



Understanding and Coping with Mental Health Disorders

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- Clinical Psychology PhD – UCLA
- Clinical Training:
 - UCLA College and Psychological Services
 - Sepulveda Veterans Affairs Ambulatory Care Center
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- Research Interests:
 - Biopsychosocial predictors of quality of life among ethnic minority cancer survivors
 - How people regulate their emotions, cope with stress, and how these processes lead to health and well-being



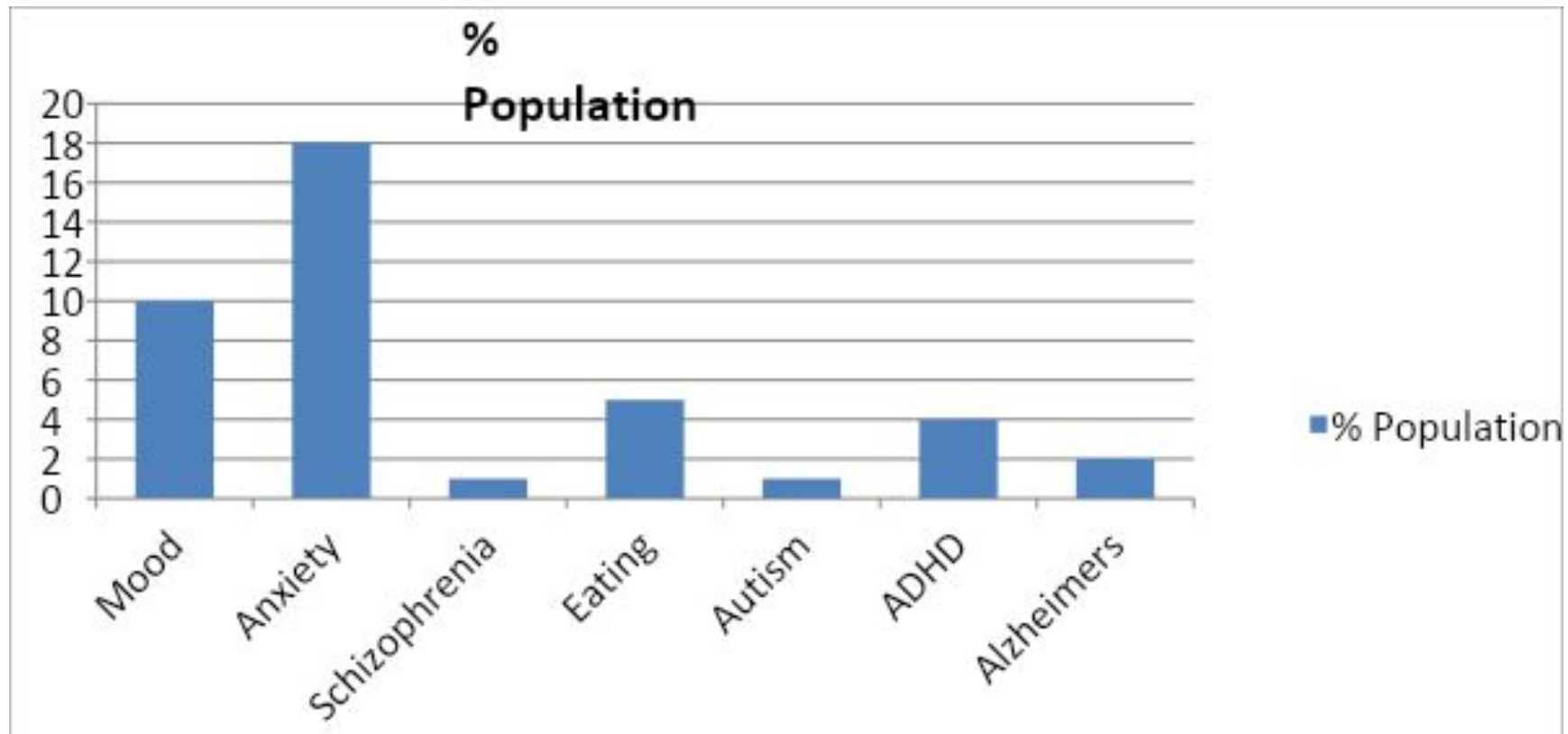
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- Life Science BS - National Taiwan University
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- Currently work at Garden of Hope NY
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- RA for Cultural, Emotion and Health Lab at NYU
- Research and Clinical Interests:
 - Gender- and race-based trauma
 - Immigrant youth and family
 - Emotion regulation and interventions

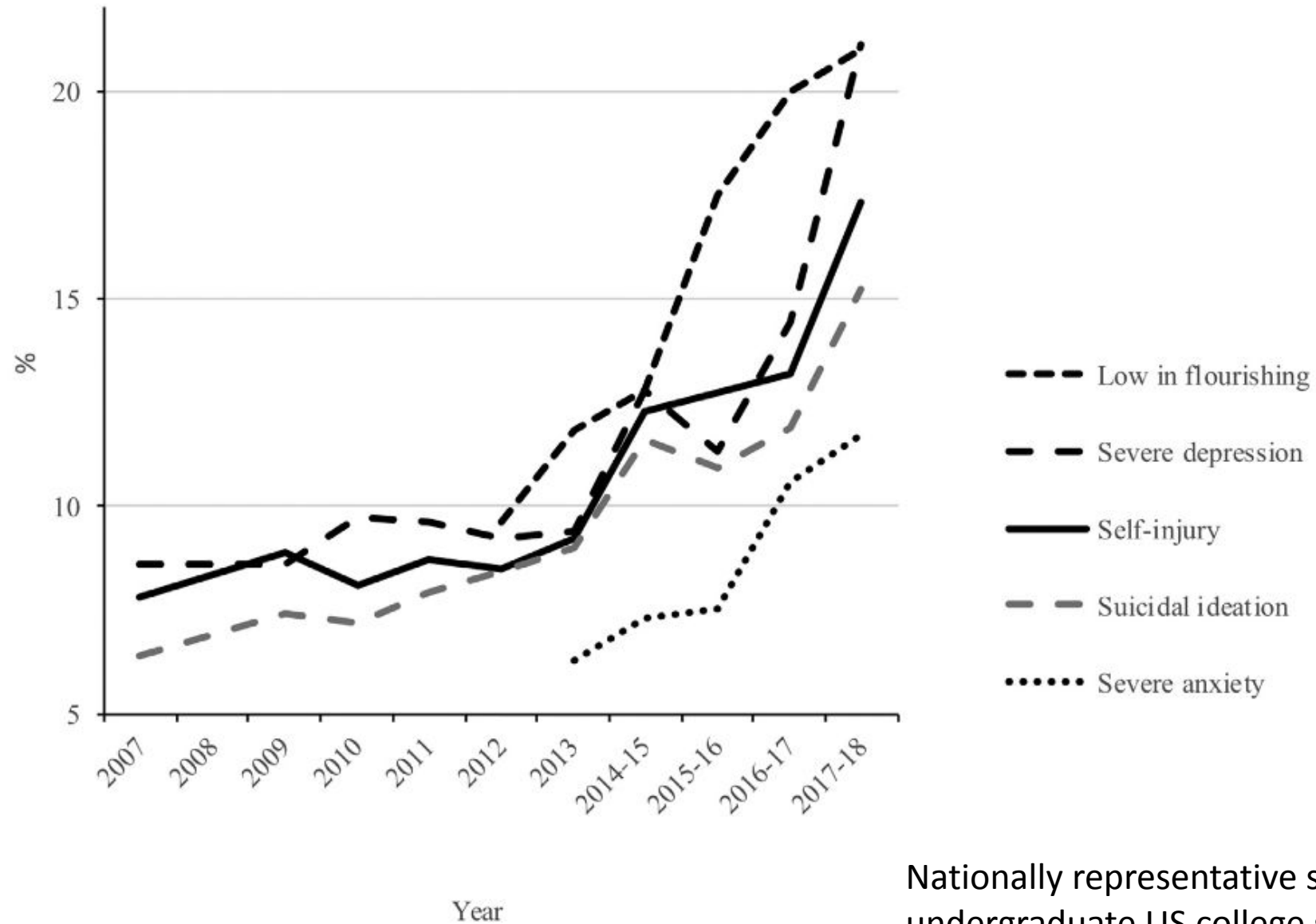
Today's Agenda

- What are mental health *disorders*?
 - Major depressive disorder
 - Social anxiety disorder
 - Obsessive compulsive disorder
 - Post-traumatic stress disorder
- How does our upbringing and childhood adversity impact how we cope and how we feel?
- How do we cope with mental health problems?

Prevalence of Lifetime Mental Disorders (U.S.)



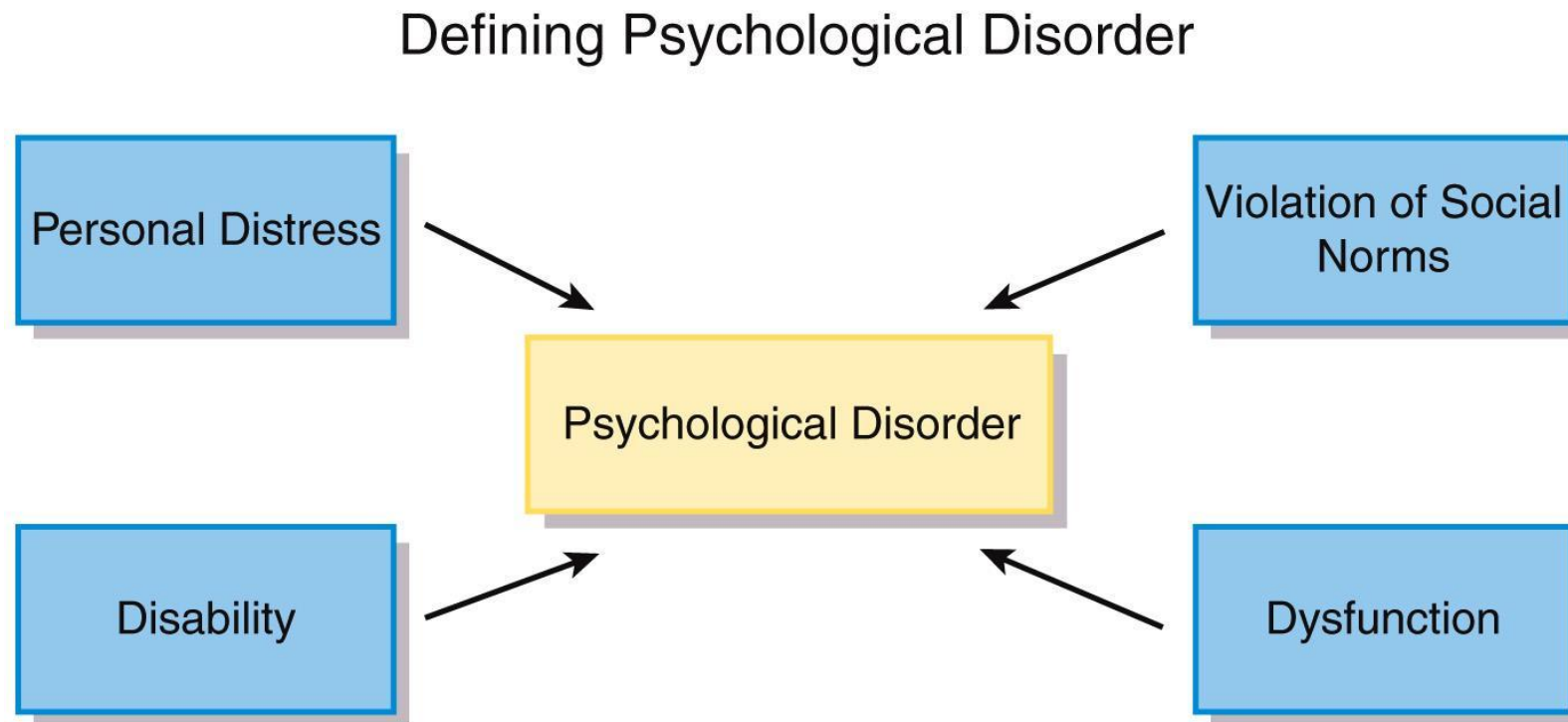
World Health Organization (2008)



Nationally representative sample of 610,543 undergraduate US college students

How do we know when poor mental health becomes a mental health *disorder*?

- There is not one single indicator, but there are some common **elements**

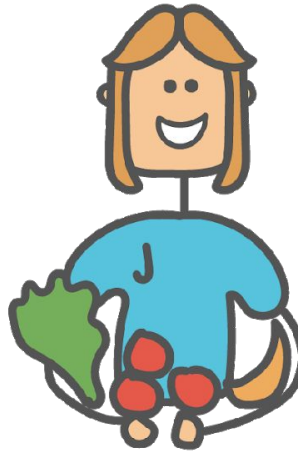
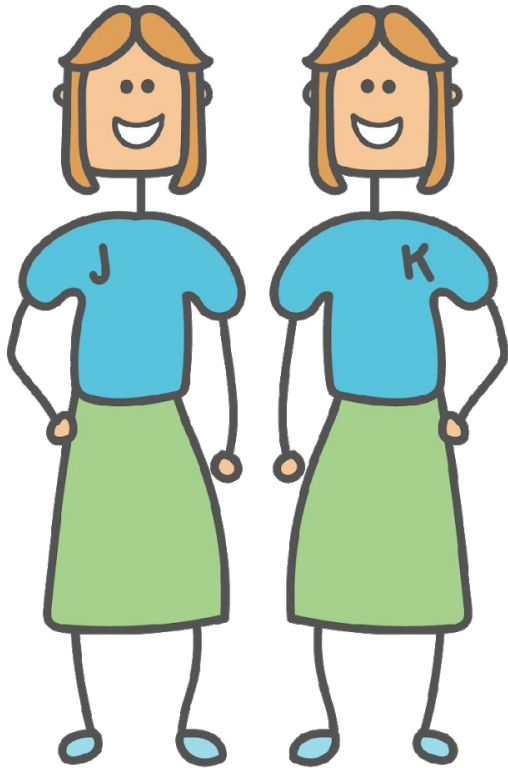


Etiology of Mental Health Disorders

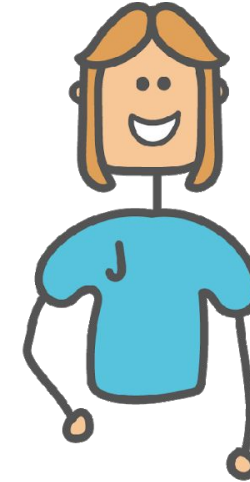
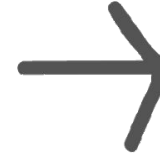
- Etiology - the cause, set of causes, or manner of causation of a disease or condition.
- What factors contribute to onset of mental health disorders?
 - Genetic
 - Neurobiological
 - Social
 - Psychological

Gene-Environment Interaction

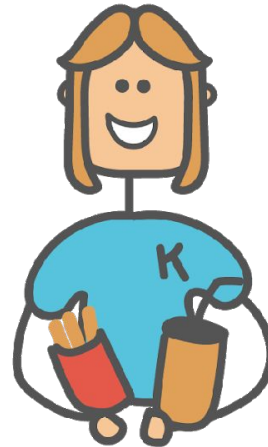
Jennifer & Karen
Identical twins born with
genes that absorb fats twice as
fast as the average person



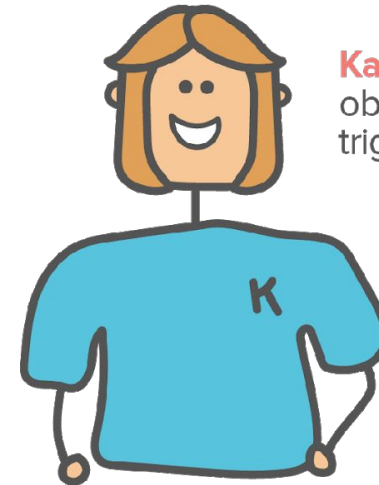
Jennifer
Eats healthy low
fat food



Jennifer
obesity genes
not triggered



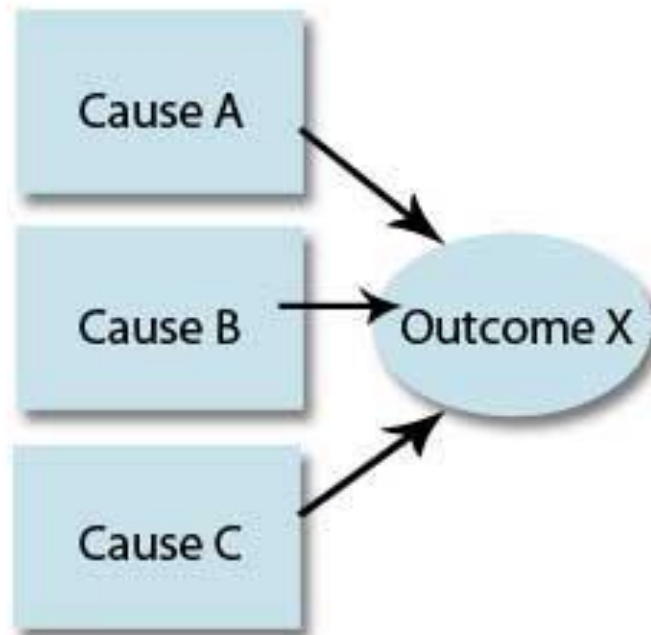
Karen
Eats fatty
unhealthy food



Karen
obesity genes
triggered

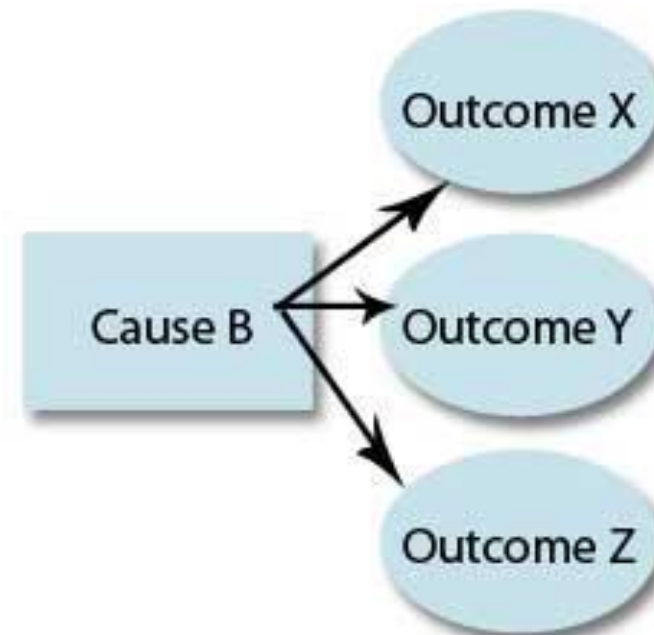
Equifinality and Multifinality

Equifinality



e.g., genetics or life stress can lead to depression

Multifinality



e.g., poverty doesn't always lead to the same outcome

Equifinality

- Jim's grandmother and mother both suffered from depression.
 - Nancy just got laid off and feels hopeless about finding another job.
 - Tom feels lonely most of the time. He struggles with making friends at school.
-
- They may be all experiencing major depression/depressive episode, but may have different causes.



DSM-5 Criteria for Major Depressive Disorder (MDD)

- Sad mood **OR** loss of interest or pleasure (**anhedonia**)
 - Symptoms are present nearly every day, most of the day, for at least 2 weeks
 - Symptoms are distinct and more severe than a normative response to significant loss
- PLUS four of the following symptoms:
 - Sleeping too much or too little
 - Psychomotor slowness or agitation
 - Poor appetite and weight loss, or increased appetite and weight gain
 - Loss of energy
 - Feelings of worthlessness or excessive guilt
 - Difficulty concentrating, thinking, or making decisions

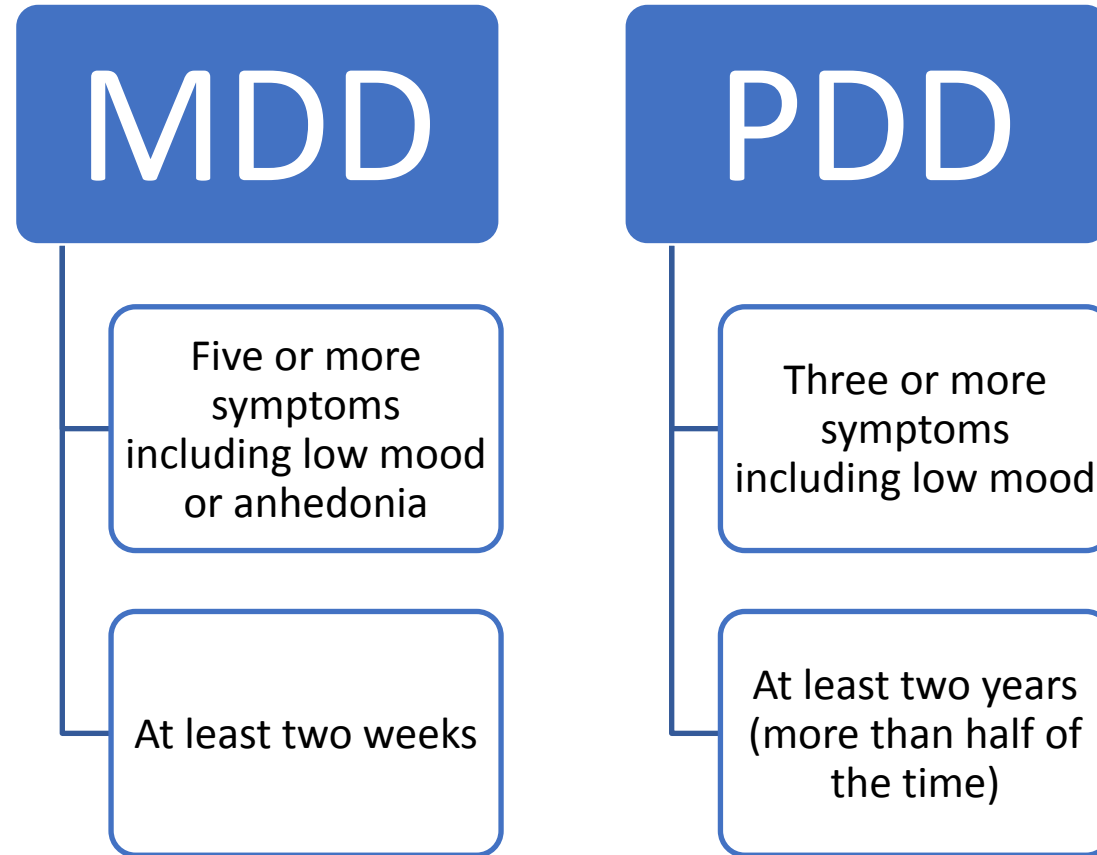
Major Depressive Disorder (MDD)

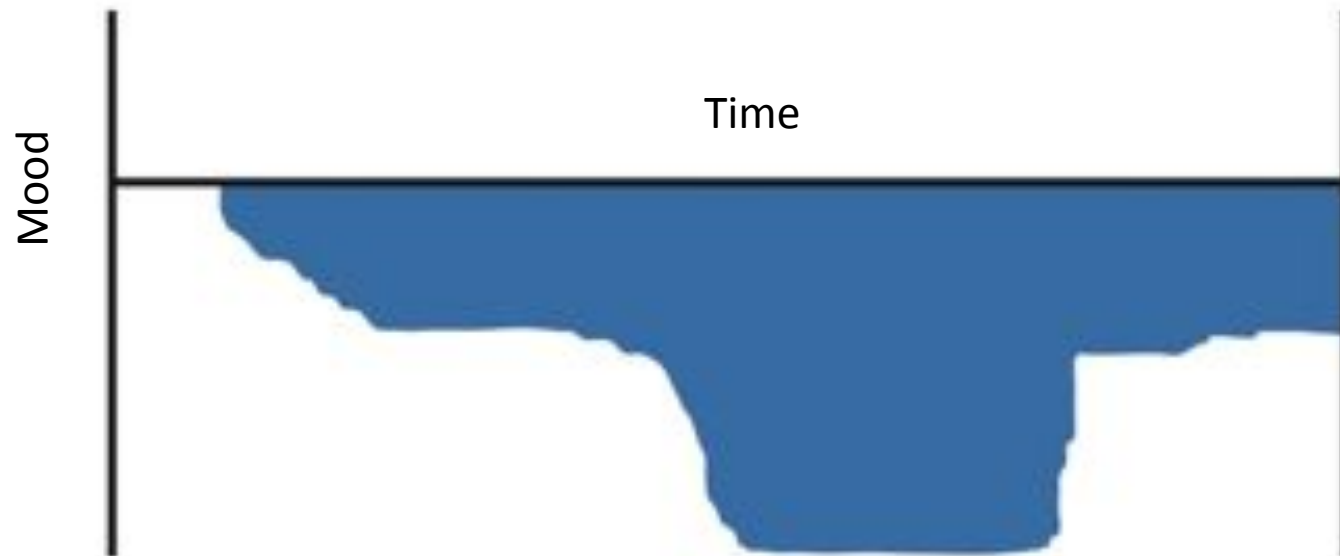
- Episodic
 - Symptoms tend to dissipate over time
- Recurrent
 - Once depression occurs, future episodes likely
 - Average number of lifetime episodes is 4

DSM-5 Criteria for Persistent Depressive Disorder (PDD)

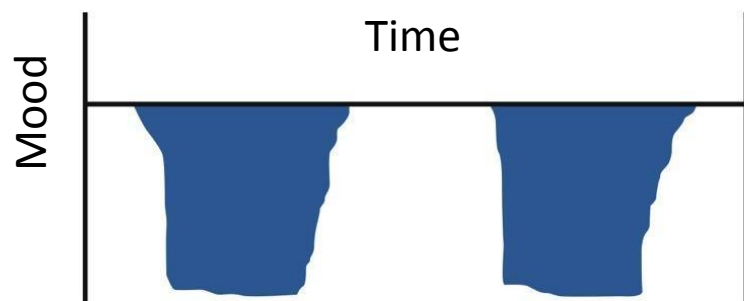
- Formerly known as **dysthymia**
- Depressed mood for at least 2 years; 1 year for children/adolescents
- PLUS 2 other symptoms:
 - Poor appetite or overeating
 - Sleeping too much or too little
 - Poor self-esteem
 - Trouble concentrating or making decisions
 - Feelings of hopelessness
- Symptoms do not clear for more than 2 months at a time
- No occurrences of manic episodes

MDD and PDD

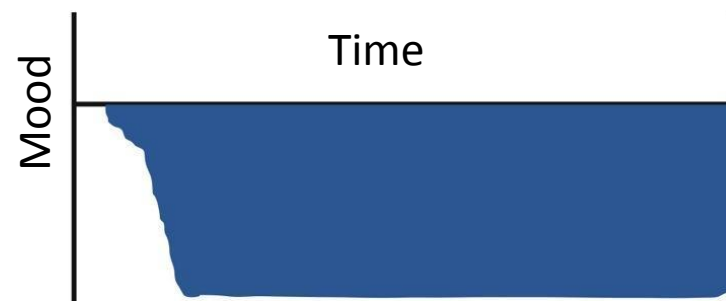




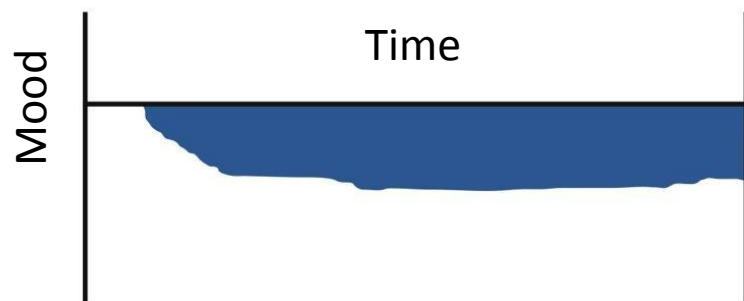
- “Double Depression”: Having both MDD and PDD



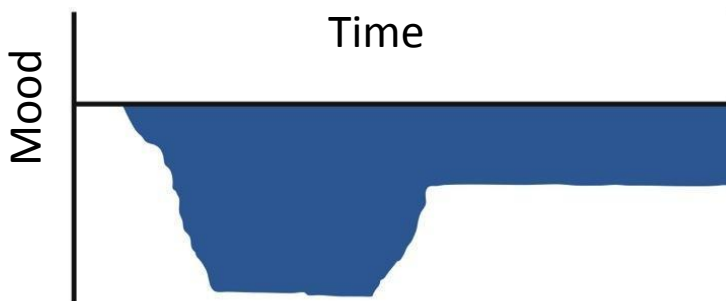
(a)



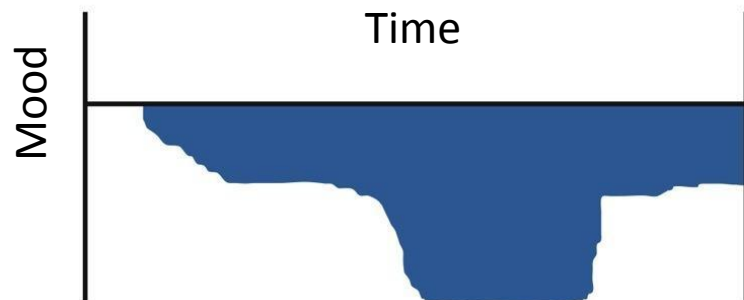
(d)



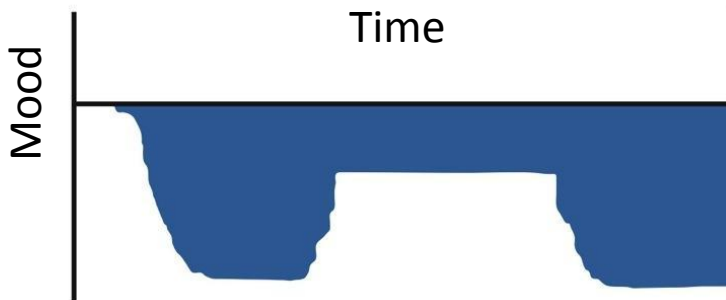
(b)



(e)



(c)



(f)



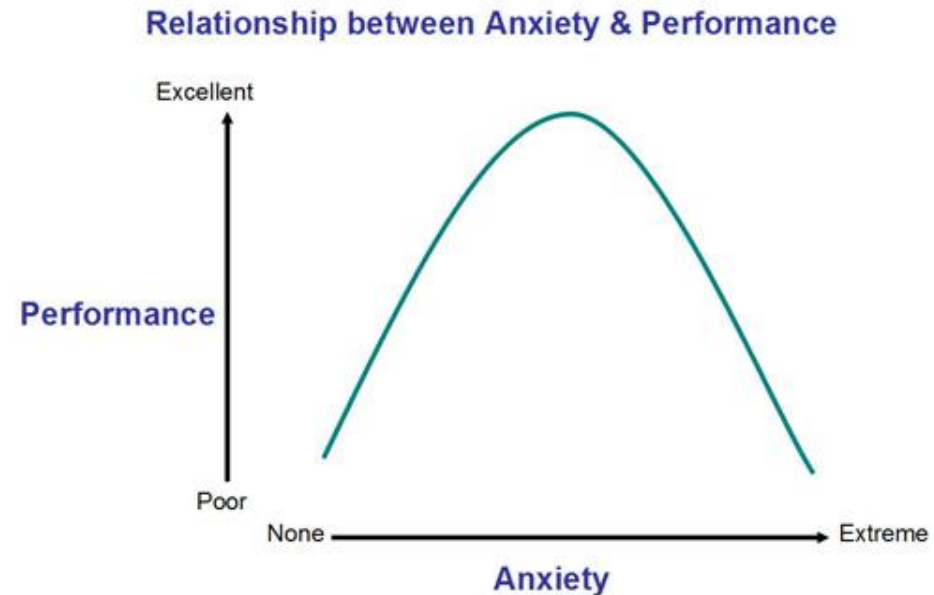
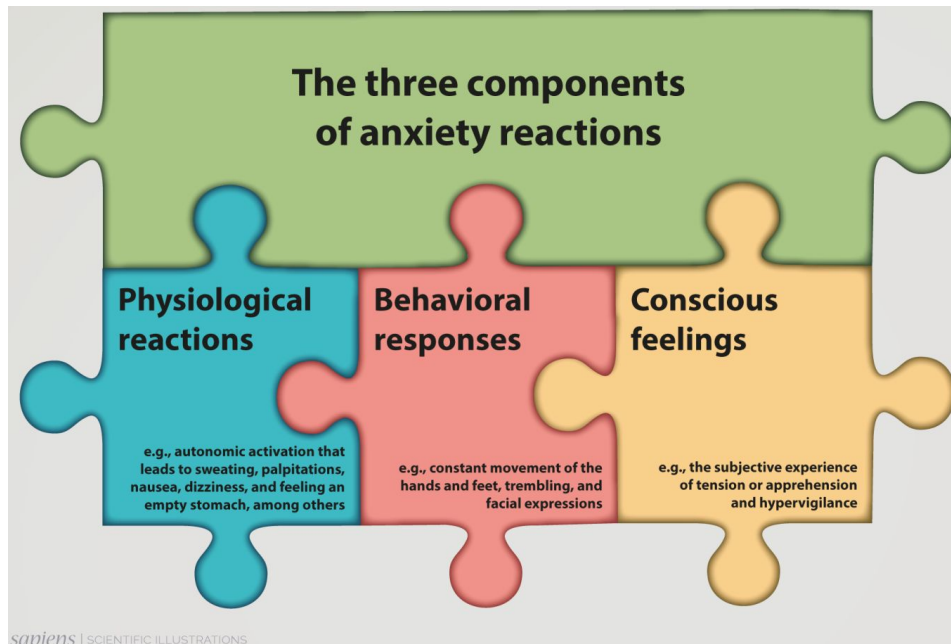
Anxiety

How would you describe your typical anxiety level?

anxiety

Anxiety

- Involves cognitive, physiological, and behavioral components
- Activation of the sympathetic nervous system (fight, flight, or freeze)
- Having anxiety is healthy and adaptive



Fight, flight, or freeze response

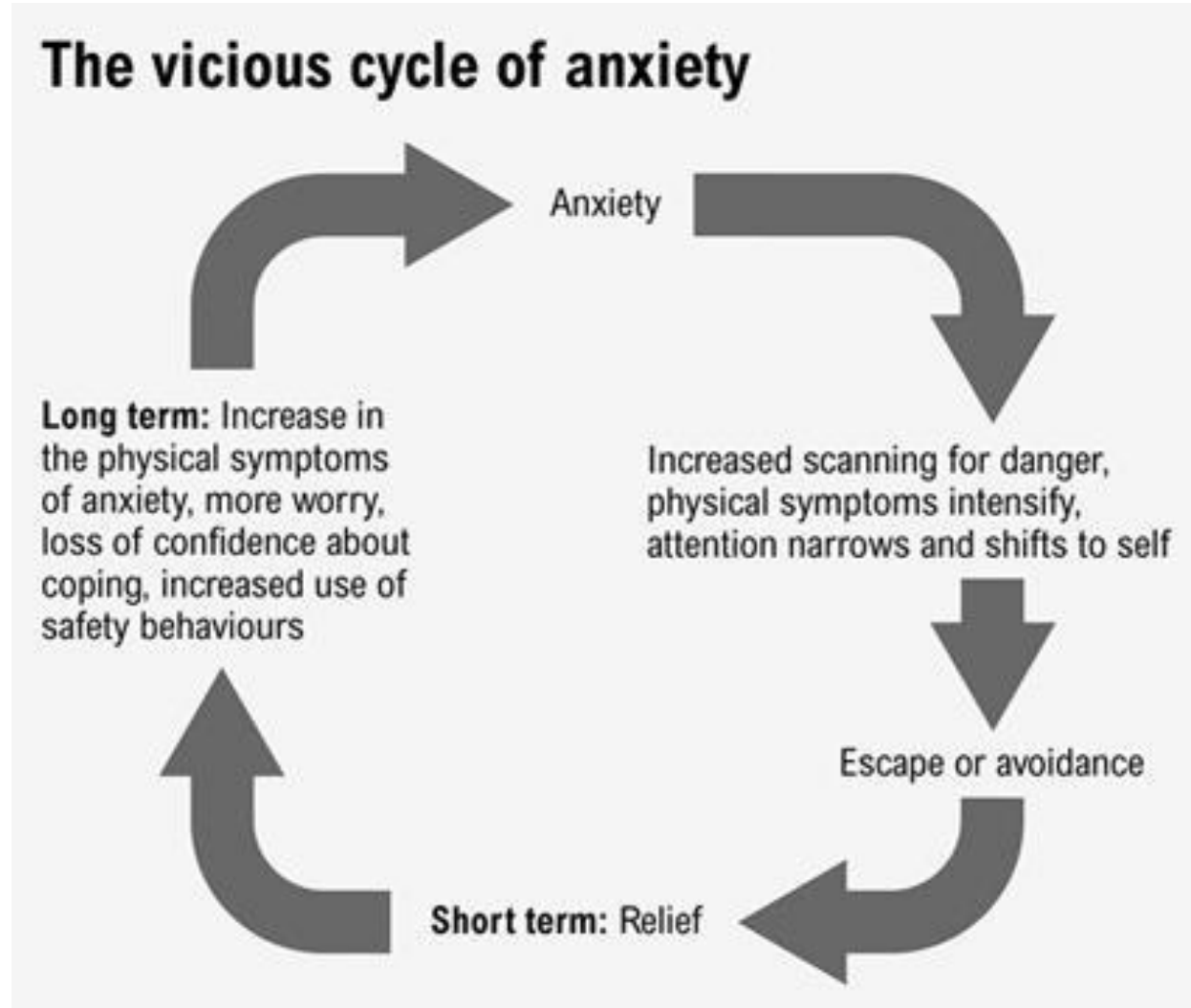



When does anxiety becomes an anxiety *disorder*?

- Impairment (“over-sensitive”)
- Pervasive and persistent
- Avoidance is the norm



Avoidance





Calling in sick to avoid public speaking



- Short-term relief
- It works (sometimes)!

- Strengthens intensity of anxiety
- Makes the fear “real”
- Does not solve the problem
- Prevents learning



Social Anxiety Disorder

- Previously called *Social Phobia*
 - Usually causes more life impairments than other phobias
- More intense and extensive than shyness
 - Persistent, intense fear and **avoidance** of social situations
 - Fear of negative evaluation or scrutiny
 - Exposure to trigger leads to anxiety about being humiliated or embarrassed socially
 - Onset often adolescence
- Lifetime prevalence rate around 12%

Generalized Anxiety Disorder (GAD)

- Involves chronic, excessive, generalized, uncontrollable worry
 - Lasts at least 6 months
 - Interferes with daily life
 - Often cannot decide on a solution or course of action
- Other symptoms:
 - Restlessness, poor concentration, tiring easily, restlessness, irritability, muscle tension
- Common worries:
 - Relationships, health, finances, daily hassles
- Often begins in adolescence or earlier

Obsessive-Compulsive Disorder (OCD)

- Obsessions

- Defined as intrusive, persistent, and uncontrollable thoughts or urges that interfere with normal activities
- Involve cognitions and NOT behaviors
- Often understood as irrational
- Most common types:
 - Contamination, religious, symmetry and/or order

Obsessive-Compulsive Disorders

- Compulsions

- Impulse to repeat certain *behaviors or mental acts* to avoid/reduce distress
 - e.g., cleaning, counting, touching, checking
 - Behavior-based
-
- Compulsive gambling, eating, etc. are NOT considered compulsions, because they are perceived as pleasurable
 - Compulsions only *reduces* anxiety, not *give* pleasure

DSM-5 Diagnostic Criteria: Obsessive-Compulsive Disorder

- Presence of obsessions **and/or** compulsions
- The obsessions or compulsions are time consuming (e.g. at least one hour per day) or cause clinically significant distress or impairment
- Recognition that obsessions or compulsions are unreasonable or excessive (in adults)

OCD Examples

<https://www.youtube.com/watch?v=44DCWslbsNM>

<https://www.youtube.com/watch?v=laEfKnfCw8w>

Exercise

- Write down the name of a person who you care about.

How does OCD develop?

- Presence of unwanted thoughts is normal
- The attention and meaning that is given to thoughts causes the impairment
 - “my hands are dirty”
- **Thought-Action Fusion:** belief that our “bad” thoughts must be followed by a specific action

What is Trauma?

- Combat
- Sexual and physical assault
- Robbery, being kidnapped, being taken hostage
- Terrorist attacks, torture
- Natural disasters, severe automobile accidents
- Life-threatening illnesses
- Witnessing death or serious injury by violent assault, accidents, war, or disaster
 - Vicarious learning
- Moral injury
 - “How could I have murdered that child”

Symptoms of PTSD are normal reactions to an abnormal situation

- Emotional: crying, anger, excessive worry, feeling overwhelmed, irritability, guilt, sadness and depression
- Behavioral: Increase risky behaviors: excessive use of alcohol or drugs
- Cognitive: Inability to focus, difficulty making decisions or concentrating
- Physical: Headaches, stomach aches, numbing, fatigue; changes in eating or sleeping patterns;
- Spiritual: Religious confusion, anger at God, renewed commitment

PTSD ≠ Trauma ≠ Anything bad

- People usually experience symptoms of PTSD after experiencing trauma, but **symptoms** usually do not develop into a **disorder**
 - E.g., Car accident
- Bad things happen to people, affecting them deeply, that are not “traumatic”
 - E.g., Being fired from a job, stomach flu


Maladaptive Cognitions

- Example: If you were car-jacked, the danger of the situation would lead to the activation of the fight-flight-freeze response, and you would probably experience negative emotions such as **fear, anger, etc.**



Primary emotions

Maladaptive Cognitions

- ❑ If you blame yourself afterward for being car-jacked, you might experience **shame, humiliation, un-forgiveness and/or guilt.**

Secondary emotions
- ❑ “How stupid of me to drive “THAT” car to the concert.”
 - *faulty interpretation of guilt*
- ❑ “I should’ve known better than to take a detour in that area”
 - *faulty interpretation of shame*
- As long as you keep thinking, “It was my fault”, you will likely continue **producing** shame, guilt, etc

Trauma often impacts our beliefs about

- Safety
- Trust
- Power/Control
- Self-esteem
- Intimacy

DSM-5 Diagnostic Criteria of PTSD

- Exposure to a stressful/traumatic event
- Flashbacks or re-experiencing
- Avoidance of triggers
- Sleep difficulties
- Irritability
- Concentration difficulties
- Hypervigilance
- Exaggerated startle response
- The symptoms began or worsened after the trauma(s) and continued for at least one month

How does our upbringing and childhood adversity impact how we cope and how we feel?



Garden of Hope dedicates itself to serving, caring, and rebuilding the lives of people who have been exposed to domestic violence, sexual assault, and human trafficking; specifically targeting its services towards the growing Chinese communities in the NYC region.

- Not only work with the children but work with the entire family.
- Counseling, art therapy, family session, legal advocacy if needed

Client stories

- James and Kate (7 y.o. & 15 y.o.)
- Xiao (14 y.o.)
- Chris (32 y.o.)



- Developing resilience after trauma experiences (i.e., managing & validating your own emotions)
- More bi-cultural mental health professionals are needed (i.e., working with parents about mental health stigma)

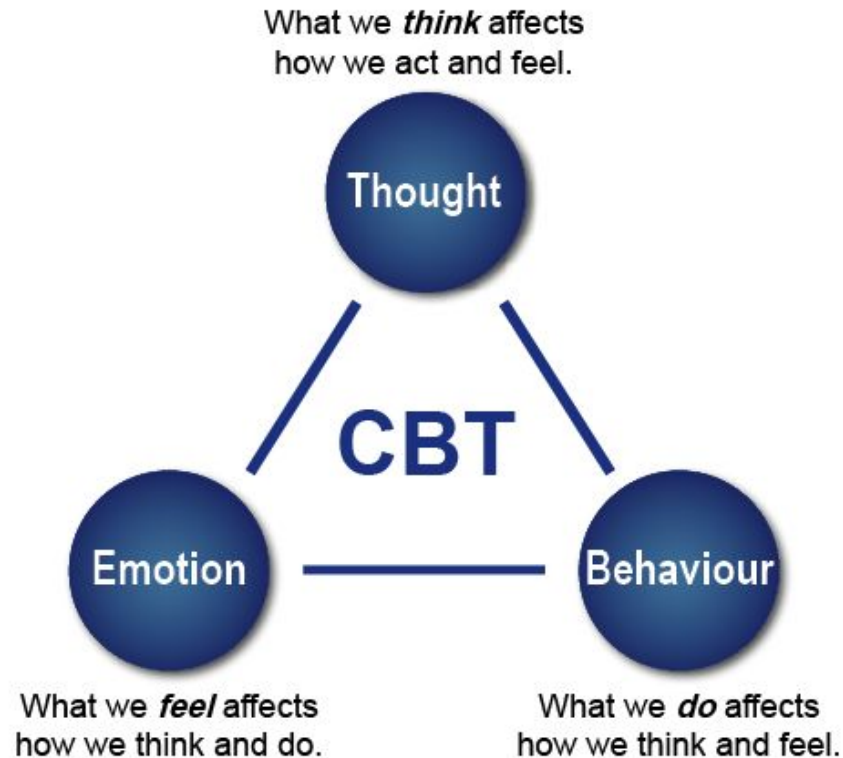


Client's work

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How to improve your mood?

Cognitive Behavior Therapy



"Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom."

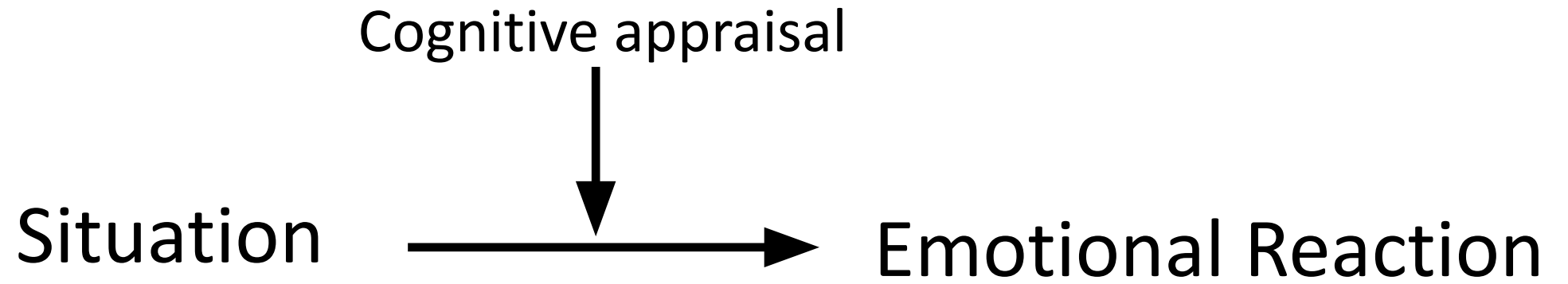
- Viktor Frankl (Holocaust survivor)



Situation



Emotional Reaction





Problematic patterns of thinking

Black / White Thinking

Looking at things in only extreme & opposite ways.
(Always or Never; All or Nothing)



Fortune-Telling

Making predictions about what will happen in the future without supporting evidence.



Making it Personal

Blaming yourself for things you have no control over (or things that are not your fault).



Overgeneralization (Global Thinking)

You make a sweeping negative conclusion that goes far beyond the current situation.

Example: "I don't have what it takes to make friends."



Behavioral Activation

<https://www.youtube.com/watch?v=ZVHKZOE9LU0>

Activity Planning Worksheet

5.25

Instructions: Write some specific activities that you recorded on the "Values, Pleasure, and Mastery Activities List" in the "activity" column. Place a check in the "completed" column to indicate if you completed the scheduled activity. Record a mood rating in the last row; mood is rated between 0-10 ("0" indicating "most negative" and "10" indicating "most positive.")

	Activity	Completed	Mood rating
5-7:00 am			
7:00 am			
8:00 am			
9:00 am			

Daily Activity Diary

1) Record: What were you doing during each time slot?

2) For each box rate ENJOYMENT and MASTERY from 0 (not at all) to 10 (a lot)

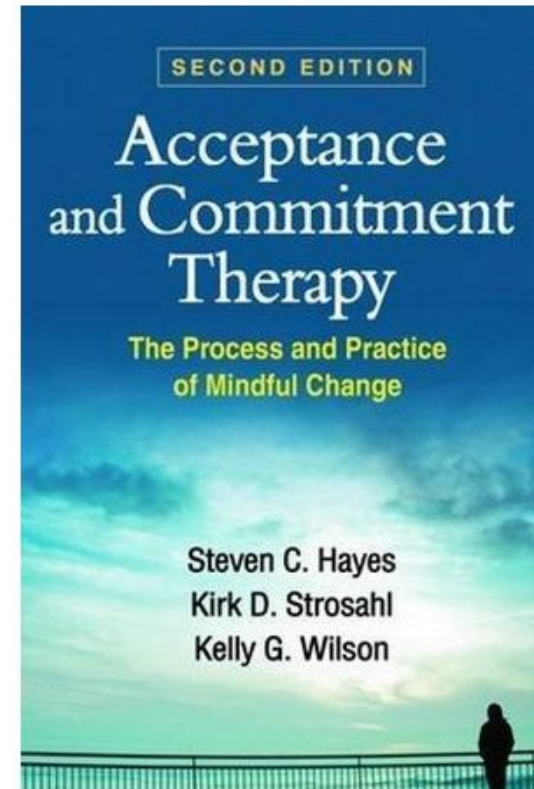
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7am to 9am	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=
9am to 10am	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=
10am to 11am	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=
11am to 12pm	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=
12 to 1	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=
1 to 2	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=
2 to 3	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=
3 to 4	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=
4 to 5	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=
5 to 6	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=
6 to 7	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=
7 to 8	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=
8 to 9	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=
9 to 10	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=
10 to 12am	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=

Acceptance and Commitment Therapy (ACT)



Acceptance and Commitment Therapy (ACT)

- The point of ACT is to learn to use our minds only when they are helpful for us. And to catch our mind each time it stops us from acting in a value-consistent way.



Acceptance

- Can be called acceptance, but is better described by the word willingness
 - Not resignation
- Actively embracing all private events (both painful and joyful) without attempting to alter the frequency or form
- The idea is to “let go” of the struggle
- This is directly opposite to **Experiential Avoidance** where attempts are made at altering both form and frequency of unwanted thoughts
- Importantly, acceptance is used in ACT to foster values based action that may previously had been avoided

Mindfulness

- <https://www.youtube.com/watch?v=w6T02g5hnT4>

Passengers on the bus metaphor

- <https://www.youtube.com/watch?v=Z29ptSuoWRc>

ACT Exercise

- We are all invited to a celebration in your honor....
 - You can invite any three individuals to go on the stage to speak on your behalf



Values

- What are the things that are most important to you?
- What are the things you care about most?
- In many areas of life we lose touch with the things important to us
 - Family
 - Friends
 - Career
 - The environment
 - Health
- ACT aims to enable clients to fully contact their values

Accountability	Diversity	Humility	Security
Accuracy	Dynamism	Independence	Self-actualization
Achievement	Economy	Ingenuity	Self-control
Adventurousness	Effectiveness	Inner Harmony	Selflessness
Altruism	Efficiency	Inquisitiveness	Self-reliance
Ambition	Elegance	Insightfulness	Sensitivity
Assertiveness	Empathy	Intelligence	Serenity
Balance	Enjoyment	Intellectual Status	Service
Belonging	Enthusiasm	Intuition	Shrewdness
Boldness	Equality	Joy	Simplicity
Calmness	Excellence	Justice	Soundness
Carefulness	Excitement	Leadership	Speed
Challenge	Expertise	Legacy	Spontaneity
Cheerfulness	Exploration	Love	Stability
Commitment	Expressiveness	Loyalty	Strategic
Community	Fairness	Making a difference	Strength
Compassion	Faith	Mastery	Structure
Competitiveness	Fidelity	Merit	Success
Consistency	Fitness	Obedience	Support
Contentment	Fluency	Openness	Teamwork
Contribution	Focus	Order	Temperance
Control	Freedom	Originality	Thankfulness
Cooperation	Fun	Patriotism	Thoroughness
Correctness	Generosity	Perfection	Thoughtfulness
Courtesy	Goodness	Piety	Timeliness
Creativity	Grace	Positivity	Tolerance
Curiosity	Growth	Practicality	Traditionalism
Decisiveness	Happiness	Preparedness	Trustworthiness
Dependability	Hard Work	Professionalism	Truth-seeking
Determination	Health	Prudence	Understanding
Devoutness	Helping Society	Quality-orientation	Uniqueness
Diligence	Holiness	Reliability	Usefulness
Discipline	Honesty	Resourcefulness	Vision
Discretion	Honor	Restraint	Vitality

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How to increase your “effectiveness” in
social interactions?

In every social interaction



- Objective (What is your goal?)
- Self-esteem (How do you feel about yourself)
- Relationship (How much do you value this relationship)

Scenario

- A 10-page paper is due next Friday and you need more time.
- How do you ask for an extension from the professor?

A Dialectical Behavioral Therapy (DBT) Skill for increasing interpersonal effectiveness

- **DEAR MAN**

- **D:** Describe the situation.

- E:** Express how you feel about it.

- A:** Assert your request.

- R:** Reinforce the other person for giving you what you want.

- M:** Stay mindful.

- Be a broken record

- Ignore attacks

- A:** Appear confident.

- N:** Negotiate if needed.

When to use it?

- **Anytime** you have a request for something
 - Asking roommate to wash the dishes
 - Asking friend not to be late
 - Asking professor for a time extension on a paper
 - Asking partner for something (e.g., “Can we eat at ____ tonight?”)
- **D**: Describe the situation.
- **E**: Express how you feel about it.
- **A**: Assert your request.
- **R**: Reinforce the other person for giving you what you want.
- **M**: Stay mindful.
 - Be a broken record
 - Ignore attacks
- **A**: Appear confident.
- **N**: Negotiate if needed.

“tools”



- Improving one's mood
 - Cognitive restructuring – changing how you think
 - Behavioral activation – “doing” better to feel better
 - Mindfulness
 - Living a value-consistent life
- Increasing your tolerance for anxiety
 - Exposures
- Becoming more “effective” in your social interactions
 - DEAR MAN