completely sure why depression happens. Most experts believe it is the result of a <u>combination</u> of forces, including: genetics, environment, hormones, and a chemical imbalance in the brain. While every person who suffers from depression is different, here's one possible pathway:

GENETICS
People who suffer from depression likely inherited a gene from a parent that made their depression more likely.

ENVIRONMENT
Certain experiences like grief, loss, illness, trauma, abuse, and drug or alcohol addiction can flip the switch on the depression gene.

STRESS HORMONES
Cortisol, the stress hormone is produced in <u>excess</u> under these difficult conditions, and disrupts certain chemicals in the brain.

CHEMICAL IMBALANCE
Cortisol disrupts the "feel good" chemicals in the brain (serotonin, dopamine, and norepinephrine). These chemicals can become too high or too low. Either case can lead to depression.

WHAT DO YOU THINK?

IS DONALD DEPRESSED?

In order for Donald's doctor to make a diagnosis of depression, Donald has to have at least four of the symptoms (to the right) and they have to have lasted for at least two weeks.

What symptoms did Donald have?

_____

_____

_____

_____

How long did the symptoms persist?

_____

Donald reported that he didn't feel sad or depressed. Does this make a difference in his diagnosis?

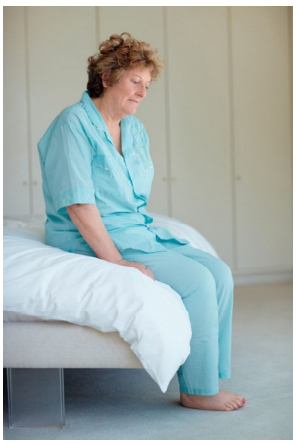
Discuss your thoughts about Donald with your supervisor and co-workers. Find out what they think.

HOW DO YOU KNOW IT'S DEPRESSION?

In order for a doctor to make a diagnosis of depression, someone must have at least <u>four</u> of the following symptoms, for at least <u>two weeks</u>:

- Persistent sad, anxious, or "empty" feelings.
- Weight loss (from a poor appetite and not caring about food).
- Weight gain (from eating too much because of feeling depressed).
- Problems with sleeping (either too much or too little).
- Extreme fatigue, irritability, or restlessness.
- Withdrawal from friends and family.
- Lack of interest in activities that used to be fun.
- Alcoholism, which can mask an underlying depression.
- Loss of sex drive.
- Poor self-image (not caring about getting dressed or washing their hair).
- Difficulty in concentrating.
- Having ideas about suicide.
- Feelings of guilt, worthlessness and/or helplessness.
- Feelings of hopelessness and/or pessimism.
- Persistent aches or pains, headaches, cramps or digestive problems that do not ease even with treatment.

Depression can be a tricky disease to diagnose, since its symptoms could be from some other medical problem such as kidney failure, other brain diseases, thyroid problems, diabetes, or even not getting enough vitamins.



PLEASE NOTE: Not all people with depression will reveal all their symptoms or have them to the same degree. Remember, a diagnosis of depression is made when a person has ***four or more symptoms***, for more than ***two weeks***.

To complicate matters, people with long term or chronic depression may become quite skilled at covering up or hiding their symptoms. Others, particularly the elderly and men may deny their symptoms or dismiss them as "sissy feelings."

DIFFERENT TYPES OF DEPRESSION

Did you know that there are different kinds of depression? They include:

MAJOR DEPRESSIVE DISORDER (MDD)

People who suffer from MDD feel a deep and continuing depression that affects their ability to work, sleep, eat, and enjoy the things they normally like. While it is possible to have only one episode of MDD, most people experience it more than once in their lives.

PSYCHOTIC DEPRESSION

With psychotic depression, delusional thoughts or other symptoms of psychosis accompany the symptoms of depression. There is usually a break with reality and hallucinations and delusions may be present.

CATATONIC DEPRESSION

This type of depression is diagnosed when the person has an inability to react to the environment, seems unable or unwilling to speak, or involuntarily repeats meaningless words or movements.

UNIPOLAR DEPRESSION

People with unipolar depression have periods when they feel "normal" and periods when they feel depressed. During the episodes of depression, they find it very difficult to go about their daily lives. People may have periods of unipolar depression on and off throughout their lifetime.

BIPOLAR DEPRESSION

People with this disease (also called Manic Depressive Disease) have times when they feel "high" — excited, happy, hyperactive — and times when they feel very "low." For people with this disease, there is hardly any "middle" — just extreme highs and extreme lows.

CHRONIC DEPRESSION OR DYSTHYMIA

This is a fancy name for mild depression. People with dysthymia can usually function in their daily lives in spite of feeling depressed.

SEASONAL AFFECTIVE DISORDER (SAD)

People who suffer from SAD become depressed during times when there is less sunlight, such as wintertime.

NON-DYSPHORIC DEPRESSION (NDD)

NDD is depression without sadness. It is more common in men, and more often in those who are medically ill than in those who are not. Irritability, social withdrawal, and difficulty with concentration and memory are the major signs.

POSTPARTUM DEPRESSION

This is a type of depression experienced by women after childbirth. It is brought on by chemical changes in the body and social and psychological changes after having a baby.

CONNECT IT!

WHAT TYPE IS DONALD?

After reading through all the different types of depression on this page, which type do you think Donald's doctor would likely diagnose?

_____

Why?

_____

_____

Think about the clients you care for. What types of depression do you see most in your clients?

_____

_____

_____

Do you have any clients that you think may be depressed, but remain undiagnosed?

Discuss your client's symptoms with your supervisor. You just may be able to get your client some much needed treatment.

Answer: *Donald is suffering from non-dysphoric depression (NDD).*

THE RISK FACTORS!

Who do you think is most likely to suffer from depression?

One study found the people most likely to suffer from depression are:

- People aged 45-64.
- Women.
- Blacks, Hispanics, and bi-racial people.
- Individuals with less than a high school education.
- People who are divorced.
- Disabled (unable to work) or unemployed people.
- People without health insurance coverage.

Depression affects 121 million people worldwide.

An estimated 1 in 10 U.S. adults report having some type of depression.

One third of all cases of depression among U.S. adults are classified as "severe."

DEPRESSION ACROSS THE LIFESPAN

Depression affects people of all ages, including children. In fact, some infants are born with a depressive illness.

SIGNS OF DEPRESSION IN INFANTS OR TODDLERS MAY INCLUDE:

- Giving no response when they are touched or held.
- Never smiling or crying (or crying all the time).
- Failing to gain weight (for no other medical reason).
- Being oversensitive to noise or touch.
- Doing self-destructive things, like banging their heads against the wall or scratching themselves.

SIGNS THAT CHILDREN SUFFER FROM DEPRESSION MAY INCLUDE:

- Disobeying frequently.
- Running away.
- Being unable to pay attention.
- Being afraid of school or of being away from parents.
- Saying they hate themselves and everything around them.
- Being sick frequently (since depression makes it harder to fight off disease).

SIGNS OF DEPRESSION IN TEENAGERS MAY INCLUDE:

- Behaving recklessly like driving too fast, having unprotected sex, or getting into trouble with the law.
- Having lots of physical complaints, like dizziness or headaches.
- Refusing to do school work or care about their grades—or cutting school.
- Being continually unhappy, worried, irritable, and angry.
- Showing uncontrollable anger.
- Withdrawing from friends.
- Talking about suicide.
- Talking down about themselves and not caring how they look.
- Being unable to concentrate or make a decision.
- Abusing drugs or alcohol as a way to try and feel better.
- Causing intentional self-injury such as cutting or burning themselves.
- Being preoccupied with death in books, music, and drawings.

DEPRESSION ACROSS THE LIFE SPAN, CONT.

Although depression is common in the elderly, it's <u>not</u> just a normal part of getting older!

Why is depression so common in the elderly?

- Elderly people often have one or more chronic illnesses. Depression often occurs with illnesses such as heart disease, stroke, diabetes, cancer, and Parkinson's Disease.
- People over 65 are more likely to take a number of different medications. Some medications have side effects that can make depression worse.

The risk factors that make an elderly person more likely to suffer from depression include:

- Being female.
- Living alone.
- Having few friends.
- Being a widow.
- Fear of death.
- Having a chronic illness or dementia.
- Having a recent death in the family.
- Having a family history of depression.

Why is depression misdiagnosed so often in the elderly?

- Doctors may mistake the symptoms of depression as dementia, a normal reaction to illness, or a normal result of life changes.
- Older adults often do not seek help because they don't understand that they could feel better with appropriate treatment.

HOW CAN YOU HELP?

Whatever age your client may be, ask yourself:

- Does my client seem to have little or no interest in doing things?
- Has he or she been feeling or appearing down, depressed, or hopeless?
- Has he or she had trouble falling or staying asleep, or sleeping too much?
- Has my client expressed feelings that he or she is worthless or a failure?

All these questions can tell you if your client is depressed. Recognizing and reporting these observations can be lifesaving.

Depression is treatable and no one should suffer needlessly. Your answers to the above questions may help shed some light on a problem that others may not have recognized. You can set in motion the treatment plan that will relieve your client's mental pain and potentially save a life!

THINK ABOUT IT!

THE STIGMA OF DEPRESSION

Unfortunately, there is a stigma associated with depression . . . a misconception that feeling depressed or down is a *weakness*.

Even your clients who ***can*** communicate their feelings may fail to report or deny feeling depressed.

Many people believe that feeling down or depressed is just a normal part of life and will delay seeking treatment because they think the problem will "go away on its own."

- ***What would you tell a client who denies feeling depressed (but clearly has signs of depression)?***

Share your thoughts with your supervisor and co-workers. Find out how they handle these types of situations.

WHAT EXCITES YOU?

As you can see in the table to the right, antidepressant drugs tend to have many unpleasant side effects.

While these medications may be the only option for some people, others may have some luck using complimentary or alternative medicines.

- You may have clients that use herbal remedies, such as: St. John's Wort, SAM-e, or omega-3 fatty acids.
- Others may use therapies such as: acupuncture, yoga, meditation, guided imagery, or massage.

While these alternatives are generally safe, you should strongly urge your clients to discuss the use of all alternative therapies with their doctor or nurse.

- ***What alternative therapies have your clients tried?***
- ***Did it work? Were there any side effects?***

HOW IS DEPRESSION TREATED?

The most common (and usually most successful) ways to treat depression include medications and talk therapy.

Some common medications and their side effects include:

DRUG(S)	TYPE AND ACTION	SIDE EFFECTS
Parnate Nardil Marplan	Monoamine oxidase inhibitors (MAOIs) were the first type of antidepressant developed. They have mostly been replaced by antidepressants that cause fewer side effects.	MAOIs require diet restrictions because they can cause dangerously high blood pressure when taken with certain foods. Serious side effects may include: headache, heart racing, chest pain, neck stiffness, nausea, and vomiting.
Aventyl Elavil Pamelor	Tricyclic antidepressants (TCAs) work by increasing the amount of serotonin and/or norepinephrine in the brain.	Dry mouth, blurred vision, fatigue, weight gain, muscle twitching (tremors), constipation, bladder problems such as urine retention, dizziness, increased heart rate, and sexual problems.
Celexa Lexapro Luvox Paxil Prozac Zoloft	Selective serotonin reuptake inhibitors (SSRIs) work by increasing serotonin in the brain.	Low sex drive is common but reversible, dizziness, headaches, nausea right after a dose, insomnia, and feeling jittery.
Wellbutrin	Wellbutrin helps increase the amounts norepinephrine and dopamine in the brain.	Weight loss, decreased appetite, restlessness, insomnia, anxiety, constipation, dry mouth, diarrhea, and dizziness.
Effexor Remeron Cymbalta	These drugs increase the levels of serotonin *and* norepinephrine in the brain.	Drowsiness, blurred vision, strange dreams, constipation, fever/chills, headache, increased or decreased appetite, tremor, dry mouth, nausea.

ANOTHER TREATMENT OPTION

When medication and talk therapy fail to help a person's depression, electroconvulsive therapy (ECT) may be useful. ECT is not what you might imagine! Just before the treatment, the person is given a muscle relaxant and does not convulse or flop around when the shock is administered. Side effects of ECT may include confusion, disorientation, and memory loss. But these side effects typically clear shortly after treatment. ECT can provide great relief for people who have not been able to feel better with other treatments.

TALKING TO DEPRESSED CLIENTS

When you are talking to a client who has depression, keep in mind that your client suffers from an illness, not just a bad mood.

For example, you wouldn't say to a client with diabetes, "If you would only smile more, your diabetes would go away." That's ridiculous. We know that smiling does not cure diabetes. Well, smiling doesn't cure depression either.

Or, if your client has cancer, you wouldn't say, "You have it so good! Why aren't you happy?" It's the same with depression. It's an illness, not a choice that someone makes to be unhappy.

- **Listen:** Being a good listener can help your clients express their feelings.
- **Put away your toolbox:** Don't try to "fix" your clients who are depressed. You can't take on their problems or become their therapist. However, you can try to understand them and provide comfort with your presence and your words.
- **Avoid comparing notes:** Don't tell them that you know how they feel . . . even if you have experienced depressed feelings yourself. Everyone feels depression differently and you probably *don't* know exactly how they feel.
- **Send the clown home:** You don't have to be extra cheerful around depressed people. But, don't take on their sad mood either. Just be yourself, and remain pleasantly professional at all times.
- **Know the boundaries:** There is a thin line between being supportive and being overly protective. Too much concern can feed into demands for too much attention.

IT MAY BE *HELPFUL* TO SAY . . .

- *"I care about you."*
- *"You are not alone."*
- *"Do you want a hug?"*
- *"I'm sorry you are in so much pain."*
- *"Only you can really understand what you are feeling, but I am here with you."*
- *"You are important to me."*
- *"This is what helped me. Maybe it can help you."* (But only if you've had similar experiences to what the other person is going through.)

IT MAY BE *HURTFUL* IF YOU SAY . . .

- *"What's your problem?"*
- *"Snap out of it."*
- *"It's all in your mind."*
- *"Why don't you count your blessings instead of whining?"*
- *"I've got more problems than you!"*
- *"Stop feeling so sorry for yourself."*
- *"Cheer up!"*
- *"Everybody has a bad day now and then."*
- *"Just don't think about it."*
- *"Believe me. I know how you feel. I was depressed once."*

TALK ABOUT IT!

ARE YOU TONGUE-TIED?

Some healthcare workers are very uncomfortable talking to clients about depression.

If you have trouble talking to your clients about depression, the best thing you can do is practice!

Ask your supervisor, an experienced co-worker, a social worker or even a Chaplain to help you "role play" what you will say to your depressed clients. Keep in mind:

- You need to become comfortable asking clients about their feelings.
- You should be able to recognize if they are "down" or "off."
- You'll want to be able to speak matter-of-factly to your clients about your observations so that you can gain their trust.

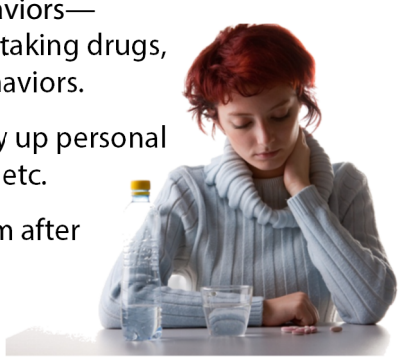
And finally, always report your objective observations as soon as possible so treatment can be started, if needed.

INFORMATION ABOUT CLIENTS WITH SUICIDAL THOUGHTS

KNOW THE WARNING SIGNS!

Not all suicidal clients will give warning signs—but many will. The following is a list of warning signs you may observe with your clients:

- Severe depression.
- Talking about suicide.
- Seeking out the means to carry out a suicide (pills, gun, etcetera).
- Preoccupation with death.
- Sense of worthlessness, self-hatred.
- Change in personality, showing irritability, pessimism, or apathy.
- Isolation, inability to relate to family and friends.
- Feelings of loneliness, helplessness, or hopelessness.
- Anxiety or panic.
- Writing suicide notes.
- Saying goodbye to people—as if they may never see them again.
- Self destructive behaviors—increase in drinking, taking drugs, or other reckless behaviors.
- Sudden desire to tidy up personal affairs, writing a will, etc.
- Sudden sense of calm after being extremely depressed.



WHAT WILL YOU DO?

If you hear your client make comments like, *"I can't go on living,"* and *"I am so tired of living like this," you are* hearing a call for help.

- ***Take all comments about suicide seriously.*** If your client trusts that you really hear and understand his concerns, he will more likely be open and accepting of the help you can offer.
- ***Remember: You are NOT a counselor or a psychologist.*** Do not attempt to give advice or try to "fix" the problem yourself. Report what your client tells you to a nurse or your supervisor so that professional intervention can be started.
- ***The most important thing to remember is that you are there to listen.*** Your main job in this situation is to be someone who cares! Listen and do your best to understand what your client says.
- ***Try to give your client <u>hope</u>.*** Having a friend is often all it takes to bring someone back from the brink of suicide. ***Be a friend!***

EFFECTIVE COMMUNICATION SKILLS:

- Stay relaxed and listen very carefully.
- Do your best to understand your client's feelings.
- Make it known by your body language that you are listening.
- Show you care by giving your client respect.
- Always be honest and forthcoming.
- Express your natural compassion.
- Focus on your client's feelings.

HOW <u>NOT</u> TO COMMUNICATE:

- Do NOT interrupt.
- Don't be shocked by what you hear.
- Do not act like you have something else to do, even if you are busy.

Suicide is a mental and physical emergency. If you observe any of the signs above, get help immediately for your client!

FIVE KEY POINTS!

REVIEW WHAT YOU LEARNED!

1. Depression is a medical illness, like diabetes or cancer. It can affect how a person feels, thinks, and behaves.
2. Depression isn't a weakness, nor is it something that you can simply "snap out" of. Depression is a illness that usually requires medical treatment.
3. In order for a doctor to make a diagnosis of depression, the person must have at least four symptoms that last for at least two weeks.
4. The most common (and usually most successful) ways to treat depression include medications and talk therapy.
5. Doctors may mistake the symptoms of depression in older adults as dementia, a normal reaction to illness, or a normal result of life changes.

WORKING WITH DEPRESSED CLIENTS

Here are some tips to help you give quality care to clients with depression:

- **It's not just "whining."** Depressed clients tend to focus on their physical complaints. They may talk about every ache or pain, and their complaints may be exaggerated. While this might seem like whining to you, remember that it is part of the disease. Listen to what they are telling you and be sure to report any new or changed problems.
- **It's not personal.** Depressed clients may sometimes take out their frustration by lashing out at caregivers. You should try not to take it personally. Keep a professional attitude and a pleasant demeanor toward your clients.
- **Bothersome bowels!** People with depression often sit or lay around a lot. They feel like they have no energy for their regular activities. This tends to cause constipation. Encourage your depressed clients to drink lots of fluids. Watch out for changes in their bowel habits, and report any signs of constipation.
- **Guard your clients' safety!** Being inactive can cause a lot of other problems, too, like weakness and dizziness. When your clients do get up to ambulate, be sure they have a steady gait. And remember that clients who take antidepressant medications may be at a higher risk for falls.
- **Monitor those vitals.** Be sure to report any change in a client's vital signs—especially if the client takes a lot of different medications.
- **Regular exercise is important.** It may keep depression from coming back and it helps reduce the symptoms of depression. For example, clients who have insomnia because of their depression may sleep a little better if they get some regular exercise. Help your clients move around as much as possible.
- **Be prepared to hear your depressed clients say, "Leave me alone" or "I don't want your help today."** They may refuse to have a bath, or to get dressed, or to participate in an activity. Remember that clients have the right to refuse treatment. However, you need to report to your supervisor if you are unable to complete any client's care as ordered.
- **Timing is everything!** Many depressed people tolerate eating breakfast more than lunch and dinner—as the day goes on, they often feel less and less like eating. Be sure to encourage your clients to eat a good breakfast. Helping them with mouth care before breakfast may motivate them to eat more.

FINAL TIPS FOR DEPRESSED CLIENTS

- **Encourage self care.** When clients suffer from depression, their daily lives are affected. Even ordinary activities like bathing, dressing, mouth care, and ambulating can be a challenge. You may find that your depressed clients are unwilling to do anything for themselves, so you end up taking a more active role in their personal care. Be patient, but continue to encourage your clients to participate in their care.
- **Avoid creating unnecessary dependence on you.** Performing too many tasks for your client can bring greater dependency on you and guilt in your client over being indebted to someone else.
- **Watch those weights.** If your clients suffer from depression, you'll probably be asked to weigh them regularly. Be sure to report any weight gains or losses. (Remember, both gaining *and* losing weight can be a sign of depression.)
- **Keep it predictable.** Encourage as much structure as possible in your client's day. Doing activities they enjoy (if they are able) can go a long way in relieving depression.
- **Encourage socialization.** Depression can make people feel disconnected from others. Your depressed clients may be tempted to withdraw from social activities and loved ones. Remind them that it's important to stay connected to life and to the people who care about them. Support from others is vital to recovery from depression.

- **Discourage the use of alcohol and drugs.** People who are struggling with depression may be tempted to self-medicate with alcohol or drugs. Unfortunately, alcohol and drugs only temporarily make the person feel better . . . and they make depression worse in the long run. If you feel your client is abusing drugs or alcohol, report your observations right away. Help is available.
- **Expect progress!** Be sure to report if your depressed clients are sleeping and eating better, showing interest in activities, and enjoying friends and family. They may be getting better!

WHAT I KNOW NOW!

Now that you've read this inservice on depression, jot down a couple of things you learned that you didn't know before.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

EMPLOYEE NAME
(Please print):

_____

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

_____

SUPERVISOR SIGNATURE:

_____

Inservice Credit:	
☐ Self Study	1 hour
☐ Group Study	1 hour

File completed test in employee's personnel file.

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CAREGIVER TRAINING

A Disease Process Module:
Understanding Depression

Are you "In the Know" about depression? <u>Circle the best choice or fill in your answer.</u> <u>Then check your answers with your supervisor!</u>

1. **Depression is diagnosed when a person has at least 4 symptoms for at least:**
   A. Two days.
   B. Two weeks.
   C. Two months.
   D. Two years.

2. **A client who has periods when they feel "normal" and periods when they feel depressed may be suffering from:**
   A. Bipolar depression.
   B. Major Depressive Disorder.
   C. Unipolar depression.
   D. Catatonic depression.

3. **Your client tells you she has been meditating and exercising. Now, she feels great and wants to stop taking her depression medication. You should:**
   A. Support her in her plan to stop taking medications.
   B. Urge her to discuss the plan with her doctor before deciding.
   C. Tell her St John's Wort actually works better than prescription medication.
   D. Tell her she's being silly and that exercise can't do what medicine does.

4. **In most cases, depression can be successfully treated with:**
   A. Medication and talk therapy.
   B. Acupuncture.
   C. Electroconvulsive Therapy (ECT).
   D. None of the above.

5. **True or False**
   Depression is a medical illness, like diabetes or cancer.

6. **True or False**
   Drinking alcohol can help lift feelings of depression.

7. **True or False**
   Both weight gain and weight loss are possible symptoms of depression.

8. **True or False**
   Children cannot be diagnosed with depression.

9. **True or False**
   You should always have a joke or funny story ready to cheer-up your depressed clients.

10. **True or False**
    Depression in the elderly is just a normal part of getting older.