Module 4 : Session 1 : Printed Instructions
“Understanding Depression” PDF

1. Watch Intro Video
   Understanding Depression Module 4, Session 1

2. Download and Print this PDF

3. Watch Video
   “Understanding Depression”

4. Watch Video
   “Depression: Action and Reaction”
   Complete Workbook Page 14-15

5. Read Action Step

6. Finish Button
Dealing with Depression

Applying the three steps of Creative Indifference to your experience with depression, complete the following statements:

**I am **AWARE** that my feelings of sadness, despondency, and hopelessness may be:**

- Reactionary Depression: A response to a particular event or situation
- Clinical Depression: A chemical imbalance that requires medical attention

**I ACCEPT** that depression is a condition frequently experienced by caregivers and the affects can be debilitating. My experience with depression may have started with:

- A response to bad news _____________________________________________________________________
- A loss or rejection ________________________________________________________________________
- A broken relationship _______________________________________________________________________
- Stuffing my feelings of anger and guilt ___________________________________________________________________
- Other ___________________________________________________________________________________

It’s possible that depression is contributing to the following physical symptoms;  

- Lack of energy ____________________________________________________________________________
- Headaches ________________________________________________________________________________
- Backaches ________________________________________________________________________________
- Digestive problems _________________________________________________________________________
- Difficulty sleeping _________________________________________________________________________
- Change in weight __________________________________________________________________________
- Other physical or emotional symptoms ___________________________________________________________________
I Accept I may be Clinically Depressed if:

- When I look into the future, I can’t imagine anything positive happening in my life
- I feel that life just isn’t worth living
- I sometimes have suicidal thoughts
- I have felt this way for more than two weeks

* If you checked any of these statements, please take Action by contacting your doctor immediately

If I am experiencing Reactionary Depression, I will take Action by implementing one or more of the following strategies:

- I will get out in nature ____________________________
- I will set aside quiet time for meditation or prayer_______________________
- I will engage in some kind of exercise or physical activity____________________
- I will start a project___________________________________________
- I will listen to uplifting music ______________________________________
- I will visit a friend ____________________________________________
- I will attend a caregiver support group ______________________________
- I will volunteer to help someone else ______________________________