COGNITIVE BEHAVIOURAL INTERPERSONAL SKILLS MANUAL



Acknowledgements

The development of the Cognitive Behavioural Skills Manual was initially sponsored by the Vancouver Island Health Authority. The General Practice Services Committee provided funding to tailor the manual for the Practice Support Program, a joint initiative of the BC Ministry of Health and the BC Medical Association.

The preparation of this manual has been a truly collaborative process. Many people have given freely of their time to contribute their experience with cognitive behavioral skills. We wish to acknowledge all of them and in particular:

Rivian Weinerman, MD, FRCPC - Site Chief of Psychiatry, VIHA

Helen Campbell, MD, FRCPC - Clinical Director, USTAT, VIHA

Magee Miller, MSW – Clinical Therapist, VIHA

Janet Stretch, RPN - Nurse Therapist, VIHA

Anne Corbishley, PHD – Registered Psychologist, VIHA

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General Services Practice Committee

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•	The Wellness Wheel



Introduction

The following modules have been designed to be user friendly for you and your patients.

The intent is that patients be empowered through education and coping strategies to effectively deal with the impact of depression on their lives.

The introduction section contains an explanation of self-management and patient empowerment and strategies for you to help your patients implement self-management.

Patient Empowerment in Depression

- Self-Management has been considered paramount in the management of chronic diseases such as diabetes, arthritis and congestive heart failure.
- It is now being incorporated into the care of Major Depression, which is being recognized as a chronic disease.
- Self-Management focuses on the impact patients can have when they take an active role in their health.
- Self-Management is a collaboration of patients with their doctors and other health care providers around their health problems.
- The goal of self-management is to help patients become educated regarding their disease, particular problems of their disease, what to expect from their treatment, and what questions to ask about their care.
- Patients are involved in setting the priorities of their treatment, and establishing the goals of their care.
- In this manual we have expanded the scope and definition of self-management to include teaching skills to help patients take a more active stance in their treatment.
- Our intention is to assist patients in realizing that they can manage their symptoms and actually are able to change the way they behave, think and feel.
- The intent of this manual is to help health care providers empower people with depression by involving them in learning the skills to manage and/or change their depressive symptoms.
- We have included assessment tools, educational handouts about depression, and many easy to use activation, cognitive-behavioural, relaxation and lifestyle interventions.

Tips

Teaching

Selling Strategies

• Explain how the self-management strategies impact their depression and supplement any medication they may be taking.

Implementing

Bite Size

 Don't hand out the whole package of skills at once. Try one at a time. Select the skill/activity that you think fits the person and that she/he is most likely to successfully accomplish.

Achieving Goals

 Set realistic goals and low expectations. In order to guarantee success aim at the minimum the patient is certain of achieving over a specific period of time. Aim for a commitment of 75% or higher.

Building Skills

• If they practice skill #1 the first week, then in the second week they can add #2, but still continue doing #1. The end goal is to have a repertoire of well-practiced skills, which then become automatic.

Planning

Organize

 Schedule regular follow-up and remember to use bite-size pieces (one handout at a time) to fit with "real" GP time. Set up binders with sleeves that contain copies of handouts for easy use. Keep notes on what handouts have been given.

TIPS (CONTINUED)

Supporting

Validate and Encourage

Acknowledge your patient's feelings, then firmly and gently encourage them to try a self-management strategy.

Monitoring and Praise

Ask about skill practice at every visit. Congratulate them on their effort, as well as their achievements.

Practice, Practice, Practice

· You may need to help your patients set specific times, frequency, where they will practice and how they'll remind themselves to practice.



Flow Charts

This module contains flow charts that direct you to the appropriate treatment strategies in this manual. When in doubt — go with the flow.

Remember there are 3 ways to navigate the manual.

- 1. Problem List Action Plan
- 2. Symptoms
- 3. Self-assessment Profiles

Action Plan

Patient Needs	•••>	Try
Assessment	•••>	ASSESSMENT MODULE Diagnostic Questionnaire
Education	•••>	EDUCATION MODULEUnderstanding Depression29Depression: "System Wide Crash"31Will Medication Help Me?32LIFESTYLE MODULE4Healthy Habits for Sleeping71It's True: You are What You Eat72Physical Activity74The Wellness Wheel75
Activation	•••>	Anti-Depression Activities .34 Depression's Energy Budget .35 Small Goals .37 Problem Solving .39 Opposite Action Strategy .40 Chunk the Day .41 Improve the Moment .42 Appreciation Exercise .43

Patient Needs	••>	Try
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Relaxation	•••	Introduction to Relaxation 59 Abdominal Breathing 60 Grounding 62 Body Scan 63 Passive Relaxation 64 Stress Busters 65 One Minute Stress Break 66 Mindfulness 67 Mindfulness Meditation 68
		Healthy Habits for Sleeping, 71
Lifestyle	••>	It's True: You are What You Eat72 Physical Activity74
		The Wellness Wheel

Symptoms

Depressive	••>	Try
Vegetative Signs Not Attending to ADL Low Activity Low Motivation	•••>	ACTIVATION MODULE Anti-Depression Activities
Tearful Sad Hopeless Helpless	••>	ACTIVATION MODULE Chunk the Day
Negative Thinking Cognitive Distortions	•••	COGNITION MODULE The Circle of Depression
Low Self Esteem Passive	••>	ACTIVATION MODULE Appreciation Exercise

Anxious **Symptoms**

Try

Overwhelmed Chaotic **Panicky**

ACTIVATION MODULE
Anti-Depression Activities
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Abdominal Breathing 60
Grounding
Passive Relaxation 64
Mindfulness

Ruminating Obsessing Worrying

COGNITION MODULE Thought Change Process 48 **RELAXATION MODULE** Abdominal Breathing 60

Agitated Anxious *Irritable* **Tense** Stressed

RELAXATION MODULE
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Abdominal Breathing 60
Grounding
Body Scan
Passive Relaxation
Stress Busters,65
One Minute Stress Break 67
Mindfulness
Mindfulness Meditation

Profiles

Patient Profile	•••>	Try
Pleaser Profile	···>	ASSESSMENT MODULE Pleaser Profile
		Is Anger a Problem for You
Perfectionist Profile	···>	Perfectionist Profile
Over-thinker Profile)>	ASSESSMENT MODULE Over-thinker Profile .27 ACTIVATION MODULE Improve the Moment .42 Appreciation Exercise .43 COGNITION MODULE Circle of Depression .45 Common Thinking Errors .47 Thought Change Process .48 Self Talk (Mean Talk) .50 Thought Stopping .51 Worry Time .52 Good Guilt / Bad Guilt .53 Is Anger a Problem for You .57



Assessment Module

The Assessment Module contains a Diagnostic Assessment Interview and worksheet (S²IGECAPS A²GS P³OMP² CAGES)

There are two patient handouts, the problem list and resource list that elicit patients' participation in their assessment.

The problem list worksheet helps formulate an action plan.

The self-assessment questionnaire matches the section with the highest scores to the corresponding self-assessment profile.

High scores on questions:

= Pleaser Profile 1 - 7

8 - 14 = Perfectionist Profile

15 - 21 = Over-thinker Profile

Diagnostic Assessment Interview

S²IGECAPS A²GS P³OMP² CAGES

Although this is quite mechanical, your answers to these questions will give us a baseline, which helps us make a more accurate diagnosis and makes sure we are not missing any other diagnosis.

On a scale where 1 = the worst and 10 = the best, please answer on average these days.

	, , , , , , , , , , , , , , , , , , ,
1	Sadness
	a. How sad are you if 1 = the worst and 10 = the best on average these days?
	b. Most sad about what? First thing that comes to your mind
2	Sleep
	a. If 1 = the worst and 10 = the best, how would you rate your sleep on average
	these days?
	b. Does it take you minutes or hours to fall asleep?
	c. How many hours do you sleep if you add them all up, even if they are interrupted?
	d. Do you feel rested or not rested when you wake up?
	e. Do you nap during the day?
	f. Do you snore?
3	Interest/pleasure in life
	a. How would you rate your interest/pleasure in life if 1 = the worst and 10 = the best
	on average these days?
4	Guilt
	a. How would you rate your guilt on average these days if 1 = the worst
	and 10 = the best on average these days?
	b. Most guilty about what? First thing that comes to your mind

5	Energy level
	a. How would you rate your energy level if 1 = the worst and 10 = the best on
	average these days?
6	Concentration
	a. How would you rate your concentration if 1 = the worst and 10 = the best on
	average these days?
7	Appetite
	a. How would you rate your appetite if 1 = the most unhealthy and 10 = the most
	healthy, on average these days?
	b. Have you gained or lost weight in the past months and how much?
	c. Have you ever been anorexic (restricted your food) or bulimic (binge eat or caused
	yourself to vomit)?
8	Psychomotor Retardation
	a. That dragged out feeling when you wake up and drag yourself through the day,
	how would you rate it if 1 = the most dragged out and 10 = not dragged out at all,
	on average these days?
	b. That edgy irritable feeling, 1 = the most irritable and 10 = the least, how would you
	rate it on average these days?
9	Suicide
	a. Now looking at suicide, first let's look at suicidal thoughts, then we'll look at
	suicidal intent.
	b. Looking at suicidal thoughts if 1 = thinking about suicide all the time and 10 = not
	thinking about suicide at all, how would you rate your thoughts, on average
	these days?
	c. Do you have a plan?
	d. Have you gathered materials to carry out suicide?
	e. What keeps you going and/or gives you hope?

	f.	Looking at intent, how would you rate your intent, 1= I am definitely going to do it,
		you cannot stop me, and 10 = I have thoughts but I don't intend to do it?
	g	. Have you ever attempted suicide in the past?
		When? How?
	h	. Have you ever cut or burned yourself?
10	Α	nger/Frustration
	а	. How much frustration/anger do you carry inside you if 1= a lot and 10 = not
		much, on average these days?
	b	. Most angry about what?
	C.	Do you have any homicidal thoughts, and if so against whom?
11	Α	nxiety
	а	. How much anxiety do you struggle with if 1= the worst and 10 = the best on
		average these days?
12	G	eneralized Anxiety
	а	. There are several types of anxiety; one is a generalized anxiety where a person is
		a worrywart. Have you ever been called a worrywart?
		Do you worry more than most people about everyday things and have trouble
		controlling it?
		Does it keep you awake at night or make you feel sick?
13	S	ocial Anxiety
	а	. Then there is social anxiety where a person is painfully shy, avoids meeting new people and worries about being embarrassed or humiliated.
		Can you relate to this?
14	Ρ	anic
	а	. Then there are panic attacks where suddenly, out of the blue, your heart is racing, you are breathing quickly, your mouth and fingers may be tingly, and you think you are going to die or loose control. It comes and goes very quickly.
		Can you relate to this?
		If yes, how many panic attacks a day/week/month?

15	ΡI	hobias
	a.	Any unrealistic or excessive fears of objects or situations like open spaces, closed spaces, elevators, snakes, or spiders?
		What?
16	Р	ost Traumatic Stress Disorder
	a.	Sometimes people have experienced sexual or physical abuse or suffered major trauma like MVA or war traumas, or multiple surgeries. Have you had any of these?
		What?
	b.	People can experience symptoms like nightmares or flashbacks, or they startle easily, become hyper-vigilent, space out and avoid anything that triggers them. Have you had any of these symptoms?
		What?
17	0	bsessive Compulsive Disorder
	a.	Do you have any obsessions/compulsions, for instance, do you wash your hands,
		check things repeatedly, count things, or need everything in perfect order?
		What?
		Do any of these activities take over an hour a day?
18	M	ood Patterns
	a.	Some people have a low-grade unhappiness for more days then not that goes back at least 2 years. This is called dysthymia.
		Can you relate to this?
	b.	Sometimes this can dip into a deeper depression causing some of the symptoms we mentioned at the beginning. If it lasts for 2 weeks solid or more we call it a major depression. Then treated or untreated it may get better and if it occurs again, we call it recurrent major depression.
		Can you relate to this?
	C.	How many episodes have you had that have lasted 2 weeks or more?
	d.	What treatment helped you get over past depressions?

	e.	Looking at the opposite of depression, this is called bipolar or manic depressive disorder. Here we are talking about staying up for nights on end without the need for sleep, talking fast, thinking fast, spending money like it is going out of style, getting into debt, feeling super sexual, being promiscuous. If this lasts for 4 days solid or more we can call this a hypomanic or manic episode.
		Have you had this experience?
19	Р	sychosis
	а.	. Have you ever lost touch with reality, hearing voices or seeing things that others don't, feeling that someone could magically put thoughts into your mind or take thoughts out of your mind, or that you were getting messages from the TV or radio, or being conspired against?
		What?
20	Ρ	ersonality
	a.	. If we were to ask the person who knows you best about your personality, good things and bad, what might they say about you and the way you relate to others?
	b.	. There are several personality styles. Which style would best describe you most of the time?
		☐ Generally, I get on well with most people
		Suspicious
		□Loner
		☐ Odd or unusual
		☐ Bad or mean
		☐ Emotions feel too intense to tolerate
		☐ Flamboyant or dramatic
		☐ Special or important
		□ Avoidant
		☐ Need others to take care of me
		☐ Rigid and perfectionist

21	CAGE
	How many drinks might you have in a typical week?
	Are you concerned about your alcohol use?
	Cut down – Have you ever tried to cut down?
	Annoyed – Do you get annoyed when others comment on your drinking?
	G uilty – Do you ever feel guilty about your drinking?
	Eye opener – Have you ever had a drink first thing in the day to feel better?
22	Substances
	Do you use other substances?
	What?
	How often?
	Are you concerned about your drug use?
23	Is there a family history of depression, anxiety, schizophrenia, bipolar or substance
	abuse?
24	What medications have you been on?
	What medications are you on now?
	For how long?
	What percentage improvement have you felt on your present medications?

Diagnostic Assessment Worksheet

(SCALE: 1=WORST, 10=BEST)

S²IGECAPS	1 TO 10	COMMENTS
Sadness		
Sleep		
Interest/Pleasure		
Guilt		
Energy		
Concentration		
Appetite		
Psychomotor • Slowing		
Agitation		
Suicide		
Thoughts		
• Plan		
Hope		
Intent		
A ² GS	1 TO 10	COMMENTS
Anger		
Anxiety		
Generalized		
Social		

CONTINUED ON NEXT PAGE

DIAGNOSTIC ASSESSMENT WORKSHEET (CONTINUED)

P³OMP²	1 TO 10	COMMENTS
Panic Attacks		
Phobias		
PTSD		
OCD		
Mood Patterns		
Psychosis		
Personality		
CAGES	1 TO 10	COMMENTS
Alcohol Cut down Annoyed Guilty Eye opener		
Substances		
Family Psych History		
Medication History		

Problem List

Please list below every problem that is troubling you. Don't leave any out.

When you come back we will go over this list and decide together what tools might be helpful.

1				•												•	 		•			 	•		•									-	
2				•					•								 					 													
3												 					 					 													
4.												 					 					 										 			
5												 		•			 			•		 		•			•				 •				
6												 		•			 			•		 		•			•				 •				
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8												 					 	-				 													
9				•		•			•		•						 					 		•	•										
10)											 		-			 			•		 							 •				•		
11												 					 					 													
12				•					•		•						 					 													
13	1																																		

Problem List Action Plan

ACTIVATION	RELAXATION
COGNITION	LIFESTYLE
MEDICATION	REFERRAL

Resource List

Please list below all of your internal resources (these are qualities you possess like intelligence, sense of humour, creativity, loyalty, perseverance, spirituality, etc) and external resources (these can be supports such as family, friends, pets, hobbies, activities, favourite places, nature, positive memories).

Internal and external resources help us cope with life.

1 .																			•							 						 	
2 .																										 						 	
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12																										 						 	
13																										 							

Self-Assessment Questionnaire

Naı	me:	
Dat	te:	
		e how well each of the statements below describes your usual way of with your world.
0 =	Never	or rarely true to me; 1 = Somewhat true; 2 = Quite a bit true; 3 = Very true of me
1		It's hard for me to say no to people even if I don't want to agree or don't have the time or energy.
2		I will do almost anything to avoid hurting people's feelings, whatever the cost to myself.
3		I do lots of things for others, even at the expense of meeting my own needs.
4		Sometimes I am overwhelmed by things I do for others and have no life or time of my own.
5		I am not confident about expressing my ideas or opinions to others.
6		Sometimes I think people take advantage of my willingness to help.
7		I am afraid that people would not like me if I said "no" to them.
8		I get very upset if I can't keep things organized and in control.
9		I always take on extra tasks, and am known for being efficient.
10		I push myself to always do my best at everything — I hate making mistakes.

SELF-ASSESSMENT QUESTIONNAIRE (CONTINUED)

11 I would be very upset if people knew my faults. 12 I often struggle to get things done as well as possible. 13 Sometimes I take much longer than others to do things, because I want to do them right. 14 I am afraid that I would be rejected if I did not do excellent work. 15 When things go wrong, I tend to withdraw and isolate myself. 16 I spent a lot of time thinking about all the mistakes I have made, and all of my failures. 17 I often think I have done something wrong or there is something wrong with me. 18 It is very easy for me to see all my faults, but I downplay any good points about myself. 19 I get dragged down, sometimes for hours, by all the negatives in the world. 20 I often feel that I am inferior or unworthy compared to others. 21 I often think of the worst that may happen and imagine how things will go wrong. Please circle any of the following that you feel describe you or that others have used to describe you.

UNASSERTIVE

OVER CONSCIENTIOUS

NEGATIVE

PUSHOVER

PERFECTIONIST

PLEASER

CYNICAL

CONTROLLING

Self-Assessment Profile

Pleaser: High scores on questions 1-7

DESCRIPTION OF TYPE	DOMINANT	FEELINGS	ATTITUDE TOWARD SELF
 Passive, unassertive Can't say no or stand up for self Does everything for others Reluctant to draw attention to self Scared of rejection or being disliked May have difficulty being alone 	WorriedHelplessScaredOverwhetExhausteTorn diffe	elmed	 I am inferior I don't count I must be good Everyone wants a piece of me
	SIMPLE ST	TRATEGIES	
 Take small risks in sayin Express own ideas, preformions Test out to see if expect occurs 	erences,	•	

Self-Assessment Profile

Perfectionist: High scores on questions 8 – 14

DESCRIPTION OF TYPE	DOMINANT	FEELINGS	ATTITUDE TOWARD SELF
 Afraid to make mistakes Over-controlling Over-organized Agonizes over mistakes Pushes self too hard Difficulty prioritizing Take on more than can manage May present well and be very successful but cost is high Afraid of rejection if others find out she/he is not perfect or as good as appears to be 	 Pressure Anxious Vigilant Tenses 	d	 I am flawed and inadequate and mustn't let others see it I have very high standards and am worthless if I don't reach them all the time
	SIMPLE ST	RATEGIES	
 Prioritize instead of doin to same high standard Reduce expectations of Set more realistic standa Have days off from perference 	self	Leave unLoosen ye	g "should" for a week planned spaces in the day our schedule ne engagements or

Self-Assessment Profile

Over-Thinker: High scores on questions 15 – 20

DESCRIPTION OF TYPE	DOMINAN'	T FEELINGS	ATTITUDE TOWARD SELF
 Ruminates Predicts negative outcomes Self-blame Withdraws and socially isolates May be cynical Constant analysis of self and own performance for flaws May blame others or the system 	HopelesGloomyAlienateDepressMay be a	d ed	 I am a failure I am worthless I never get a break Nothing goes right for me
	SIMPLE S	TRATEGIES	
 Get out and have at leas contact a day Practice smiling at peop Counter negative though realistic and helpful thou Volunteer 	le hts with more		ching the news



Education Module

The Education Module contains 3 handouts providing basic information on depression and medication for patients and their families.

It includes information regarding the etiology and symptomatology of depression.

Understanding DepressionFrequently Asked Questions

Who gets depressed?

Anyone. Depression can be triggered by many things: for example, a loss, a change for the worse, an increase in overwhelming responsibilities, or intolerable living conditions.

Here are some examples:

- 1 Since George lost his wife, he has become withdrawn, spends much of his day thinking about happier times, as well as his faults as a husband. He can see no reason to keep on living.
- 2 Isabelle has chronic back pain and cannot take care of her family. She feels guilty about this and also about her irritability. She has lost interest in her appearance and can see no hope for the future.
- 3 Tony is a single parent with 3 small children and a low-paying job. He feels overwhelmed trying to make ends meet and feels helpless to cope with all his problems. Most days, he'd like to just give up.

Why are some of us more vulnerable to depression than others?

Depression is more easily triggered in some of us. Those of us who have had trauma in our lives or who have a family history of depression may be more at risk than others. Some common beliefs can trigger depression; for example, "In order to feel good about myself I should always do well in everything..." "I must always please everyone..." "I must never make any mistakes..."

Isn't it just brain chemicals out of balance?

While brain chemicals are likely out of balance, this is only one aspect of depression; for example, our circumstances, our social supports, and the resources we have influence whether we get depressed.

Why doesn't depression just go away?

Depression goes far beyond normal feelings of grief or sadness. Depression creates intense thoughts and feelings of worthlessness, helplessness, and guilt. The fatigue and slowness of depression can make us withdraw, procrastinate, or have trouble concentrating. Sleep, appetite and interest in sex can be affected. When we are depressed we have trouble enjoying life. Our thoughts turn to the most depressing and negative aspects of a situation. We become self-blamers. All of these symptoms make it almost impossible to cope, even with small everyday tasks. The less we see ourselves coping, the more depressed we become.

All of these feelings, thoughts, and behaviours help keep depression alive.

What can be done about depression?

The good news is the many things can help with depression. Research shows that using several approaches provides the best outcome in treating depression. These include (in various combinations) medication, therapy, and self-management activities.

A healthy outcome is most likely to occur if depression is tackled early using self-management.

Depression: System-Wide Crash

Depression is not who you are. Depression is like a blanket or mask that hides your real personality.

Depression is not your fault; it is not because you are weak, or a "loser." Depression is an illness, with symptoms like any other illness.

These are some of the common symptoms of depression:

 Sleep changes Cry at least poor memory thing Appetite changes Can't start clearly things Weight changes Stomach problems No sexual interest Tense muscles Sleep changes Cry at least poor memory Are poor memory and changes Can't think clearly things Body image worry Darrhea Can't finish decisions Mosexual things Slowed thinking Are pooled Spaced out Hose spaced out Diarrhea Frantically Obsessive 	BODY	FEELINGS
Constipation Do nothing Self-critical	 No energy Sleep changes Appetite changes Weight changes Stomach problems No sexual interest Lump in throat Tense muscles Diarrhea Constipation Feel weighed down 	 Depressed, down Anxious, scared Hopeless Numb Discouraged Worthless, inadequate Ashamed, guilty Can't feel pleasure Helpless Lost Frustrated

Will Medication Help Me?

For some people, taking medication can make a significant difference in their moods. It is especially helpful with sleep, energy levels, and severe mood swings.

Sometimes people need to have their sleep problems sorted out and their energy levels back in order to participate in counseling, start an exercise program or make other important changes in their lives.

Talk to your doctor or mental health professional about the medications that are available and which ones might help you. Make informed decisions.

Questions to Discuss

- How might this medication help me?
- How soon might I notice a difference?
- · What side effects might I get?
- How long do I need to stay on it?
- What if I miss a dose?
- Will my medication interact with other medications I take?

Be Patient

Most medications take time to work (up to 6 - 8 weeks for an antidepressant for example). Remember that a lot of people experience side effects before they get the benefits.

What can you so?

Take your medication at the same time each day.

Don't stop your medications without discussing it with your doctor.



Activation Module

The Activation Module has been organized so that material may be handed out to patients sequentially or chosen specifically to match patient's stage of illness.

We recommend giving small amounts rather than overwhelming patients with too much information.

Activating Exercises are ideal for those patients with vegetative symptoms who need to be more active in their recovery. It includes anti-depression activities, goal setting, problem solving, appreciation exercises and strategies for managing energy and mood.

Anti-Depression Activities

The activities below are helpful in recovering from depression. To start working on your recovery, put a check mark whenever you do one of the activities below. Push a little, often, but not to exhaustion. As you persist, day after day, you may gradually find your mood brightening and your energy returning.

	ACTIVITY	MON	TUE	WED	THU	FRI	SAT	SUN
1	Self-care(shower,shave,teeth etc.)							
2	Eat three meals, however small (check for each)							
3	Sleep (# of hours)							
4	Exercise, however little (# of minutes)							
5	Relaxation (# of minutes)							
6	Accomplish one small task or goal each day							•
7	Social contact (enough but not too much)							
8	Pleasure activities/hobbies (check for each)							•
9	Do something nice for yourself							•
10	Do something nice for someone else							•
11	Replace negative thoughts with helpful thoughts (check # times)							
12	Miscellaneous (your choice)							# • • • • • • • • • • • • • • • • • • •

Depression's Energy Budget

Every day, we wake up with "resources" available for our use that day. These resources might be energy, time, sense of well-being, motivation, etc. The amount of available resources changes every day, even throughout the day.

If we consistently spend beyond our resources, we will go "bankrupt." The more depressed or anxious we are, the fewer our resources.

This means we need to figure out the actual resources we have at any particular time — not the resources we think we should have, or used to have. This helps us decide what we really can do each day.

Living Within Your Resource "Box"

том	MARY	RANDY
Extra resources +	 Resources needed for basic tasks 	Depleted resources
Resources need for basic tasks		

As you can see Tom has so many resources that he can easily accomplish the required basic tasks for the day. He has extra energy, time, and enthusiasm for other things.

The next box shows that Mary only has enough resources to get through basic tasks such as dressing, making meals, perhaps a few routine chores. If she tries to push herself to do much more than this, she will pay a price. The next day she will feel more exhausted and overwhelmed, and her box may be even smaller.

In the last box, you can see that Randy is having a bad day and can only reasonably expect to do the bare minimum to get through the day.

DEPRESSION'S ENERGY BUDGET (CONTINUED)

Increasing the Size of Your Resource Box

It's important to go slowly.

- 1 Don't push yourself outside your box.
- 2 However small your box, use a bit of your daily resources to do anti-depression activities such as self care, exercise, relaxation, hobbies etc.
- 3 Healthy energy and motivation are released and increased when you reduce negative thoughts and replace them with more realistic, helpful thoughts.
- 4 Repeat and persist it is far more effective to do a very small thing 100 times than to do a big thing once. You are trying to develop new habits, and these only come with frequent practice.
- 5 Congratulate yourself for every effort you make no matter how small. The brain responds very well to this kind of appreciation and you will be rewarded with more resources, such as hope, well-being, energy and self-confidence.

Small Goals

The concentration, fatigue and memory problems that go along with depression make it impossible for people to keep up their same pace.

Depression feeds on withdrawal and inactivity.

A strategy to help people feel more in charge of their lives and improve their self-esteem is through the attainment of daily small goals.

The emphasis on small goals is important. It slows down the person who pushes too hard so they don't get overwhelmed and gently encourages the withdrawn person to begin taking charge of their life.

Select a Small Goal

- Choose something that you would like to accomplish and are certain you can achieve in the time you set for yourself.
- The task should be easy enough to achieve even if you feel very depressed.
- Have a clear idea of when and how you are going to carry out your goal.
 i.e., "go swimming at the community center pool this Thursday evening for 15 minutes," rather than "go swimming."

If you don't complete the goal don't give up — choose another time or break your goal into smaller parts.

Goals that involve action and thoughts are easier to know you've achieved than those involving emotions.

When you meet your goal, or part of it, congratulate yourself.

Start small — you can always do more when you've achieved your goal.

SMALL GOALS (CONTINUED)

Small Goals Worksheet

GOAL	WHEN	WHERE	ном	ATTAINED
				•
				•
				•
• • • • • • • • • • • • • • • • • • • •				•
				•

Problem Solving

Depression can make even everyday problems seem insurmountable. When worry and self doubt set in, people feel stuck. The following problem solving technique will help you change your worry into action.

LIST the specific problem that you are worrying about.
BRAINSTORM all possible solutions and options – don't leave any out.
CHOOSE one of the options or solutions you've listed.
DO IT!
EVALUATE results.
REPEAT steps 3, 4 and 5 as necessary.

Opposite Action Strategy

Here is an effective way to start fighting back against depression. Catch yourself acting or thinking the way depression wants you to — then do or think the opposite. By doing so, you DEFY depression and take back some control, even if only for a short while.

ACTIONS OR THOUGHTS THAT STRENGTHEN DEPRESSION	ACTIONS OR THOUGHTS THAT WEAKEN DEPRESSION
Stay in bed when you feel too miserable to get up. Don't attend to hygiene. Don't get dressed.	Make yourself get up even for a short while. Attend to hygiene and get dressed each day.
Punish yourself by calling yourself names every time you make a mistake ("stupid," "loser," "useless")	Encourage yourself to learn from the mistake and try again. You will do better in life if you focus on what you do right instead of what you do wrong.
Worry about all your past mistakes, how bad things are now and how things could go wrong in the future.	Set aside a small amount of time per day to worry and distract yourself from worry thoughts at other times. Use problem solving skills on real problems.
Talk excessively about depressing topics or how bad you feel to anyone who will listen.	Deliberately choose lighter topics. Focus on others. Take timeout from depression — talk or limit it to a few minutes at a time.
Withdraw, i.e. don't go out, refuse invitations, ignore the phone.	See or talk to someone for a short time each day, even when you don't feel like it.
Tell yourself that everything you do must be done really well, if not perfectly, or it's not worth doing at all.	Tell yourself that you just need to muddle through, not everything needs to be done perfectly. Dare to be average!
Take on all your usual tasks and expect to do them as well as usual.	Remind yourself that depression seriously limits your energy. Set realistic expectations that take into consideration your depressed state.
Pretend that nothing is wrong and get exhausted by the effort to keep up a good front.	Tell others that your energy is low (or whatever you feel OK sharing) and that this limits what you can do. Say "No!"

Chunk the Day

Strategies that give people a chance to accomplish something are particularly helpful for depression.

Sometimes you feel too depressed, unmotivated or exhausted to face the day. Here is a strategy that breaks the day into manageable chunks of time:

- Decide on the smallest amount of time you think you might be able to spend on a task. This might be a morning, an hour, even just 10 minutes. This is your "chunk" of manageable time.
- 2 Decide what you will do for the chunk of time. Tell yourself: "I only have to keep going for this chunk. Then I can stop if I want."
- When the chunk is over, you can decide to rest, carry on with what you were doing, or change to something else for the next chunk. You can do a whole day in chunks. Most people who try this report that they actually get more done, and as a bonus, their mood improves.

FOR EXAMPLE:

Let's say Mary decides she can handle 15 minutes. In those 15 minutes she decides she can clear off the kitchen table. Once she's completed this task she can then decide to carry on with another chunk, rest for a while, or decide to do another chunk later in the day. The key is to choose manageable chunks and activities. Keep it small!

Improve the Moment

This strategy provides you with a way to distract yourself from your negative thoughts and depressed moods.

Take time out from feeling bad by doing something to make this moment or the next few minutes a little better.

- 1 Keep a list of things that you are fairly sure can lift your mood for a while pet the cat, stretch at your desk, have a shower, think about a vacation, go for a drive, play computer games, talk to a colleague who tells funny jokes, etc.
- 2 Deliberately decide, and tell yourself: "I'm going to take a break from feeling so bad for a few minutes" (however long you decide). Then pick one of the items from your list and do it.
- When the mood or depressed thoughts try to creep back in, tell them to go away: "I'm improving this moment so go away and don't bother me."

Appreciation Exercise

"Good for Me's"

Most depressed people focus on their mistakes, what they should have done or could be doing, and compare themselves unjustly to others who are not depressed.

This is like a marathon runner with a broken leg comparing herself to other uninjured runners.

Depression, like a broken leg, severely limits what you can do. You need to focus on small goals and genuinely congratulate yourself for making an effort, no matter how small.

- Every night, before you go to sleep, find 5 things you did that day which required
 a bit of effort on your part. It can be something you committed to (make supper)
 or something you spontaneously chose to do (set table). Choose small every day
 things, not ones that took great effort, because everyday things contribute most to a
 functioning life.
- Monitor your self-talk. Be supportive and encouraging, even for small achievements, as you would for a friend.
- Practice, practice, practice like all strategies this works best if you do it daily.
 Writing it down will show you, over time, how far you've come.



Cognition Module

The Cognition Module contains a handout that explains the basic cognitive-behavioural concepts and several exercises that begin to shift negative cognitions.

It also contains strategies to address worry thoughts, guilt, passivity and anger.

This Module has been organized so that material can be handed out to patients sequentially or chosen to match patients' specific needs.

As mentioned previously, we recommend giving patients small amounts rather than overwhelming them with too much information.

The Circle of Depression

Cognitive-behavioural treatment strategies for depression are based on the interrelationship between behaviours, thoughts, feelings and body. It is easiest to think of it in terms of a circle where each is affected by and in turn affects another. This means that behaviours, thoughts, feelings and body all affect each other.

How we behave affects what we think and feel. For example, if we make ourselves get up, shower, have breakfast and go for a walk, we'll probably think we accomplished something and feel better physically and emotionally.

What we think affects how we feel and behave. For example, if we think things are hopeless, we are likely to feel depressed, withdraw and have very little energy.

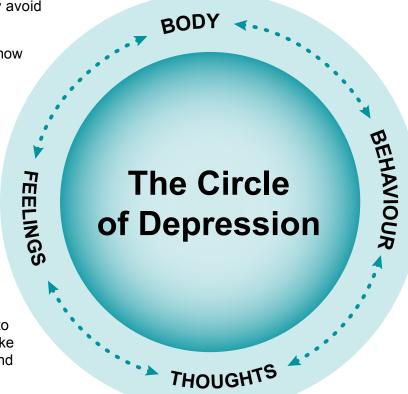
Our feelings affect how we think and behave. If we feel depressed and have difficulty concentrating, we may think people will find

us boring and then we may avoid accepting invitations.

Our body responses affect how we behave, think and feel. When we experience pain, we may stay in bed, think that there is no future and feel depressed and worthless.

Changing feelings directly is almost impossible. The best way to feel better is by changing depressive behaviours and thoughts.

Since behaviours are easy to identify it's a good place to begin when you want to make changes to your thoughts and feelings.



THE CIRCLE OF DEPRESSION (CONTINUED)

For example, Jack has become depressed since losing his job. He spends most of the day in bed. In order to feel better Jack would have to change his negative behaviours or thoughts.

Example 1: Changing behaviour first

	BEHAVIOUR	THOUGHTS	FEELINGS	BODY
DEPRESSING	Stays in bed all day.	"I'm useless." "What a loser."	Depressed	Low energy.
HELPFUL	Forces self to get up, have a shower, go for a walk.	"At least I did something." "Maybe I could start that small project."	More in control. More hopeful.	More energy.

We can see that when Jack changed his behaviour his thoughts and feelings also changed.

Example 2: Changing thoughts first

	THOUGHTS	BEHAVIOUR	FEELINGS	BODY
DEPRESSING	"Why bother, there's no use, it's hopeless."	Doesn't get up. Sleeps all day.	Depressed, feels useless.	Fatigued
HELPFUL	"I'm not sure it's going to make a difference, but I'm willing to at least get up and have a shower."	Gets up, has a shower, decides to walk to the corner shop.	Feels good that he accomplished his goal. Is able to enjoy the outing.	More energy, alert

Jack was able to challenge his self-defeating thoughts with positive results. When he successfully completed the goal he set for himself, he felt good about his accomplishment. This increased his self-esteem, which enabled him to walk to the corner shop.

 Whether the circle spirals down into depression or leads upwards towards wellness, depends on the nature of the behaviours, thoughts, and feelings you choose.

Common Thinking Errors

The situations we find ourselves in don't cause our depressed feelings — our ways of perceiving the situations do. Here are some distorted ways of thinking that often increase depression. Check the ones that most relate to you.

FILTERING

Everyone's life has negative aspects. If you focus only on the negative and filter out all positive or neutral aspects, your life will indeed seem depressing.

EMOTIONAL REASONING

"I feel it so it must be true." Remember feelings are not facts. Emotions are based on subjective interpretations, not hard evidence.

OVER-INCLUSIVE

You think of one problem or demand, then another and another, until you feel completely overwhelmed.

BLACK OR WHITE THINKING

You think only in extremes or absolutes, forgetting that most things fall into shades of grey.

JUMPING TO CONCLUSIONS

You predict a negative outcome without adequate supporting evidence.

MIND READING

You believe that others are thinking and feeling negatively about you and you react as if this is true.

PREDICTING THE FUTURE

You anticipate that things will turn out badly and you feel convinced that your predictions are true.

CATASTROPHIZING

You blow things out of proportion and imagine the worse case scenario. This intensifies your fear and makes it difficult for you to cope with the actual situation.

SHOULD

You make rigid rules for yourself and others about how things "should" be. When these rules are not followed you become depressed and angry.

Thought Change Process

Thoughts go unnoticed as we automatically go through our day. This often leads to the belief that an event triggers a feeling or behaviour. In fact it is our interpretation of the event that creates our feelings and behaviours.

AWARENESS

In order to change negative thoughts they first must be noticed.

- Slow down your thinking
- Consciously pay attention to your negative thoughts.
- Be a non-judgmental observer of your thoughts.

CHANGE

Once you are aware of your negative thoughts the next step is to begin changing them.

- Write down your negative thoughts
- Ask yourself "Are these thoughts helpful?"
- Replace them with more realistic, helpful thoughts

Example 1

Adele gets criticized by her boss. She immediately thinks:

"This is terrible. She thinks I'm a real loser. She'll put this on my record and she'll be watching me closely. I just can't mess up again." She feels panicky and broods over the incident all evening.

If instead, Adele slowed down her thinking and paid attention to her negative thoughts she would see that these thoughts are not helpful. She may then decide it would be more helpful to apologize to her boss, carry on working, and make more effort to concentrate. She could then set aside the incident once it was over.

Example 2

Sam's son comes home late one evening. Sam feels angry and thinks — "He's so inconsiderate! He knows I have an interview tomorrow and I need my sleep." Sam yells at his son and is too upset to go back to sleep.

If Sam stopped to notice his thoughts he would have time to consider a more balanced perspective. "Usually he is considerate. I know he's busy saying goodbye to friends before he heads off to university. I'll talk with him tomorrow. Right now I need my sleep." Sam goes back to sleep.

Thought Change Worksheet

SITUATION	NEGATIVE THOUGHTS	REALISTIC HELPFUL THOUGHT

Self Talk (Mean Talk)

Depression brings on a flood of mean talk. Depressed people blame themselves; they pick out every little flaw; they brood over mistakes, from miniscule to sizeable; they call themselves names (Stupid! Useless!); they psych themselves into failure or giving up ("You know you can't do this; you know you'll blow it; you always screw up").

This kind of mean talk to yourself is guaranteed to keep you depressed and will definitely not help you to be more productive or successful.

To help in your recovery from depression, make a resolution to treat yourself the way you would treat someone else you valued, such as a friend dealing with some problems, a child you wanted to help do better in school, or a partner who is coping with a job failure.

The Talk Back Technique

- 1 Be Aware: Listen to your own self-talk.
- 2 Evaluate: Decide if your self-talk is helpful or harmful.
- 3 Catch yourself: Notice your "mean talk." (You will be surprised how often you do this).
- 4 Stop: Immediately tell yourself (in a firm gentle voice) "STOP — THAT'S NOT HELPFUL."
- 5 Ask yourself: "What would I say in this situation to a friend who was feeling down and needed encouragement and support?"
- 6 Support yourself: Say to yourself what you would say to a friend.
- 7 Practice, practice, practice: The more you challenge your "mean talk" and replace it with caring respectful talk, the more likely it is that you will improve your mood.

Thought Stopping

Depression often makes people brood and worry about current problems, things that have gone wrong in the past and things that might go wrong in the future.

When unwanted thoughts won't get out of your head, try the suggestions in Step 1 and Step 2. See which ones work best for you. Remember: success depends on repetition.

Step 1: Stop the thoughts

- Picture a large STOP sign
- Hear yourself shouting "STOP!"
- Count backwards from 100
- Recite a poem
- Sing a song in your head
- Gently snap an elastic band on your wrist and say "STOP"

Setp 2: Keep the thoughts away

As soon as the thoughts fade a little, do something to keep your mind and body busy. This will prevent the thoughts from coming back.

- Take a brisk walk and concentrate on what you see around you
- Talk to a friend, as long as you talk about something neutral or pleasant
- Read a book, as long as it keeps your attention
- Play a game, do a jigsaw or crossword puzzle
- Do a household chore that requires concentration
- Listen to a relaxation tape
- Do crafts or hobby work

Worry Time

If worries keep nagging at you, try this:

- 1 Pick a time near the end of the day when you will sit down (and won't be disturbed) for about 30 minutes. You can decide on the amount of time. This is your worry time.
- When a worry comes up during the day, tell it "Go away; I'll deal with you in worry time."
- When the time comes up, go to your worry place, think of all your worries and do nothing but worry hard for the full time you have set aside.
- 4 At the end of this time (use an alarm clock to remind you), go to a different room if possible and get involved in some activity that distracts you.

Good Guilt / Bad Guilt

A world without guilt would be a frightening place. Guilt is the internal pause button that encourages us to question our behaviors, feelings, intentions, beliefs, judgments, values and helps us decide whether something is "right or wrong."

Guilt can be extremely helpful in keeping us on track as we navigate through relationships and life.

Conversely guilt can be crippling, leading to shame, self-doubt and depression. It can be a harmful weapon when we use it against ourselves or to control and manipulate another person.

Use the following questions to help you assess whether your feeling of guilt is helpful or harmful.

- 1 What happened that led to my feeling of guilt?
- 2 What am I responsible for in this situation?
- 3 What circumstances and/or other people may have contributed to this outcome?
- 4 What percentage of the guilt belongs to circumstances and/or other people?
- 5 What part of the guilt belongs to me?
- 6 What do I do with this guilt?
 - Learn from my mistakes.
 - Commit to better actions in the future.
 - Make restitutions to others.
 - Avoid shaming myself.
 - Forgive myself and others.

Assertiveness Skills - Speaking Up

Say yes when you mean yes, no when you mean no, and maybe when you mean maybe — assertiveness means being clear, not necessarily sure.

David Richo

Assertiveness is a powerful antidote for the disabling effects that depression can have on our ability to communicate. It involves the direct and honest expression of your feelings and desires in a way that respects yourself and others.

If you are experiencing depression, you may have noticed within yourself a tendency to socially withdraw and to avoid contact with others. You also may have experienced an increase in misunderstandings between yourself and others.

Assertiveness is the ability to:

- Be clear about your feelings, choices and agenda (with yourself and others)
- Ask for what you want
- Take responsibility for your feelings and behaviour.

People are born with the capacity to communicate but not always provided with the necessary training to communicate assertively. Life is full of challenges and no one is consistently assertive. People also choose passive and aggressive behaviour, sometimes with disastrous results. While you may not be assertive all the time, you can learn to be more assertive, more of the time. In this way you will reduce the conflicts, disappointments and stresses, which can contribute to triggering depression.

At first you may think it's selfish or demanding to act assertively. Remember that behaviour can change attitudes. So act as if your wants and needs are as worthy as those of others. Gradually, negative inner criticisms will be silenced and your self-esteem will improve.

There are many options available to learn more about assertiveness. There is a vast array of information available from libraries, the Internet and local bookstores. Often local community centres offer assertiveness courses. As with any new skill, the key to success is practice, practice, practice.

Setting Limits

Most of us like to be seen as helpful and generous, but for people with depression, saying "NO" can be especially difficult. Depressed people are often afraid that if they set limits, other people will not like them or want to spend time with them. The only way to prove to yourself that this is not true is to experiment with saying "No."

WON'T PEOPLE DISLIKE ME IF I SAY "NO" TO THEM?

They may be annoyed at first because they are used to you agreeing to everything they ask. Most people who learn how to say "No" find that in time they actually get a lot more respect from others. Saying "No" is for everyone's benefit.

IF I SAY "NO" WON'T I BECOME A SELFISH PERSON?

Setting limits doesn't mean saying "no" to every request, just balancing things so that others don't depend on you all the time for everything. This gives others a chance to learn how to manage their own lives.

WHAT IS THE PRICE FOR ALWAYS SAYING "YES?"

You get completely overwhelmed and over time your health is likely to suffer.

You have less time and energy to spend with your family and friends.

You become irritable, exhausted and perhaps depressed.

You feel unappreciated for what you do.

You begin to resent the people for whom you do so much.

You put your personal needs, plans, and dreams on hold, perhaps forever.

Others expect more and more, even take you for granted.

Others don't learn to solve their own problems.

Others don't learn to become independent.

Others learn to take advantage of helpful people.

Others fail to become helpful themselves.

HOW DO I START SETTING LIMITS WITH OTHERS?

Choose a small request someone has made that you know they can manage for themselves.

Decide what, when and where you will tell them.

Rehearse what you will say, and practice using a strong assertive voice.

Stay firm; don't argue or become defensive.

Use internal coping statements.

Repeat this exercise with other small requests before moving on to more difficult situations.

CONTINUED ON NEXT PAGE

SETTING LIMITS (CONTINUED)

	EXAMPLE	
1	Choose a small request.	Your son Joe has asked you to baby-sit next Tuesday evening.
2	Decide what, when and where.	I'll call Joe right after dinner and tell him that I can't baby-sit for him next Tuesday evening, and that he'll have to find someone else.
3	Rehearse.	"Joe, I can't baby-sit for you on Tuesday and I want to give you sufficient time to find someone else."
4	Stay Firm.	"As I've already said Joe, I can't baby-sit for you on Tuesday. You'll have to make other arrangements."
5	Use coping statements.	My life is as important as anyone else's. It's OK to say "No."

	WOKSHEET	
1	Choose a small request.	
2	Decide what, when and where.	
3	Rehearse.	
4	Stay Firm.	
5	Use coping statements.	

Is Anger a Problem for You?

Tom arrives home late from the office, empty-handed. Mary expected him an hour ago for a special birthday dinner with her. Mary thinks "He's forgotten ... doesn't care ... I'm so angry," etc.

From this example, we can see that Mary believes her needs have not been met, she blames Tom and is about to speak or act in a way that could result in an angry exchange.

Mary, like many people, believes that Tom caused her anger by coming home empty handed. Actually it's Mary's interpretation and the meaning she assigned to the situation, i.e.: bad, unfair, hurtful, etc. that created her anger.

Anger is a stress response that includes thinking, bodily sensations and behaviours. Similar to an alarm system its purpose is to let us know that "something is not OK."

Many people, like Mary, respond to the alarm by feeding the anger with more negative thoughts. Usually this has unpleasant and unproductive results. Anger has enormous costs to the individual and their relationships. Let's look at what Mary could do that would focus more on satisfying her needs and successfully resolve this conflict.

- **Information:** Make sure she has all the information and there are no misunderstandings.
- Slow down: Take time and think about her responses rather than instinctively reacting.
- **Problem solve:** Assess the situation with as much objectivity as possible and determine if there are solution options.
- **Breathe:** Relaxation techniques such as abdominal breathing can reduce physical reactions and allow her to think more clearly.
- **Communication:** Using I statements, Mary could specify what she was reacting to, what her feelings are, and what she wants.
- **Thought stopping:** If she is becoming overwhelmed by her angry thoughts, she could silently but loudly say STOP to herself. She might need to repeat this several times.
- **Humour:** Try to see the humour in a situation, laughter is a great deflector of anger.
- Time out: Remove herself from the situation until she's had time to cool off.

If you are concerned about your anger and want better ways to express your needs and solve problems there are many self help books available from your local library or bookstore. You can also seek out an Anger Management course.



Relaxation Module

The Relaxation Module has been organized so that materials can be handed out sequentially. More advanced skills are built on the preceding foundation.

This module includes informational handouts and instructional exercise handouts on abdominal breathing, grounding, relaxation, mindfulness, meditation and tension release.

These exercises will assist with stress management and provide a positive benefit to overall physical and mental health.

These skills are easy to learn and more effective if demonstrated in your office.

Introduction to Relaxation

Stress Response

- Our body has a natural, healthy mechanism for responding to perceived threats (stress), called the Fight, Flight or Freeze response.
- Our body responds by releasing chemicals (e.g., adrenaline) that cause various body systems to change, including our central nervous system. This produces many symptoms including increased heart rate, rapid breathing and increased agitation.
- Our central nervous system has two parts:
 - 1 The Sympathetic nervous system that stimulates the Fight, Flight or Freeze response.
 - 2 The Parasympathetic nervous system that triggers the relaxation/calming response.

Why Relax?

- You can't be physically relaxed (parasympathetic response) and physically stressed (sympathetic response) at the same time.
- Abdominal breathing and relaxation techniques trigger the parasympathetic response, calming your body and mind.

Orientation to Relaxation Training

- Relaxation is a skill that can be learned through repeated practice.
- We are aiming to train the relaxation response so that it becomes almost automatic.
- Initially, you may not notice any major difference in how you feel.
- During a practice session, you may experience some unusual feelings in your body, such as warmth, heaviness or a tingly sensation. These sensations are signs that your muscles are loosening and relaxing.
- Feel free to move around as much as necessary in order to maintain comfort.
- It is best to have your eyes closed during a session in order to block out visual distractions.
- Home practice should be carried out once a day. Try to establish regular times for the practice sessions. Many people find it useful to do their practice sessions at bedtime as it helps them to get to sleep easily.

Abdominal Breathing

Purpose

- Your breathing is directly related to the level of tension you carry in your body.
- If you breathe shallowly, in your chest, you will become more tense and more
 anxious. This kind of breathing stimulates the sympathetic branch of your nervous
 system, which is connected to the "fight, flight or freeze" response.
- If you breathe deeply, in your abdomen, you will become more relaxed. This type of breathing stimulates the parasympathetic nervous system, which triggers a relaxing and calming response.

Process

TO DISCOVER HOW YOU ARE BREATHING NOW:

- Put one hand on your chest and one hand on your abdomen (belly). Pay attention to how you are breathing for a few moments. Observed which hand (if any) is moving.
- If it is your top hand, you are breathing mostly in your chest shallowly. This kind of breathing will increase body tension and stress/anxiety.
- If it is your bottom hand, then you are breathing in your abdomen. This will help you to relax and calm down.
- The idea is to learn to breathe in your abdomen more.

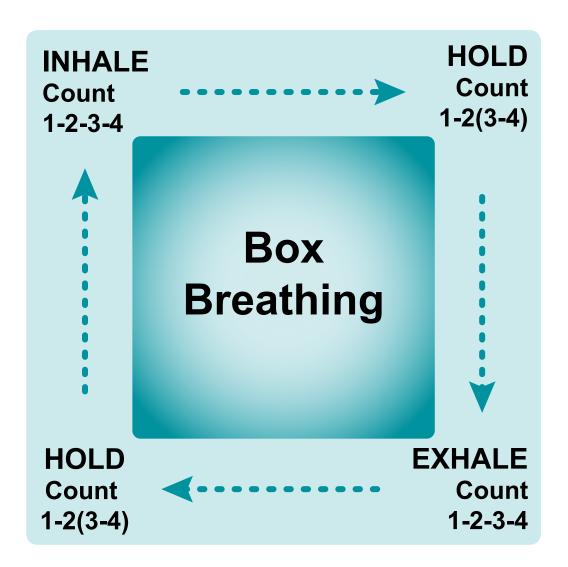
PRACTICING BREATHING:

- When practicing abdominal breathing, put both hands on your abdomen and close or lower your eyes.
- First, breathe out fully. Then, as you breathe in, let your abdomen expand. You can imagine that you are gently filling up a balloon in your belly.
- Then just let go and feel the balloon emptying slowly and your abdomen flattening as you exhale.
- The more fully you breathe out, the easier it is to breathe in deeply.
- Practice breathing this way for 5 minutes twice a day.

Variation – Box Breathing

Box Breathing incorporates brief holding of breath following inhalation and exhalation.

This is very useful during severe anxiety or panic to prevent hyperventilation.



Grounding

Purpose

 Grounding is a calming and centering method that helps you to become more focused in your body and on the present moment. It reminds you of your strength and ability to cope in the present.

Process

- Sit in a chair with your feet flat on the floor and your hands placed palms down on the large muscles of your thighs. Gently press your feet into the floor for a few moments and release. Feel your strength.
- Alternatively, you can ground while walking or standing. Just become aware of your feet firmly planted beneath you.
- To calm the mind and help to focus in the present, take some deep breaths while
 repeating a calming statement. Choose one thought that you repeat each time you
 do the grounding, so that saying it becomes a habit. For example,
 - "I AM LEARNING TO STAY IN THE PRESENT."
 - "THIS IS ME. I AM HERE. I AM ALIVE. I WILL COPE."
 - "I AM LEARNING TO COPE."
- You could also ground by focusing on a detailed description of an object in your environment (i.e., colour and shape) and breathing.

Body Scan

Purpose

 Body scan is a relaxation technique that can be used to quickly check the level of tension in your body and to release it.

Process

- Body scan involves scanning your body from feet to head and doing two steps for each part:
 - 1 Focus on body area and note tension.
 - 2 Breathing deeply, imagine that your breath goes into that part of the body. As you breathe out, the tension is released with your breath.
- You can take 5 minutes or 30 seconds to do a body scan, making use of it in a variety of settings and situations.

Passive Relaxation

Purpose

- Passive relaxation is a relaxation technique that involves taking time to focus your attention on relaxing your body and mind.
- It incorporates deep breathing and body scan.
- It takes approximately 20 minutes.
- This technique is very important in learning to truly relax your muscles and engage the parasympathetic relaxation response.
- This technique needs to be practiced regularly (ideally every day; minimum 3 times per week).
- By regularly practicing a longer technique you will, with time, increase the effectiveness of the shorter techniques.

Process

- Get into a comfortable position. Close your eyes and concentrate on deep breathing for a few minutes.
- Focus your attention on each body part (feet, legs, buttocks, abdomen, back, hands, arms, shoulders, neck, jaw, eyes, scalp) and mind.
- With each part, direct your breathing there. Breathe out any tension and breathe in relaxation. Instruct each part to relax (i.e. relax feet, relax, relax).
- You may wish to use relaxing music.

Variations

- You may incorporate visualization. While you are relaxed, imagine being in a special place in nature. Imagine what you see, hear, smell, taste and feel. Experience all the sensory details of your special place.
- You may also make self-statements (autogenic). Repeat to yourself:

"My......(name body part) is warm."

"My.....(name body part) is heavy."

"My.....(name body part) is relaxed."

For mind, substitute words *peaceful*, *calm* and *relaxed*.

Stress Busters

Purpose

- Shorter techniques are more flexible than the longer ones. They allow you to relax and/or release tension quickly in a variety of different settings (e.g., at lunch break, at a meeting, while waiting in line at a store, at a red light etc.)
- This flexibility means that you can use these techniques to calm yourself before, during or after stressful situations, or to short-circuit a stress response.
- Different short versions will suit different situations so having a number of short versions offers you the flexibility to choose one that fits the moment best.

Process

- Take a few deep breaths.
- Sigh.
- Laugh.
- Yawn, unclench or move jaw.
- Shrug your shoulders several times.
- Periodically remind yourself to keep shoulders down and jaw unclenched.
- Massage your temples and the upper back of your neck.
- Raise your eyebrows and hold them up until the count of 3; release and repeat several times.
- To relieve eyestrain, rub your palms briskly together, cup hands and place them over open or closed eyes.
- With open or closed lids rotate your eyes in circles slowly, top, right side, bottom, left side; relax and reverse. Repeat 3 times.
- Neck roll: Always move your neck very gently and slowly. Let your chin drop down
 to the center of your chest. Keeping your chin close to your body, slowly move your
 head to look over your left shoulder. Slowly return to center and repeat on the
 right side.
- Stretch.

One Minute Stress Break



Mindfulness

Purpose

- Mindfulness is experiencing the present moment in a non-judgmental way. It is paying attention with a welcoming and allowing attitude ... noticing whatever we are experiencing in our thoughts, behaviour, and feelings.
- Making changes in our life begins with awareness. Awareness means paying attention to what we are doing, thinking and feeling. We then have the option to either accept things or change things.
- Practicing mindfulness teaches us to relax and remain alert in the midst of the
 problems and joys of life. It encourages us to pause in the moment and respond to
 life with curiosity and a welcoming attitude.

Process

- The practice of mindfulness focuses on three areas, mindfulness of bodily sensations, of feelings, and of thoughts.
- A good place to begin the practice is to become aware of your breath, simply noticing
 its sensations in the nose, throat, lungs, or belly. Follow the breath just as it is long
 or short, deep or shallow. The goal is not to change it but only to observe and to be
 mindful of each breath.
- Mindfulness can then extend to noticing:
 - sensations in the body, noticing pain, pleasure, heat, cold, tension, relaxation.
 - emotions you may be experiencing such as fear, anger, sadness, happiness, etc.
 - thoughts that arise in the mind in the form of sentences, words, fragments, or images.
- The point is to fully experience and be aware of whatever may arise within you.
- This type of practice can then continue as you move through your day, being more and more aware of your reactions and responses in all of your activities.

Mindfulness Meditation

Purpose

- Mindfulness Meditation is learning to pay attention to whatever is happening in the
 present moment in your mind and body. Mindfulness = Paying attention on purpose,
 in the present, non-judgmentally.
- To be "present" in the moment "Here and Now" is to be fully alive.
- Since mindfulness meditation also involves breath awareness, the parasympathetic system is stimulated, resulting in the relaxation response.
- It is a relaxation method for learning to work with the mind. It gives us a tool for gaining
 more perspective on our thoughts, and more acceptance of present moment reality.
- Meditation can contribute to a feeling of inner balance and peace of mind.

Process

THE SITTING PRACTICE OF "MINDFULNESS MEDITATION"

The Position/Posture

Seat – find a solid, grounded, stable position on a chair or cushion

sit out from the edge of the chair so back can be straight

- feel body resting on the chair or cushion

notice the firm pressure of buttocks

let body relax in the position, not too tight and not too loose

Feet – flat on floor (grounded)

Hands – hands on thighs, palms down (grounded)

Back – as straight as possible

Chest - soft/open

Ears - above shoulders

Chin – ever so slightly in towards the chest

Jaw - relaxed

Mouth - slightly open, like "ah"

Tongue – touching roof of mouth, behind teeth (less saliva)

Eyes – eyes are open and gaze downward about 4' in front, on the floor, using

a soft focus. If you close your eyes there is a tendency to space out.

MINDFULNESS MEDITATION (CONTINUED)

Breath

- Now as you sit there, start noticing your breath going in and out. Not forcing it or changing it — just noticing it, paying attention to it. In and Out, In and Out.
- Then start putting more emphasis on the out breath. Each time you breathe out, allow yourself to let go and relax.
- Occasionally check your body posture, and then go back to paying attention to your breath.

Thoughts

- As you follow your breath, you will notice that thoughts will arise, and your mind will wander. That's okay and natural.
- It may be a thought, an image, or an emotion just label it all "thinking."
- Just notice that your mind has wandered, label it "thinking" and bring your attention back to the "In and Out" of the breath.
- It is important to be very kind to yourself when you notice that your mind has wandered away. Training your mind is a little like training a puppy. It does not help to be harsh with the puppy. What helps is to kindly tell the puppy to "stay" over and over again. Likewise with the mind, just notice it's wandered away, gently and kindly say to yourself "thinking" and bring your attention back to the breath.

Practice

It is helpful to set a special time aside each day to practice sitting meditation. You can start with 5 – 10 minutes a day, increasing to 20 minutes over time. It can also be helpful to practice at the same time and place each day.

Variation

WALKING MEDITATION

- Walk slowly, hands in front or by sides as you would usually walk.
- Pay attention to your body; feel a sense of ease.
- With each step, feel the sensations of lifting your food, moving it forward then placing it on the ground.
- Notice when the mind has wandered away, label it "thinking" and just bring your attention back to your body and to moving each foot.
- You can say "lifting, swinging, placing" to yourself, to help to stay focused on your body.



Lifestyle Module

This module contains informational handouts on various lifestyle factors that promote mental and physical health including sleep, nutrition, substances, physical activity and a wellness wheel.

Choose the handouts that correspond to patient needs.

Healthy Habits for Sleeping

Depression often causes a disruption in sleep patterns. Poor sleep contributes to daytime fatigue, low energy, irritability, decreased concentration and increased depression. If sleep is a problem for you, practice the following tips.

- Go to bed and get up at the same time everyday regardless of how poorly you slept.
- If you have not fallen asleep after 20 minutes, get up and do something relaxing or boring until you feel sleepy, then try again. (Repeat if necessary throughout the night).
- Use relaxation exercises or repetitive mental activity (i.e. counting backwards) to promote sleep.
- Avoid naps.
- Create a good sleep environment, preferably a cool, dark, quiet room. Earplugs, eyeshades and white noise may be helpful.
- Develop a bedtime route. Try a warm bath 90 minutes before bed.
- Save your bedroom for sleep, sickness and sex.
- Get fresh air and exercise regularly, preferably daily, but not within a few hours before bedtime.
- Avoid caffeine, alcohol, and tobacco in the evening, and maybe even the afternoon.
- Have a light snack (milk, bananas or peanut butter are good choices) but avoid eating a large meal close to bedtime.
- Avoid sleeping medication, including over the counter aids, unless prescribed by your doctor.

It's True: You are What You Eat!

Diet

- Depression frequently affects appetite, either increasing or decreasing it.
- Diet (not how much, but what we eat) can affect depression.
- It's important to eat a healthy, balanced diet that is low in sugar, caffeine and junk food.
- Snacks should be nutritious.
- Regular and consistent dietary habits are important.
- Even if you don't feel hungry, it's important to eat healthy meals or snacks several times a day.
- If needed, decrease portion size, but make sure you eat something.

Substance Use

- Although using drugs and alcohol may provide temporary relief of depressive symptoms, they tend to worsen mood.
- Substance misuse contributes to avoiding rather than facing problems. Avoiding emotional problems tends to aggravate them.
- Reducing substance use to moderate levels, or even stopping, is essential to health and recovery.

Caffeine

- Caffeine comes in several popular forms coffee, tea, soft drinks and chocolate.
- It is a stimulant, acting on our nervous system much like anxiety does.
- Caffeine is also an addictive substance.
- Some of its side effects are similar to symptoms of depression: sleeplessness, digestive problems, headaches and anxiety.
- Withdrawal from caffeine also mimics depression, with irritability, fatigue, appetite problems, and poor concentration.
- It's best to be aware of the effect of caffeine and to consider limiting its use.
- Please refer to the Caffeine Chart on back to determine your caffeine intake.

IT'S TRUE: YOU ARE WHAT YOU EAT! (CONTINUED)

Caffeine Chart

CAFFEINE CONTENT OF COFFEE, TEA, AND COCOA (MILLIGRAMS PER 6 OZ. CUP)

Coffee, instant
Coffee, percolated
Coffee, drip
Coffee, decaffeinated3 – 10 mg
Tea bag, 5 minute brew
Tea bag, 1 minute brew
Cocoa
Chocolate (dry, 1 oz.)
CAFFEINE CONTENT OF COLA BEVERAGES (PER 12 OZ. CAN)
Coca-Cola
Pepsi-Cola43 mg
Dr. Pepper
Mountain Dew 50 mg

Physical Activity

Exercise

- Regular physical activity helps the treatment of depression by brightening mood, increasing energy, and improving sleep.
- Exercise helps increase stamina and reduces the risk of diseases like diabetes, heart diseases, and osteoporosis.
- Exercise can raise the levels of certain chemicals in the brain, including serotonin, which produces happier states of mind, thus helping in the recovery of depression.
- When you are depressed, it is good to know that you are taking positive action for your health.
- A realistic, flexible and fun program has the best chance for success.
- No one form of exercise has been shown to be superior for depression. What is
 important is to choose a physical activity that you enjoy and to do it regularly.
- You do not need to push yourself to extremes. In fact, moderate and consistent exercise may improve mood more than excessively long, hard workouts.
- Your goal should be to feel pleasantly tired, a normal feeling after any physical activity.
- The key is to start slowly and be patient with yourself. Just a few minutes of walking (or other exercise) is a good place to start.

The Wellness Wheel

