

Handout 1.1

Exercise 1.1: Communication skills in engagement

Technique	Situation
Reflection	
Summaries	
Open questions	
Noticing discrepancies	

Handout 1.2

Exercise 1.2: Working with ambivalence (1)

Talk to the client about the importance of change. Ask them 'how important is it to change?' Ask them to rate this level of importance on a scale of 1-10 with 1 as not important at all and 10 as the most important thing.

1: No importance

10: Most important

Having done this ask the client about the advantages and disadvantages of remaining the same and the advantages/disadvantages of change.

Notes

Handout 1.3

Exercise 1.3: Working with ambivalence (2)

Look at the feedback from Exercise 1.2, and fill out the following table. Identify any situations where the client appeared to be arguing, denying or interrupting. Reflect on each situation and ask yourself how far you were following the five principles outlined above.

Examples of resistance	Situation
Arguing	
Denying	
Interrupting	

Handout 2.1

Exercise 2.1: Talking about depression for the first time

Think about the following questions and record them in your journal, and discuss them with your supervisor or manager.

▶ How would you tell the difference between feeling low in mood and suffering from depression?

▶ How is being sad different from depression?

▶ How would you explain depression to a client?

▶ Can you identify any vulnerability factors for depression in your clients?

▶ If you work with someone who is depressed can you identify any other problems they may have?

Symptoms of depression

1. **Depressed mood** – this means depressed for most of the day, nearly every day, as indicated by subjective report i.e. what the individual client says or observation by other people – family, friends or other professionals.
2. **Markedly diminished interest or pleasure** – the client experiences a loss of interest and pleasure in almost all activities most of the day, nearly every day.
3. **Physical symptoms** – this could be significant weight loss when not dieting or weight gain. It might also include a decrease or increase in appetite nearly every day.
4. **Sleep** – the client can experience insomnia or excess sleep most days.
5. **Psychomotor agitation or retardation** – this term describes subjective feelings of restlessness or being slowed down. This may also be observed by others – family, friends or other professionals.
6. **Fatigue or loss of energy** – the client experiences these physical symptoms nearly every day.
7. **Thoughts about being worthless and feelings of excessive or inappropriate guilt** – the client with clinical depression can experience these thoughts and feelings nearly every day.
8. **Concentration** – the client's ability to think or concentrate is affected. They may feel unable to make a decision (again, this can be either subjective or observed by others).
9. **Recurrent thoughts of death** – for the client this can be frequent ideas about suicide. This does not necessarily mean that they have a plan or intention to commit suicide.

Handout 3.1: Building up a picture of the client

1. Early experiences

- ▶ Who were their parent figures and what was the relationship like between them?
- ▶ Did they have brothers and sisters, and what was their relationship with them like?
- ▶ Who were the extended family and what was the relationship like with them?

2. School

- ▶ What was school like?
- ▶ Did the client experience any bullying/was the client the bully?
- ▶ Did the client have many friends and were they able to bring them home – if not, were there any reasons for this?
- ▶ If the client did well at school were their achievements recognised and praised by their parents?

3. Work

- ▶ Was the client able to do the kind of work that they had always wanted to do?
- ▶ What were relationships at work like?
- ▶ How many jobs has the client had?

4. Relationships

- ▶ Is the client currently in a relationship?
- ▶ Is the client heterosexual or gay?

5. Culture

- ▶ Are there any relevant cultural issues?
- ▶ What is the ethnicity of the client?

Handout 4.1

Exercise 4.1: Four Aspects of Self Model

Thoughts	Emotions	Physiology	Behaviour

Handout 4.3

Exercise 4.3: Abridged thought monitoring record

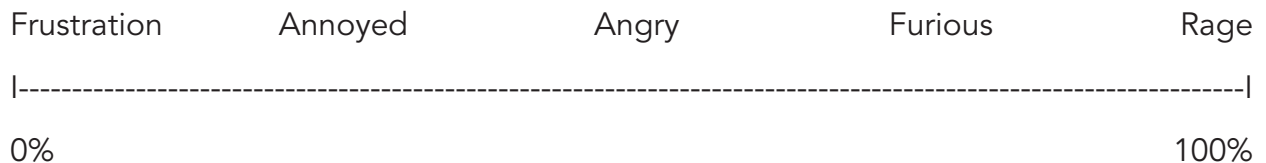
Event	Mood/emotion	Thought
	% Intensity	% of Belief

Handout 4.4

Exercise 4.4: Brief summary of emotions

Anger

This emotion arises when we encounter an injustice against ourselves or those we care about. A moral rule is seen as being broken and we are stimulated to remedy the unfairness. This is an activating emotion which invites us to approach the problem and sort it out.



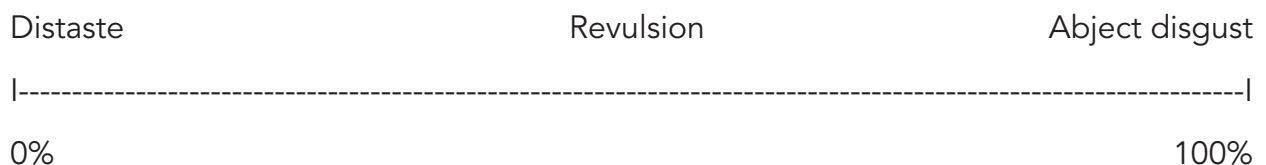
Fear

This emotion arises when we are feeling threatened and do not have the resources to protect ourselves or others we care about. It too is an activating emotion but it drives us to run away, escape or avoid similar situations in the future.



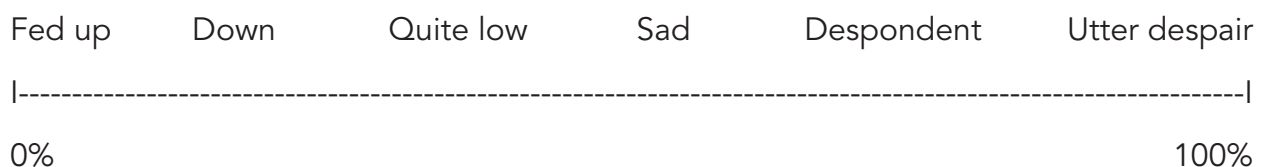
Disgust

This emotion arises when we are revolted or repelled by something. It is an activating emotion which drives us to distance ourselves from the object of revulsion either by moving away from it or by discarding it. It surprisingly lacks a wide range of words to describe the intensity of the emotion. Closely associated with the feeling of hatred.



Sadness

This emotion arises usually in the context of perceived or actual loss. It may be loss of material objects, status or relationships. It is a deactivating emotion which invites us to become paralysed with inertia and hunker down. It is the emotion most commonly experienced in depression.

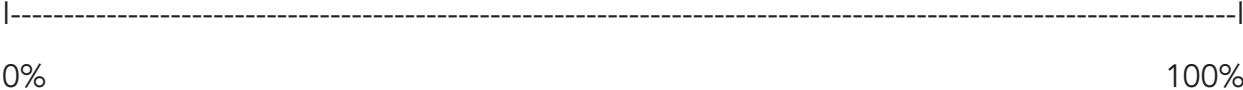


Handout 4.4

Exercise 4.4: Brief summary of emotions (continued)

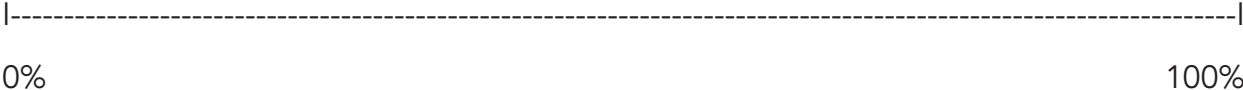
Guilt

This is an emotion which arises when we believe we have caused harm to others either by doing something or failing to do something. When experienced it motivates us to make reparations to whoever we have harmed. Unfortunately in depression it can be activated by errors of thinking so is regarded as inappropriate guilt.



Shame

Shame is a fear-based emotion and arises when we believe we are seen as inferior, flawed or an object of disgust, by other people. It motivates us to hide away from those we believe will see us in this way due to fear of rejection, ridicule or worse.



Handout 4.5

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Event	Emotion % belief	Negative Automatic Thought (NAT) (Image/memory) % belief	Evidence to support the thought (NAT)	Evidence that contradicts the thought (NAT) Any thinking errors?	What's a more balanced alternative view to take? % belief	Any change in mood? % intensity
Wedding Invitation	Sadness. 70% belief	This is my life from now on. Trapped, never able to take part in a normal social life again. I'm on the scrap heap and people in a job like Dave won't want someone they see as a benefit scrounger mixing with them. Everyone will ignore me if I go. 100% belief	It's harder to get a job at my age. You read in the papers about politicians and everyone criticising the unemployed. Dave's probably no different deep down. I must be a scrounger. I can't pull myself together to apply for a job.	In some jobs that might be true but my years of experience make me an asset to the right company. Only certain papers make cheap shots at the unemployed. Others emphasise the effects of the economy. I've known Dave for years and I know he really values me as a friend. I'm claiming benefits I'm entitled to and which I've paid towards in tax. I can't help being depressed and I am working on it in therapy. When I'm able I will start looking for work. I'm catastrophising, fortune telling and mind reading.	Dave knows I'm out of work and struggling with depression. He would never try to shame me and a few more of our friends who he will invite are unemployed at the moment as well. Him and Jane have been together a couple of years so they don't really need big presents. I will go to the wedding!!	Excited 60% Sad 40%

Handout 4.6

Event	Emotion % belief	Negative Automatic Thought (NAT) (Image/memory) % belief	Evidence to support the thought (NAT)	Evidence that contradicts the thought (NAT) Any thinking errors?	What's a more balanced alternative view to take? % belief	Any change in mood? % intensity

Handout 5.1

Exercise 5.1: Day activity log

Thursday	
Time	Activity
8.00	
9.00	
10.00	
11.00	
12.00	
1.00	
2.00	
3.00	
4.00	
5.00	

Handout 5.2

Exercise 5.2: Week activity log

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8.00-9.00							
9.00-10.00							
10.00-11.00							
11.00-12.00							
12.00-1.00							
1.00-2.00							
2.00-3.00							
3.00-4.00							
4.00-5.00							

Handout 5.3

Exercise 5.3: TIAVOR form

Trigger event	
Interpretation	
Avoidance response	
Short-term consequences of avoidance	
Long-term consequences of avoidance	

Handout 5.4

Exercise 5.4: TIALTER form

Trigger event	Interpretation	Avoidance response	Likely short-term consequences of alternative response	Likely long-term consequences of alternative response

Handout 7.1

Exercise 7.1: Relapse prevention – continuing practice

Most people recovering from depression may face some difficult or unpleasant situations or events in the months after their treatment. To avoid the symptoms of depression returning and to help you cope with difficulties and setbacks, it is important that you continue to practise the skills you have learned. There are five main areas to work on:

1. Putting your skills into practice.
2. Identifying triggers and coping with setbacks.
3. Improving how you feel about yourself.
4. Understanding your signs and symptoms of relapse.
5. What to do in the event of relapse.

During your treatment for depression you may have found that you have had access to different types of support. It is assumed that if you are reading this handout that you have been working with someone who has helped you learn a number of skills and techniques from cognitive behaviour therapy. You may have met with them on a regular basis and have found it helpful to talk about the problems you are having. Unfortunately when you become well this support will come to an end and you may find it difficult to find the time to put your skills into practice.

1. Putting skills into practice

It is more helpful to do a little bit of practice regularly rather than set aside large chunks of time each week. You will also need a space where you can focus on this practice without being interrupted by telephone calls or partners and children. By continuing this practice on a regular basis you are more likely to have confidence in the skills when you do need to use them. It can be helpful to review your practice notes and look at what helped the most, then you can review your week and identify any areas of concern where it may be helpful to use the skills learned.

2. Identifying triggers and coping with setbacks

When you have experienced depression it can be very easy to fall back into unhelpful habits and ways of thinking. Identifying stressful situations or events where you are likely to experience difficulty is essential in keeping well. If you are able to identify these trigger situations then you can prepare for them. Review your week and next few months for any situations or events that potentially may trip you up. For some people this can include things like an argument with someone, being asked to do too much at work, or even visiting family members who know you have been unwell. It can be helpful to think about what you can do that may help you cope in this situation? What has helped in the past when these things happened? Is there anything you can do next time this happens?

Handout 7.1 (continued)

3. Improving how you feel about yourself

You will have been aware that when depressed our confidence and self-esteem suffers. You will most probably have done some work around this if you have been working with someone. This is because low self-esteem helps maintain depression and it is therefore important that you continue to address it as part of your recovery and beyond. One way of addressing this is to keep a daily diary or log of the times when you have evidence that you have acted against a negative belief. An example of this may be that your negative view of your self is that 'I am a failure'. Keeping a log of times when things have gone well for you despite this belief can be a helpful way of improving low self-esteem. Continuing to engage in activities that give you a sense of mastery or pleasure is also important in improving confidence and low self-esteem. Reflecting on how you did and addressing any issues straight away will make it less likely that you will fall into unhealthy patterns that may start to water the seeds of depression.

4. Identifying signs and symptoms of relapse

It is important that you are aware of your own signs and symptoms of relapse and what you can do when you notice these so that you can intervene and 'nip it in the bud' before it becomes too much of a problem. Developing a signs and symptoms checklist can be important to remind you of these and perhaps what action you can take. Enlisting the support of loved ones and friends can also be helpful and ensuring that they are also aware of these relapse signs. This will ensure that 1) people do not overreact and 2) they are aware of what would be helpful at that time. You can also give your GP a copy of your plan too.

5. What to do in the event of relapse

It is important to have a plan of 'what to do' if you start to recognise that you are becoming unwell again. Having a plan of what to do and who to contact at these times can take some of the stress out of the situation. It can also be helpful for family members and friends to be aware of what to do as this can be a worrying time for everyone. Ensure that you have appropriate contact numbers for those who may be able to help and can offer support.

Handout 7.2

Exercise 7.2: Planning skills

Day	Skills to practise	Outcome
Monday	<p>Use the Four Aspects Model to map out an event. Read through the thinking errors sheet and identify any in the thoughts section.</p> <p>Can you reframe these thoughts into something more helpful?</p>	
Tuesday	<p>Monitor activities during the day and rate them for pleasure and achievement.</p>	

Handout 7.3

Exercise 7.3: Planning skills practice

Day	Skills to practise	Outcome
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Handout 7.4

Exercise 7.4: Identifying triggers

Consequences		
Behaviours		
Emotions		
Thoughts		
Situation or event		

Handout 7.5

Exercise 7.5: Signs and symptoms of relapse

Signs and symptoms of relapse

Handout 7.6

Exercise 7.6: Developing an action plan

Sign or symptom of relapse	Actions

Handout 7.7

Exercise 7.7: Your positive qualities

Positive qualities

Handout 7.8

Exercise 7.8: The client's positive qualities

Positive qualities

Handout 7.9

Exercise 7.9: Examples

Day	Positive quality	Example
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Handout 7.9

Exercise 7.9: Action card

Relapse action card for

- ▶ Acknowledge that you are depressed and need help.
- ▶ Try as best you can to use the skills and techniques learned for helping with depression.
- ▶ Contact your GP and make an appointment. Your medication may need reviewing
[GP telephone number and opening hours and out of hours GP service]
111 [non-emergency medical help]
- ▶ Contact a friend/colleague/family member or professional you trust to support you at this time.
[Name of supporter or professional including telephone number]
- ▶ Try not to isolate yourself.
- ▶ Seek professional help from mental health services.
- ▶ IF IT BECOMES WORSE and you are at risk of hurting yourself then access the out of hours GP, Samaritans or other services in your area.
[e.g. Samaritans 0845 7909090]