Communication: Communicating with Clients who are Depressed

What is Involved in Communicating with Clients Who Are Depressed?

› Communicating with clients may involve the social worker providing information to the client (e.g., education, support, counseling), determining what information is most crucial for the client, and offering the information in a way that is easy for the client to understand. Depression is common among clients in medical and mental health settings and is associated with increased morbidity and mortality. In a medical setting, depression often is experienced by clients coping with a chronic illness. Clients with depression often report dissatisfaction with how their mental health clinicians and physicians communicate with them. These clients may be more likely to feel that their expectations are not met, less likely to feel that their symptoms are being understood, less involved in decision-making, and less satisfied overall with their care. Clients with depression may speak in a lower volume, may speak more slowly, and may take more time than usual to respond to questions asked by the social worker. Depression is a major risk factor for adverse outcomes in clients with chronic medical conditions. In a mental health setting, communication may be hindered because depressed clients are less likely to clearly communicate symptoms, may be unwilling to accept a diagnosis of depression, and may discontinue antidepressants prematurely. Effective, positive therapeutic communication is necessary for better outcomes regardless of the treatment setting.

› What: To communicate with clients who are depressed, the social worker will need to assess the client’s depressed state, encourage the client to express his or her emotions, acknowledge the client’s emotions, provide the client with support, educate the client about depression, and encourage the client to disclose all symptoms and complaints, both cognitive and somatic.

› How: The social worker needs to use active listening skills, acknowledge the client’s feelings, provide reassurance and emotional support, and utilize therapeutic communication techniques to help the client cope with his or her depression. This can also help to reduce the negative impact of the client’s depressive symptoms on client/clinician communication.

› Where: Communicating with clients who are depressed may take place in any inpatient or outpatient setting, the client’s home, or any location in which the client is receiving services.

› Who: All social workers and clinicians must be able to communicate effectively with depressed clients.

What is the Desired Outcome of Communicating with Clients Who Are Depressed?

› The desired outcome when communicating with clients who are depressed is for the social worker to be able to establish a supportive, therapeutic environment and relationship with the client. When a client feels that the social worker is validating his or her feelings and creating a safe and nurturing environment, the client will feel more comfortable in sharing thoughts and feelings, and engaging in the therapeutic process.
Why is Communicating with Clients Who Are Depressed Important?

› Successful communication between a social worker and a depressed client will result in:
  • An improved quality of interaction because the social worker understands the needs of the client who is exhibiting signs and symptoms of depression
  • A greater likelihood that the client will adhere to the treatment plan
  • More effective client and family education
  • The client having an increased sense of trust and confidence in the social worker’s ability to help

Facts and Figures

› The global prevalence of depression is estimated to be 4.4% (World Health Organization, 2017)
› Some clients have mild symptoms of depression, which may compromise communication; others may meet diagnostic criteria for major depressive disorder (MDD). In a United States survey, an estimated 10.4% of adults met Diagnostic and Statistical Manual of Mental Health, Fifth Edition (DSM-5) criteria for MDD during the last 12 months. The same investigators found that 13.4% of women reported a major depressive episode in the last 12 months compared to 7.2% of men. The lifetime prevalence of MDD was 20.6%. White adults were at higher risk for MDD than Black, Asian/Pacific Islander, and Hispanic adults (Hasin et al., 2018)
› Depression is underreported and under treated: only an estimated 69.4% of United States adults who meet criteria for MDD receive treatment (Hasin et al., 2018)
› For clients with a medical issue and concurrent depressive symptoms, their rating of physician-patient communication is affected by their depressive symptoms. In a study of subjects with coronary disease, investigators found that 31% of the subjects with mild depressive symptoms and 39% of the subjects with moderate to severe depressive symptoms rated their physicians as being poorly responsive to their needs compared with 18% of the subjects with mild or no depressive symptoms (Schenker et al., 2009)
› Researchers in China found associations between pain, depression, and communication difficulties (i.e., having trouble expressing themselves due to either emotional or physical reasons) in older adults. When older adults reported a communication difficulty in conjunction with a depressed mood, they reported higher levels of pain. It is possible that the combination of depression and communication difficulty led to those older adults either experiencing more pain or finding that pain to be more catastrophic (Chan et al., 2015)
› Communication avoidance between partners when one partner is coping with a severe illness can lead to greater depression and psychological distress in the ill person. Researchers found that women undergoing treatment for breast cancer who either avoided communication with their partner or felt that their partner was avoiding communication had higher rates of distress and depression. The researchers felt that if social workers working with this population could minimize communication avoidance and help clients be aware of how communication styles can impact emotional distress, improved coping might follow (Yu & Sherman, 2015)
› Depression in men may be underdiagnosed if men exhibit a more masculine pattern of depression that involves “acting out” symptoms such as chronic anger, self-destructive behaviors, or substance use along with feelings of helplessness, hopelessness, and worthlessness (Kilmartin, 2005). Men may not recognize their own depression if they are not feeling sad, tearful, etc. Older adults are another population vulnerable to depressive symptoms because of the likelihood that they will experience situations that can trigger depression. These include isolation, debilitating physical conditions, bereavement, and financial stressors (Macdonald, 2010)

What You Need to Know Before Communicating with Clients Who Are Depressed

› The social worker needs to recognize the difference between transient depression, which is short-term and occurs in response to a specific situation, and clinical depression, which may require additional interventions beyond those needed to address communication issues
› Clinical depression commonly takes one of three forms, regardless of whether the client is in a medical or a mental health setting; all forms of clinical depression may affect communication. They are:
  • MDD, in which persons have discrete episodes lasting at least 2 weeks in which they experience negative feelings, which may include a depressed mood, sadness, tearfulness, and loss of pleasure or enjoyment. The client also may have somatic symptoms (e.g., weight loss, weight gain, insomnia, hypersomnia, psychomotor agitation, fatigue, trouble concentrating). MDD can resolve or it can be chronic, with a need for long-term treatment
  • Persistent depressive disorder (previously referred to as dysthymic disorder) is a less severe manifestation of MDD. In persistent depressive disorder, symptoms have been present for at least 2 years, with the individual never having more than
2 months of being symptom-free; symptoms include a depressed mood for most of the day and the presence of at least two of the following:
– Poor appetite or overeating
– Insomnia or hypersomnia
– Low energy or fatigue
– Low self-esteem
– Trouble concentrating or making decisions
– Feelings of hopelessness

• Bipolar disorder is typified by periods of depression along with intermittent periods of mania (i.e., a mood disturbance in which a person has an elevated or irritable mood coupled with an abnormally increased energy or activity level). Clients with bipolar disorder can have extended periods of normal mood and functioning

Clinical depression is most often treated with a combination of medication and psychotherapy
Depression often is present with other physical and mental illnesses as a result of the stressors that accompany these disorders, which include heart disease, cancer, lung disease, anxiety disorders, and substance use disorders

The social worker needs to use therapeutic communication techniques and strategies to foster a therapeutic relationship with the client. Therapeutic communication techniques include:
• Making oneself physically available to the client
• Using open-ended, neutral questions
• Restating to the client the main content of the client’s communication
• Reflecting back to the client the emotional themes of the communication
• Helping the client to focus by asking questions that are goal-directed
• Seeking clarification of anything the client says that is not clear
• Providing relevant information and education to the client that is related to his or her health, mental health, or general well-being
• Being comfortable with silence. If the client is not talking, the social worker should not speak just to end the silence
• Mirroring the client’s communication by repeating verbatim to the client what he or she has said
• Summarizing the key points of the conversation at the end of the session
• Enhancing engagement through rapport, warmth, humor, optimism, and a commitment to the client as a person
• Tailoring communication to be as specific and relevant to the client as possible

There are specific steps the social worker should take to address and accommodate the client’s depressed state. These include:
• Respecting the client’s personal space
• Providing a calm, positive presence
• Verbally acknowledging the client’s emotions and desires
• Providing a quiet environment
• Listening without arguing

Social Work Responsibilities in Regard to Communicating with Clients Who Are Depressed

• Preliminary steps prior to communicating with clients who are depressed include:
  • Reviewing the unit-/facility-/agency-specific protocol for communicating with clients who are depressed, if one is available
  • Reviewing any orders from a treating physician
  • Reviewing the client’s medical history/medical record/mental health history to determine if he or she has a medical condition, a psychiatric condition, or is taking any medication that may be exacerbating depression

• The social worker should complete a thorough biopsychosocial-spiritual assessment, including psychosocial functioning, coping strategies, strengths, and potential vulnerabilities

• When assessing a client who is depressed, the social worker may notice the following traits or behaviors:
  • Listlessness
  • Flattened affect
  • Poor grooming
  • Lack of eye contact
  • Weight loss or weight gain
  • Visual evidence of sleep difficulties (e.g., yawning, dark circles, complaints of fatigue)
• Trouble with concentration and memory
• Social isolation
• General slowing of physical and mental abilities

The social worker needs to avoid verbal barriers to effective communication. The following may be perceived negatively by the client and may escalate his or her fear and distress:
• Giving advice or suggestions prematurely
• Reassuring clients prematurely or without a genuine basis for hope
• Using sarcasm or humor that is distracting to the client or that minimizes the client’s situation
• Judging, blaming, or criticizing the client
• Lecturing or arguing with the client to try to convince the client that the social worker’s point of view is correct
• Using dogmatic statements (e.g., I know what is wrong with you, I know how you feel) or using jargon
• Stacking too many questions together or using leading questions (e.g., You’ve been feeling depressed, haven’t you?)
• Interrupting the client excessively or at inappropriate times
• Talking too much or dominating the conversation
• Threatening the client

For clients coping with a physical illness or mental illness, encouraging and sustaining hope in clients may increase the likelihood of a good outcome. When fostering hope, the social worker should:
• Work within the client’s frame of reference
• Focus on the client’s strengths
• Make links to past gains
• Relate to the client as a human being and be accepting of the client for him- or herself
• Believe that change is possible for the client
• Help the client to understand his or her illness
• Encourage the client to have a sense of achievement in an activity
• Be genuine
• Be realistic
• Maintain hope for the client even when the client is hopeless

The social worker needs to assess and monitor clients with depression for any signs or communication of suicidal ideation or self-harm

Other Interventions that may Be Necessary before, during, or after Communicating with Clients Who Are Depressed

Encourage the client to record any symptoms, side effects, and progress toward goals, whether his or her issue is related to medical or mental health. This will enhance the client’s ability to report accurately on his or her health and mental health to the social worker and any other treating clinicians

Note in the client’s record any successful communication, for that information to be available to other clinicians or team members participating in the client’s plan of care-

What Social Work Models are used for Communicating with Clients Who Are Depressed?

Communication with clients who are depressed will follow the therapeutic communication model outlined above. The treatment or therapy for the client’s depression will follow the appropriate model for intervention used by the social worker. Most commonly, this will involve pharmacotherapy, cognitive-behavioral therapy, and/or psychodynamic therapy

Red Flags

Social workers need to be mindful that a neutral facial expression may be interpreted incorrectly by a depressed individual with a negative bias; for example, as the social worker communicating disgust

The most serious symptom of depression is recurrent thoughts of death or self-harm. All clients should be evaluated for suicidal ideation by asking the client directly if he or she has had any thoughts of suicide or plans to end his or her life. Risk factors for suicide include:
• Any previous attempts
• Any current thoughts of suicide
• History of substance abuse
What Do I Need to Teach the Client/Client’s Family?

› Educate the client and family on the signs and symptoms of depression and explain that depression can be common and very normal given what they are experiencing.

› Correct any inaccurate perceptions or beliefs about depression.

› Use the therapeutic communication techniques outlined above to improve the quality of communication even if the client remains depressed.

› Establish trust and rapport with client and family.

› If the client’s depression is related to a medical condition, ensure that the client has the correct information about the condition and any relevant treatments, surgeries, etc.

› If the client’s depression is chronic or meets the criteria for MDD, ensure that he or she receives appropriate therapy and other clinicians.

References

