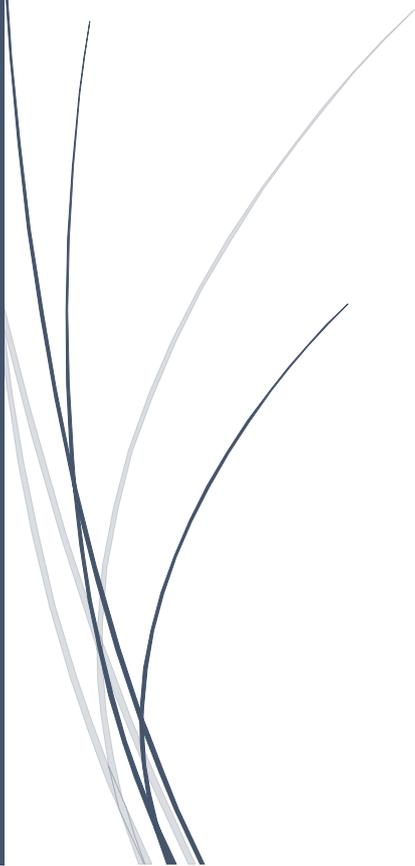


Long Term Conditions & Medically Unexplained Symptoms (LTC & MUS)

Group Handbook

LTC/MUS Group

MIND IN BEXLEY



Client Agreement

Mind in Bexley Ltd through its Being Well in Bexley Primary Care Service provides Cognitive Behavioural Therapy (CBT) and other talking therapies to the residents of Bexley. CBT is aimed at reducing distress by looking at unhelpful thinking patterns and behaviour which have a negative effect on how we feel. It is a solution-focused collaborative form of therapy, involving working together and guided discovery. You will be asked to carry out tasks between sessions in order to practice what you have learned. We offer both group and individual sessions.

Client Records and Confidentiality:

Computer records are kept on a very secure IT system, accessed only by the Being Well in Bexley team. Some of the data collected is made anonymous and can be used to evaluate the service and for research purposes. Client records are maintained in accordance with the *Data Protection Act 1998*. Any request for a copy or sight of these records under the *Freedom of Information Act 2000*, can be made in writing to the Director of Mind in Bexley Ltd. Numerical data and statistics are reported to the Department of Health and may be used for research purposes. Anything that you tell us is confidential within the Being Well in Bexley team, unless we have concerns about the immediate safety of yourself or anyone else, in which case we will discuss this with senior staff and may need to involve other people. If this becomes necessary we will try to talk to you about this first. It is a condition of this service that we are provided with the name of your GP, so that we can contact them if we have any concerns and we usually provide the GP with a report. If there is a specific reason for you not wishing this report to be sent, please discuss this with your therapist.

Attendance at sessions and DNA Policy:

In order for therapy to be consistent and effective, it is important that you attend regularly. If you are not able to attend a booked appointment, please give us as much prior warning as possible so that this appointment can be offered to another client. This allows us to use therapist time well and helps to keep waiting lists down.

Cancelling with less than 24 hours' notice will be treated as a DNA (Did Not Attend). If you do not attend **one appointment without at least 24 hours' notice then we will discharge you from the service so that a slot can be offered to someone on the waiting list.**

We understand that sometimes there are genuine emergencies that prevent clients attending appointments and cannot be foreseen. Should this happen, please contact us within 24 hours of your scheduled appointment to explain the reason for not attending. Please leave a clear message on our answer phone if your call is not answered in person.

If you cancel more than two sessions with adequate notice, then your therapist will discuss with you whether now is the right time for you to be engaging in therapy and you may be discharged from the service. Future re-referrals are welcome.

Complaints Procedure, Monitoring and Evaluation:

We encourage clients to provide both positive and negative feedback in order to improve our service. Evaluation forms are distributed at the end of therapy. Anonymous data on outcomes are collected and collated and may be used for research purposes and for articles for publication. You can decline to consent to this. If you feel you have cause to complain about the service you have received, you can contact the Chief Executive of Mind in Bexley on our main number or ask for a complaints leaflet. Making a complaint will not adversely affect the service you receive.

I understand the above points and am willing to proceed with therapy:

Client's Name:

Client's Signature:

Date

**I consent to data collection and use for research, evaluation and publication:
Yes/No**

Welcome to the service at Mind in Bexley. Please keep this leaflet safely as it contains important information.

Attendance

Regular attendance at therapy sessions or in groups is important in order to get the best out of the sessions. Please tell your therapist or group leader in advance of any planned unavoidable absence. If there is a reason why you cannot attend on the day, please leave a message on **020 8303 5816**.

Taking Care of Yourself

Remember to give yourself time and space to make use of the therapy or classes and ensure you are getting enough rest and nourishment.

Sometimes during the course of therapy, difficult emotions can come up or events can happen in the week which can cause more distress. Your safety and support is very important to us.

If emotions are becoming very overwhelming it is important that you let someone know how you are feeling. Think about who you could tell (e.g. a friend or relative), in order to support you.

You can also contact your therapist or group leader on the above number. After hours, contact:

- Crisis Advice Line: 0845 608 0525,
- Sane Line 0845 767 8000,
- Samaritans 116 123 or
- Umbrella Crisis Nightline 020 7226 9415, a night-time phone line for anyone with difficulties relating to a mental health problem, open every night from 12:30am – 6am

In the unlikely event that the feelings get worse and if you feel that you are at risk of harming yourself, or others, at any time, please make an urgent appointment with your GP or go immediately to Accident and Emergency and ask for an urgent mental health assessment.

SESSION 1 – The Importance of Therapeutic Change

“Stepping onto a brand-new path is difficult, but not more difficult than remaining in a situation, which is not nurturing to the whole person.”

Maya Angelou

INTRODUCTION

Welcome to Mind in Bexley’s long term conditions/ medically unexplained symptoms (LTC/MUS) group. Well done for attending that’s the first step on the road to recovery.

This is a self-help group based on CBT principles, CBT stands for Cognitive Behavioural Therapy. In this we look at the way that thoughts, behaviours and physical sensations impact our emotions. In addition we will discuss how having a long term condition impacts on our mental health issues.

General rules

Confidentiality –

Everything discussed in this session will be kept confidential within the service. We ask as a group participant that any personal information that is shared is kept confidential within the group.

Risk –

If you are scoring one or more on question 9 of the PHQ-9 could they please come and speak to the facilitator after the session. It is your responsibility to make us aware of this, if you do not come and speak to us we will call you before the next session to ensure that you are not at risk. A safety plan may have been agreed at assessment along with crisis numbers supplied to you, please follow these guidelines if you are having difficulties with these at any point.

Personal disclosure –

Personal disclosure and insight is welcome during the group, however it is important to be mindful that the sessions are structured and at times we may have to move on due to time constraints. This is not to invalidate your experience, it is to ensure that the therapeutic structure and protocol is followed. The groups contain case studies that we are going to use, this also helps with us completing all the items on the agenda in a timely fashion.

What are LTC/MUS?

Over 15 million people in England – 30 per cent of the population – have one or more long-term physical health condition. There is a close relationship between long-term physical conditions and mental health and wellbeing.

Having a long term physical health condition and a mental health issue at the same time is highly common; an estimated 30 per cent of all people with a long-term condition also have a mental health problem. The likelihood of having depression and anxiety is higher in people with physical illness compared to the general population. In a study of more than 245,000 people in 60 countries, an average of between 9.3 per cent and 23 per cent of participants with one or more chronic physical disease also had depression.

Living with long-term physical conditions brings with it considerable emotional adjustment and burden to individuals, carers and families.

Past experience, coping strategies, emotional resilience and health-related behaviours all influence the response to diagnosis and the impact of living with physical symptoms and resulting disabilities. The impact will change over time as the health condition, disability and life circumstances change.

The prevalence of associated psychological needs is greater in those with long-term conditions than in the general population. Long-term physical conditions are complex and present substantial challenges for every individual living with the condition, their carers and family. Effective self-management is crucial to the achievement of a healthy and satisfying life. This may require acceptance of the illness, managing symptoms, personal motivation, adherence to treatment regimes, managing stressful medical procedures, adjustment of expectations, and changes in behaviour and routines.

What kinds of conditions are covered in LTC/MUS?

- Chronic obstructive pulmonary disease (COPD)
- Coronary heart disease
- Chronic back pain (muscular or skeletal)
- Diabetes
- Chronic Fatigue
- Fibromyalgia
- And others!

Why am I here?

Hopefully you are here because you want to make some changes in order to manage your depression. It's very important to think about am I ready to make a change? Am I motivated?

Advantages of Change

Disadvantages of change

Advantages of not making changes

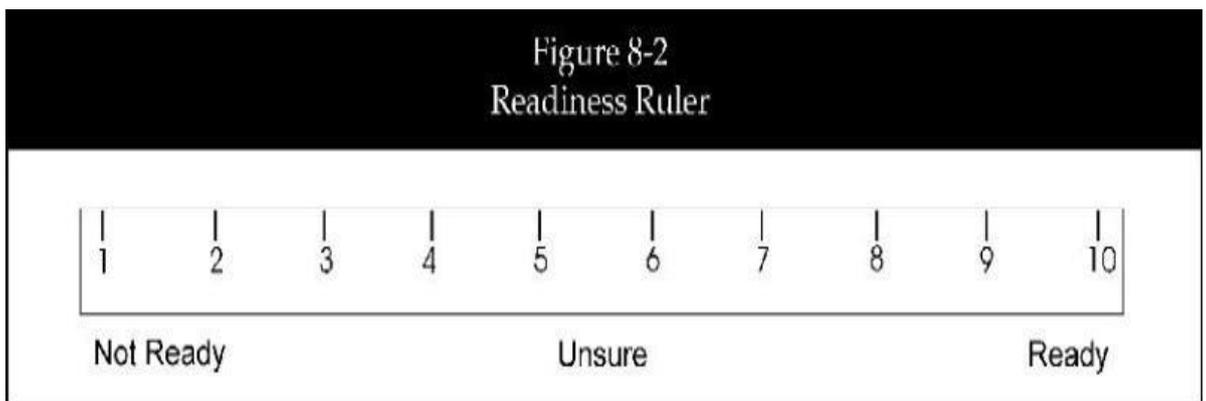
Disadvantages of not making changes

Things to think about...

- “At this moment, how ready are you to change X?”

What is it that needs to change?

- “At this moment, how important is it that you change X?” 0 (not at all) to 10 (the most important)
- “At this moment, how confident are you that you will change is it that you change X?” 0 (not at all), to 10 (the most confident)



NO LOSE SITUATION: YOU CAN'T LOSE ANYTHING BY TRYING TO MAKE CHANGES

What is my story?

Everyone comes into treatment because they have realised they are unhappy with some aspect of their lives. It's very important to know and understand what those reasons are. Everyone in this room has something in common in that they will have an LTC or MUS and this causes them to feel depressed.

Please take some time to reflect on what your condition is and if you feel comfortable share it with the rest of the group.

A MINDFUL BREATHING SCRIPT

Start by settling into a comfortable position and allow your eyes to close or keep them open with a softened gaze. Begin by taking several long slow deep breaths breathing in fully and exhaling fully. Breathe in through your nose and out through your nose or mouth. Allow your breath to find its own natural rhythm. Bring your full attention to noticing each in-breath as it enters your nostrils, travels down to your lungs and causes your belly to expand. And notice each out-breath as your belly contracts and air moves up through the lungs back up through the nostrils or mouth. Invite your full attention to flow with your breath.

Notice how the inhale is different from the exhale. You may experience the air as cool as it enters your nose and warm as you exhale. As you turn more deeply inward, begin to let go of noises around you. If you are distracted by sounds in the room, simply notice them and then bring your intention back to your breath. Simply breathe as you breathe, not striving to change anything about your breath. Don't try to control your breath in any way. Observe and accept your experience in this moment without judgment, paying attention to each inhale and exhale.

If your mind wanders to thoughts, plans or problems, simply notice your mind wandering. Watch the thought as it enters your awareness as neutrally as possible. Then practice letting go of the thought as if it were a leaf floating down a stream. In your mind, place each thought that arises on a leaf and watch as it floats out of sight down the stream. Then bring your attention back to your breath. Your breath is an anchor you can return to over and over again when you become distracted by thoughts.

Notice when your mind has wandered. Observe the types of thoughts that hook or distract you. Noticing is the richest part of learning. With this knowledge you can strengthen your ability to detach from thoughts and mindfully focus your awareness back on the qualities of your breath. Practice coming home to the breath with your full attention. Watching the gentle rise of your stomach on the in-breath and the relaxing, letting go on the out-breath. Allow yourself to be completely with your breath as it flows in and out.

You might become distracted by pain or discomfort in the body or twitching or itching sensations that draw your attention away from the breath. You may also notice feelings arising, perhaps sadness or happiness, frustration or contentment. Acknowledge whatever comes up including thoughts or stories about your experience. Simply notice where your mind went without judging it, pushing it away, clinging to it or wishing it were different and simply refocus your mind and guide your attention back to your breath.

Breathe in and breathe out. Follow the air all the way in and all the way out. Mindfully be present moment by moment with your breath. If your mind wanders away from your breath, just notice without judging it – be it a thought, emotion, or sensation that hooks your attention and gently guide your awareness back to your breathing

As this practice comes to an end, slowly allow your attention to expand and notice your entire body and then beyond your body to the room you are in. When you're ready, open your eyes and come back fully alert and awake. The breath is always with you as a refocusing tool to bring you back to the present moment. Set your intention to use this practice throughout your day to help cultivate and strengthen attention.

Other things I can do to relax are....

A large, empty rounded rectangular box with a thin black border, intended for the user to write their response to the prompt above. The box is vertically oriented and occupies most of the lower half of the page.



Homework Task: Try to identify some SMART goals for your treatment.

SMART Goals

Facing difficulties or challenging times, can force us to change or revise the goals we have set ourselves. Making changes to our thoughts, and behaviours can be very difficult. One way to increase our motivation for change, is to think about what we want to achieve from therapy. Goal setting can help keep us motivated towards change, and can help us to plan on how we are going to achieve them. When setting ourselves goals, it is important to keep in mind the following three rules:

1. Set yourself no more than three goals to begin with. Setting ourselves too many goals can be overwhelming. Don't forget that we can review our goals regularly and can always add more goals in the future.
2. Focus on short-term goals to begin with. Achieving our goals can help improve our sense of achievement, and increase our confidence. Short-term goals can always be amended once we have achieved them
3. Set positive goals. Focus on what we want to be doing more of, rather than on what we want to stop or reduce doing. For example, setting ourselves a goal of 'weeding the garden for 10 minutes a day', is more helpful than 'stop watching television all day'.

In addition to these 3 rules, it is also a good idea to make our goals SMART:

S	Specific: Try and make your goals as specific as possible. Wherever you can, set dates, times, resources etc. that you will need to achieve them
M	Measurable: Goals should be capable of being measured to allow you to know when you have met them
A	Achievable: Your goals should be just out of reach, but not out of sight. If you cannot achieve your goals, then you have set yourself up to fail.
R	Realistic: Try to set goals that are relevant to your life, and to the things that will help you to get back on track. Think about any obstacles that might get in the way, and how you will overcome these.
T	Time boundaried: Set a time by which you would like to achieve your goals. Initially you should seek to set no more than 3 goals, to help focus your journey.

S	<u>Specific:</u>
M	<u>Measurable:</u>
A	<u>Achievable:</u>
R	<u>Realistic:</u>
T	<u>Time boundaried:</u>

SESSION 2 – Depression and Long Term Health Conditions

"I found that with depression, one of the most important things you could realise is that you're not alone."

Dwayne Johnson

What is depression?

- Depression is more than simply feeling unhappy or fed up for a few days.
- Most people go through periods of feeling down, but when you're depressed you feel persistently sad for weeks or months, rather than just a few days.
- Some people think depression is trivial and not a genuine health condition. They're wrong – it is a real illness with real symptoms. Depression isn't a sign of weakness or something you can "snap out of" by "pulling yourself together".
- The good news is that with the right treatment and support, most people with depression can make a full recovery.

How to tell if you have depression

- Depression affects people in different ways and can cause a wide variety of symptoms.
- They range from lasting feelings of unhappiness and hopelessness, to losing interest in the things you used to enjoy and feeling very tearful. Many people with depression also have symptoms of anxiety.
- There can be physical symptoms too, such as feeling constantly tired, sleeping badly, having no appetite or sex drive, and various aches and pains.
- The symptoms of depression range from mild to severe. At its mildest, you may simply feel persistently low in spirit, while severe depression can make you feel suicidal, that life is no longer worth living.
- Most people experience feelings of stress, unhappiness or anxiety during difficult times. A low mood may improve after a short period of time, rather than being a sign of depression.

What causes depression?

Sometimes there's a trigger for depression. Life-changing events, such as bereavement, losing your job or even having a baby, can bring it on. People with a family history of depression are more likely to experience it themselves. But you can also become depressed for no obvious reason.

Depression is fairly common, affecting about one in 10 people at some point during their life. It affects men and women, young and old.

These are some of the sign and symptoms of someone experiencing symptoms of depression are:

Emotions and feelings

- Feeling sad, guilty, numb
- Feeling alone
- Anger and irritability
- Loss of interest and enjoyment

Physical or bodily signs

- Lack of energy
- Tiredness
- Sleep problems
- Changes in appetite

Thoughts

- Thinking everything is hopeless
- Thinking that there is no point to anything
- Thoughts of suicide
- Focusing on the negative

Behaviour

- Not making decisions
- Avoidance
- Not doing anything
- Sleeping excessively
- Isolating oneself

What is CBT?

Cognitive behavioural therapy (CBT) can be used to treat people with a wide range of mental health difficulties.

CBT is based on the idea that how we think (cognition), how we feel (emotion) and how we act (behaviour) all interact together. Specifically, our thoughts determine our feelings and our behaviour.

Therefore, negative and unrealistic thoughts can cause us distress and result in problems. When a person suffers with psychological distress, the way in which they interpret situations becomes skewed, which in turn has a negative impact on the actions they take.

CBT aims to help people become aware of when they make negative interpretations, and of behavioural patterns which reinforce the distorted thinking. Cognitive therapy helps people to develop alternative ways of thinking and behaving which aims to reduce their psychological distress.

CBT Example

One of the most important aspects of CBT is that situations are neutral and it's thoughts, behaviours, physical sensations and emotions that make a situation, good, bad, positive, negative, helpful, unhelpful and determine the level of impact that these have on a person.

Thoughts are the statements that you make to yourself in your mind, they act as a dialogue and add context to the situation that you are in. They are often opinions rather than facts.

Emotions can be described in one word and can be communicated by facial expressions and communicate how you feel in a situation.

Physical sensations are what you experience in your body and are internal, you have no control over these and they are involuntary.

Behaviours are how you decide to behave, you have control over this, it might not seem that you do but it's the choices that you make in relation to the way you feel and think.

The interaction between these areas are very important. A large part of the treatment will be examining what happens in situations and how your thoughts, emotions, physical sensations and behaviours interact with each other.

For example you wake up first thing in the morning and you feel extremely tired. You do not want to get out of bed.

How might someone react to this that might be unhelpful?

What Thoughts might they have?

What Emotions might they feel?

What Physical sensations might they experience?

How might they behave?

Now consider how someone else might respond to this situation in a more helpful way?

What Thoughts might they have?

What Emotions might they feel?

What Physical sensations might they experience?

How might they behave?

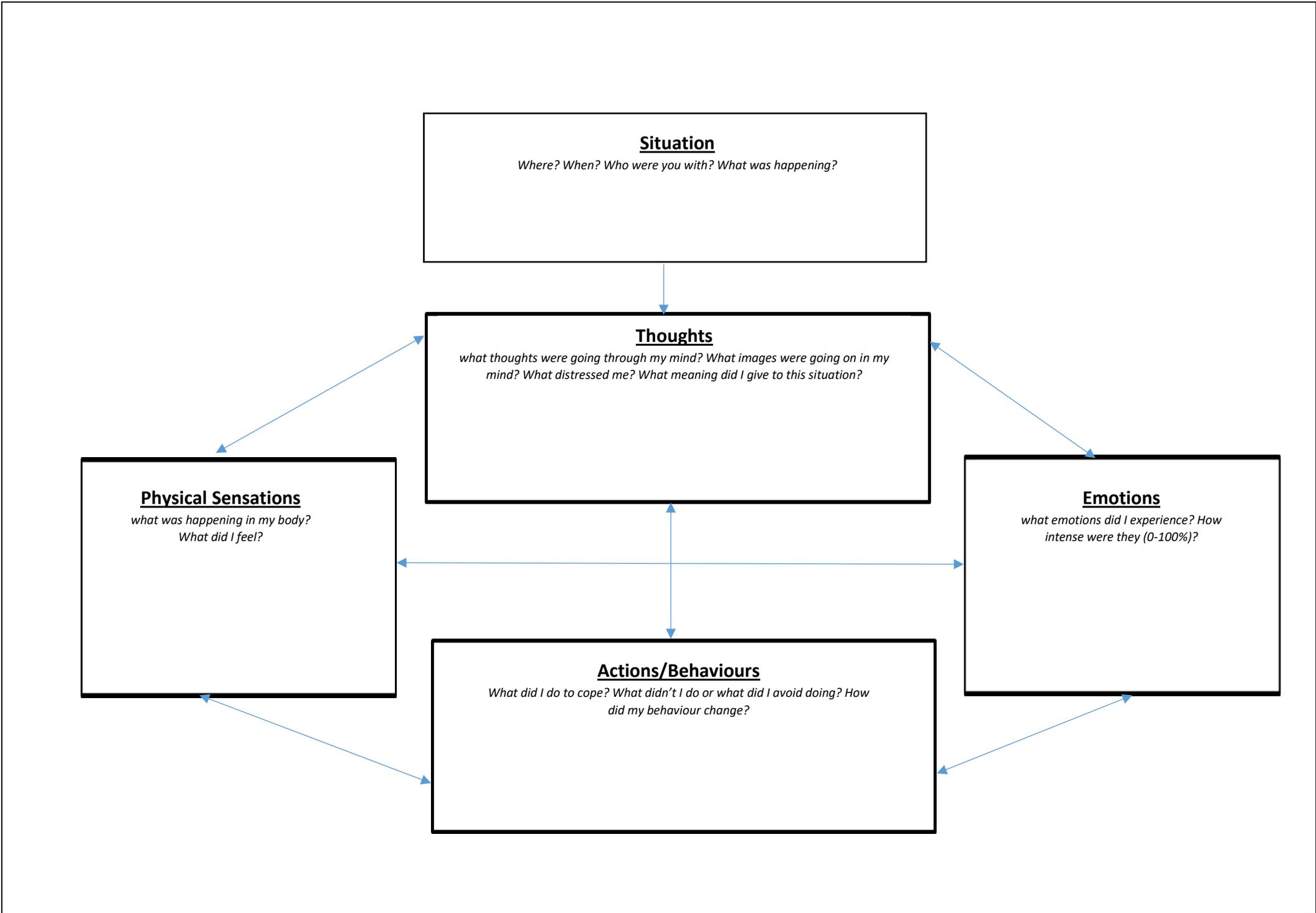
Situation
Where? When? Who were you with? What was happening?

Thoughts
what thoughts were going through my mind? What images were going on in my mind? What distressed me? What meaning did I give to this situation?

Physical Sensations
*what was happening in my body?
What did I feel?*

Emotions
*what emotions did I experience? How
intense were they (0-100%)?*

Actions/Behaviours
*What did I do to cope? What didn't I do or what did I avoid doing? How
did my behaviour change?*

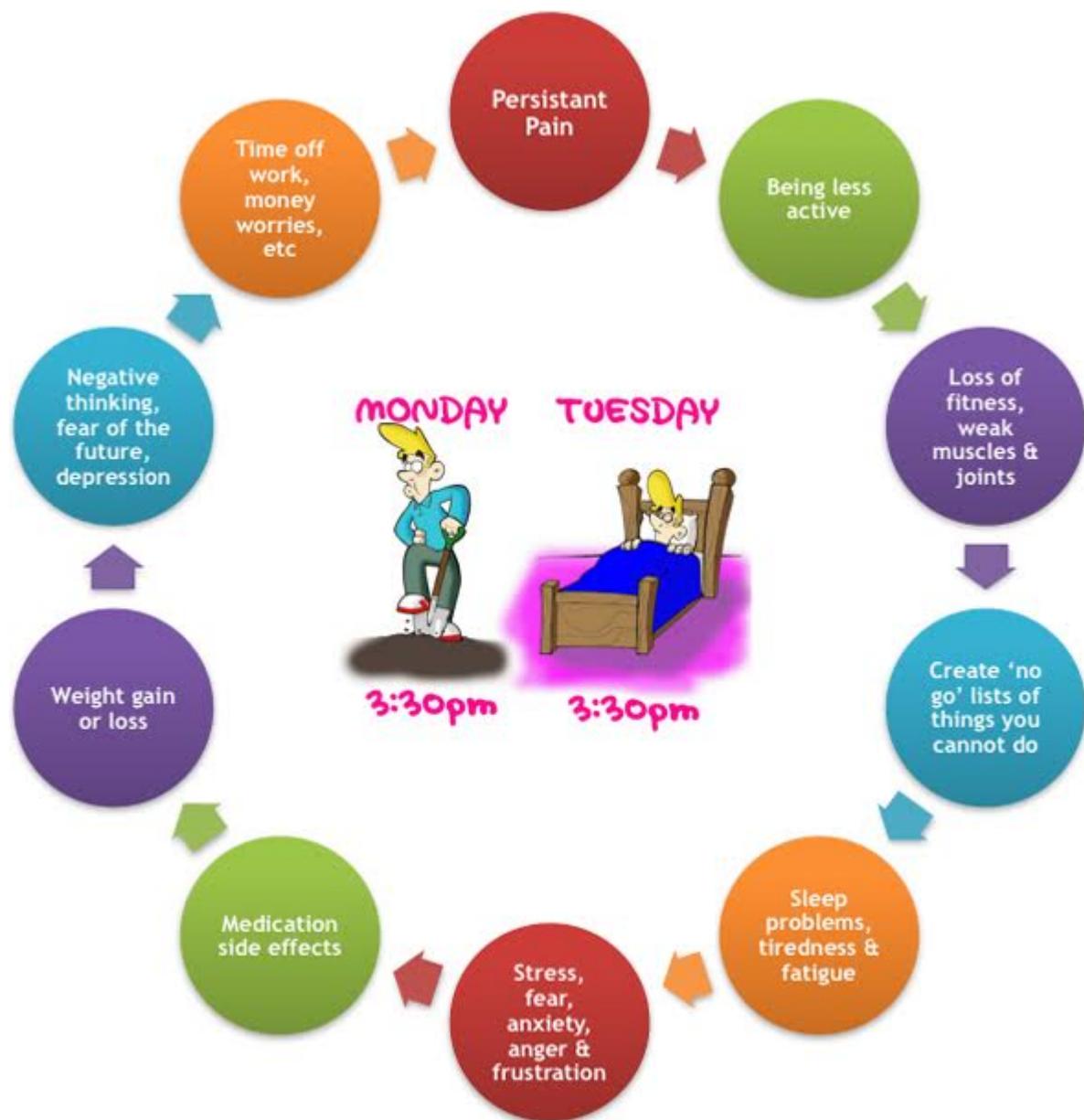


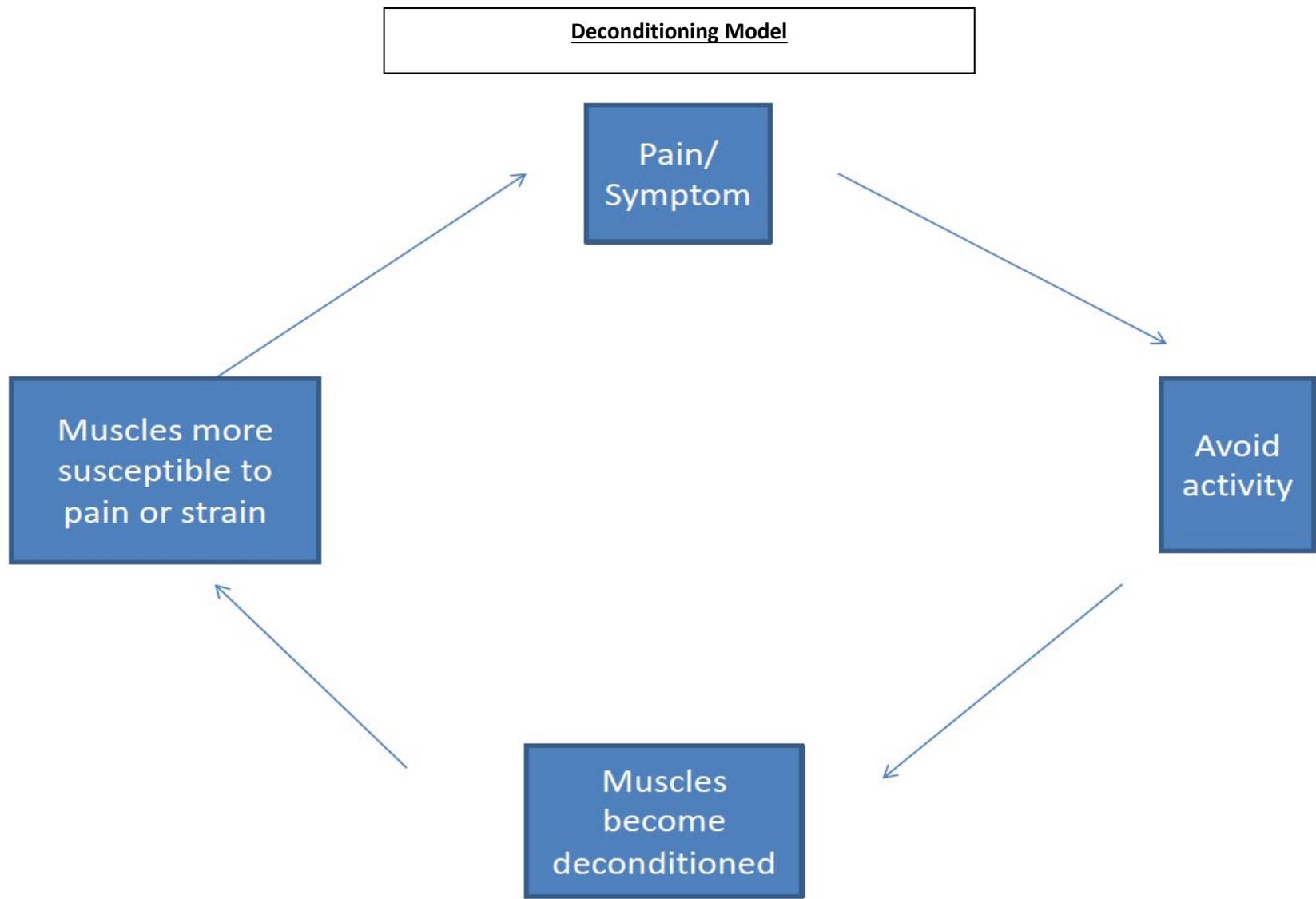
The Issue of Avoidance - Deconditioning

As a general rule the less we do the less we want to do. Think about when you have been very unwell in bed or injured for a time you wanted to do less and you may have started to feel better when you got out of bed.

This effect is both physical and psychological.

One of the major reasons that people may want to avoid activity is a fear of pain. However this tends to be only a very short term benefit. This minimises pain and distress in the short-term but leads to deconditioning, disability, depressed mood etc. All of which maintain and increase pain in the longer-term.





Main and Spanswick's model of disability (2000)

The Problem with Pain



<https://www.youtube.com/watch?v=ikUzvSph7Z4>

Persistent Pain Video – Tame the Beast

Once upon a time, all the lands were fraught with persistent pain. So widespread was this affliction that one in four people experienced it. The pain lasted more than 3 months. It shadowed their daily lives... held them back from everyday activities ... and the interventions they tried proved useless...

Hey, pain! Go away! We've tried it all But still you stay! Moving less, Taking pills, Knives and needles

Hey, pain! Go away! We've tried it all But still you stay!

But the pain remains like a loyal companion.

The peoples' hopes faded and they became resigned to living with the pain – only now, the pain was a beast! Then, along came a group of researchers, of which I am one. "Back off, big fella!" I'm Professor Lorimer Moseley and I'm a pain scientist.

Pain scientists are starting to think differently about pain and its causes. And we're making exciting discoveries...

Like how the way you think about your pain can change the way it feels. Over the next few minutes, I'll help you to understand your pain. Understanding is important because it can change how much things hurt and how much your body can do... And can help you to tame the beast.

First, trust me about this... Pain is not an accurate measure of tissue health. Pain is a protector. By making unpleasant feelings, your brain changes your behaviour – so you can avoid injury or your

tissues can heal. Sometimes pain is not helpful – like phantom limb pain. You don't expect a missing limb to ache. But it does and the pain is very real.

So how do we explain this? Pain is a warning signal from your brain that depends on credible evidence to say your body needs protecting. Sometimes it's too protective and you get unnecessary warning signals. Pain scientists now understand that there are many ways our nervous system ends up producing unnecessary warning signals. Take conditioning for example.

Think of Pavlov's dog... Every time food was offered, Pavlov rang a bell. Of course, the dog would salivate seeing the food. This went on for a while. Eventually the dog was conditioned to salivate for the bell alone. Conditioning is just one of the ways your body learns pain. And the longer your nervous system produces pain, the better it gets at producing it. Your body learns pain

So what feeds this beast? Let's look at how pain works... In your body's tissues, there are specific neurones, which normally only respond to harmful stimuli. – Whether mechanical, chemical or thermal. When they are activated, they send a warning signal to your spinal cord, which can in turn send a signal to your brain. This activity in neurones is called 'nociception' and it's happening all the time. But it only sometimes results in pain. Most of the time, the brain protects you with other things like movement. Once the warning signal reaches the brain, the brain makes sense of it based on the information arriving and the vast amount already stored. If there's reason to think protection is required, then your brain makes pain.

One of our amazing discoveries is that you can have pain without any physical stimuli. Thoughts and places might activate the warning signals. And the pain feels exactly the same. But it's not just your brain - your spinal cord also learns how to generate unnecessary warning signals.

So how do you know when your nervous system is learning pain? You may notice your pain spreads or comes on without warning. Your body feels odd and it's hard to move properly. Your pain changes quickly with your mood and small annoyances can set it off. Old injuries start to hurt again. You're more sensitive to stimuli. And the longer the pain goes on, the more all of this occurs.

The old way we understood pain left many sufferers feeling like no one believed it was real. Or that for it to hurt so bad, there must be a tissue problem. But we now know how persistent pain happens.

So how can you tame the beast?

Pain is a very personal thing. There's no one size fits all solution. And while you probably have well thought out coping strategies, it's time to take a new approach to dealing with and reducing your pain – one that focuses on retraining your pain system. This might mean testing yourself physically

and moving more than you normally would. Being honest about your current attitudes and beliefs can also help. As can asking your health professional new questions.

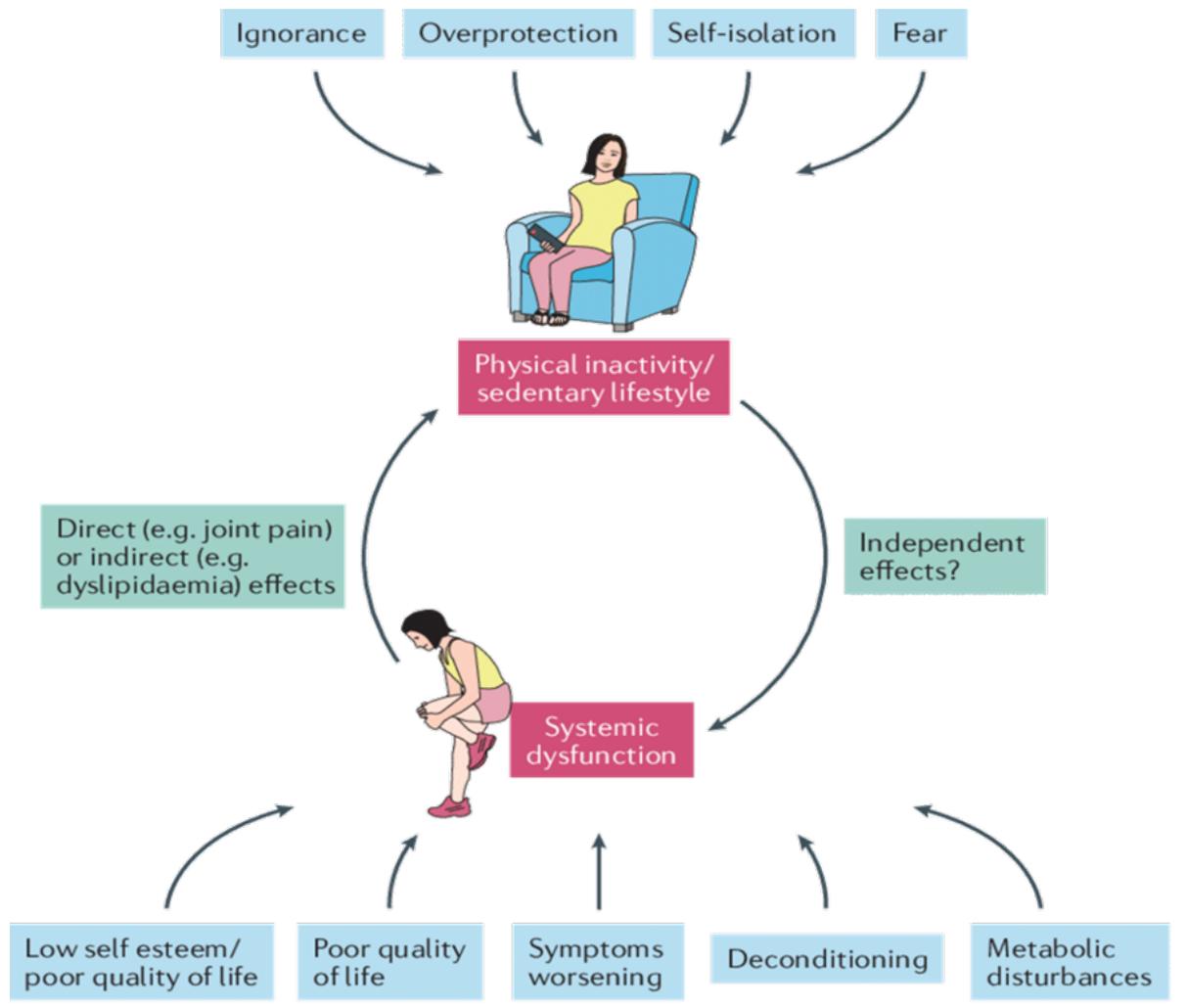
How do I know if my pain system is being over protective? How can I retrain my pain system to be less protective? How do I know if I'm safe to move?

So be brave and have hope! Because – it is possible to tame the beast!

Things I do to help manage my pain....

A large, empty rounded rectangular box with a thin blue border, intended for the user to write their responses to the prompts above. The box is centered on the page and occupies most of the lower half of the document.

What is Deconditioning?



Why should we try to counter Deconditioning?

<u>My Physical Reasons</u>	<u>My psychological Reasons</u>

Physical Reasons for increasing activity

- Increased pressures on cardiovascular system (your heart)
- Reduced stamina for all activities
- Reduced muscle tone
- Increased muscle stiffness leading to pain
- increased likelihood of sprain and strain
- Increased fatigue on activity
- Pain on exercise
- Sleep disruption
- Obesity (increased risk of CHD/diabetes) and difficulty with mobility

Psychological Reasons for increasing activity

- Illness beliefs
- Catastrophising about impact of activity
- Fear related to pain/ damage
- Avoidance behaviours
- Low mood/ depression related to reduce activity
- Impact of emotional experiences on physical sensations (e.g. fatigue/ pain linked to hyperawareness of symptoms)

Will increasing my activity help with depression?

YES!!

When are depressed we often experience tiredness, lethargy, a lack of motivation, loss of pleasure and indecisiveness. This often means that we end up putting things off or avoiding them. This can lead to feeling less confident in ourselves and we end up criticising our actions or lack of them. This focus on the negative leaves is feeling worse, a helpful response to this can be a slow and gentle increase in activity, and this way we can focus on what we have done rather than what we have not.

Right then what next?

Before we can make changes we need to see what we are already doing and then we can begin to make changes. For the next week we would like you to record what you are doing at the moment, be as honest as possible. Next week we can look at what changes would be helpful and think about helpful ways to bring about change while managing your health.



Homework task

Complete the activity diary, be as honest as possible! Record your major activities over the course of the week.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Morning							
Midday							
Afternoon							
Afternoon							
Evening							
Evening							

SESSION 3: Activating Myself

"Keep yourself busy if you want to avoid depression. For me, inactivity is the enemy."

Matt Lucas, Comedian

Behavioural activation

Behavioural activation attempts to create a balance of activities in life. It does this by focusing on 3 types of activities **Routine, Necessary** and **Pleasurable**.

Routine – this creates a sense of mastery in someone's life. These activities are those that we engage on a daily or weekly basis, for instance the morning routine before going to work and the weekly household chores.

Necessary – these activities are those that we have to do in order to prevent future negative outcomes, for instance dealing with difficult situations that are causing us some level of distress.

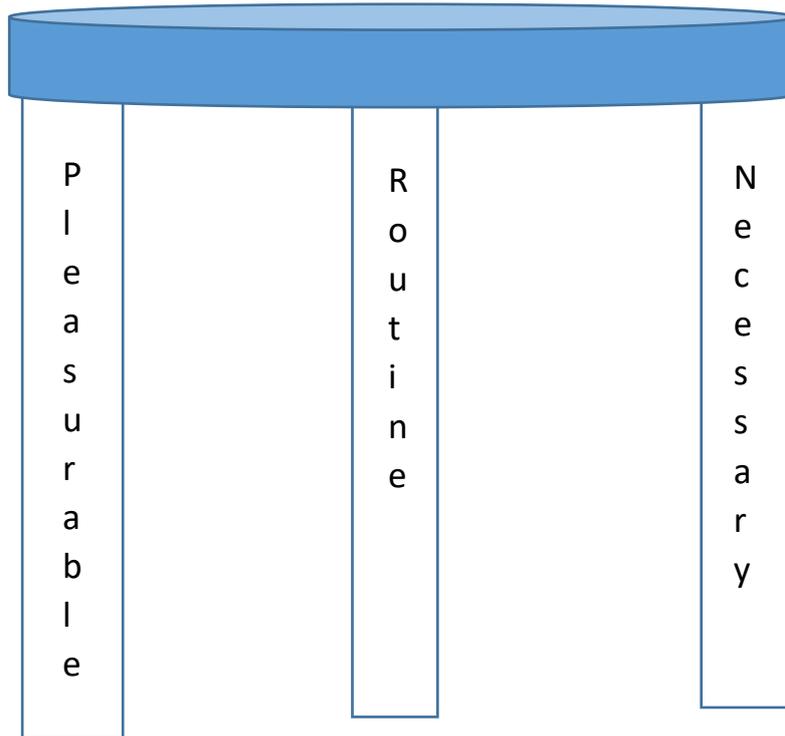
Pleasurable – these are activities that we do for enjoyment, and may be with people or on our own. With this we are able to reduce stress, increasing helpful emotions and counter-balancing unhelpful emotions.

With a balance of these activities we are able to create a baseline to improve our mood.

The three legged stool

Think of a three legged stool. A stool is stable and secure when weight is put on it, however if a leg is taken away the stool will wobble and eventually fall on the floor. If the same weight is put on but 2 legs are taken away it will wobble and hit the floor even more.

Think of the three activities of ROUTINE, PLEASURABLE and NECESSARY as the three legs on the stool. The weight of someone sitting on the stool is the stress and pressure of daily life. If all the legs are in place then the stool remains balanced and takes the pressure, but if any of the legs are removed the stool will wobble and eventually hit the floor.



It is also important to make sure that all the legs are balanced correctly - if one leg is smaller than the others it will lead to wobbling and lack stability, increasing the risk of falling over. This means that there needs to be a balance of the **ROUTINE**, **NECESSARY** and **PLEASURABLE** activities in a person's week.

How do we make the changes to our behaviour?

Step 1

List a number of activities that you would like to start doing or have stopped doing themselves and put them in to a relevant categories.

ROUTINE :-

PLEASURABLE :-

NECESSARY :-

Step 2

When starting to become more active, we want to keep you motivated and engaged with the process. For this reason, the next important step is to list the activities from easiest to hardest. If we set ourselves a goal that it just too difficult to achieve at this point in time, this can lead to feelings of disappointment when we are not able to do what we had planned.

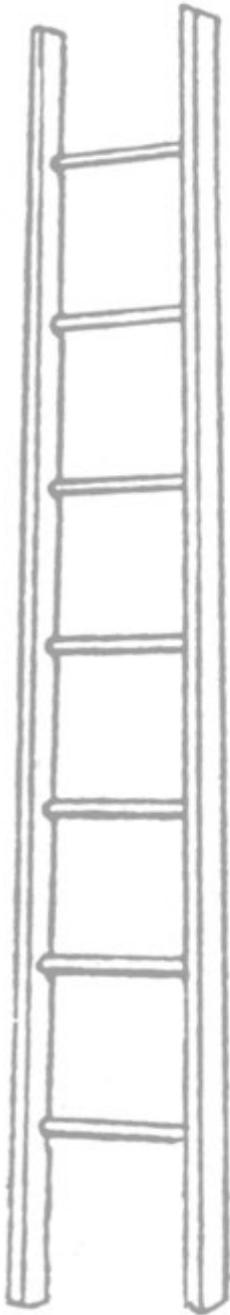
So, as we plan our activities we want to start with the easiest first, and gradually make our way through to the hardest.

Step 3

Plan what you want to do and allocate times to do them. Write these down on the weekly activity sheet, think about what you want to do, when, where and who you want to do it with.

Be mindful of any obstacles that might get in the way of doing this. Make sure you write it down, if you do you are more likely to do the activity, think of it as a contract with yourself.

When doing the activity you might not feel like doing it, that's normal and is a response to how you're feeling.



Hardest

Easiest

Remember!

- Sometimes you will end up not carrying out an activity you previously scheduled for yourself. This happens, things might get in the way! However, this may lead you to fall into a pattern of not doing other activities you have scheduled - because you might feel like you have failed.
- It is important to **'Follow the plan and not your mood!'**

But how do I do this when I have no energy? Or I'm in pain?

It's extremely important to be mindful of your physical health and energy levels when trying to activate yourself but as we looked at in week 2 with deconditioning it's still beneficial to try. A useful way to go about this is with portioning out your energy carefully while also taking into account that on different days depending on how we feel it may take differing amounts of energy.

How will I use my spoons today?

I have spoons to use each day, therefore, I must choose wisely.

 Get out of bed 1x 	 Shower 2x 	 Attend social event 5x 	 Go out for coffee 5x 
 Drive 4x 	 Make a phone call 3x 	 Garden 5x 	 Work 5x 
 Play games 3x 	 Clean the house 5x 	 Have a meal 2x 	 Walk the dog 4x 
 Study 5x 	 Watch TV 3x 	 Ironing 5x 	 Exercise 4x 
 Shopping 4x 	 Read 2x 	 Catch public transport 4x 	 Cook 4x 

Note: A good guide is 20-25 spoons per day depending on your personal condition. If you exceed your daily limit, be aware that you will be taking spoons from tomorrow's allocation, so be sure to plan ahead accordingly.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Morning							
Midday							
Afternoon							
Afternoon							
Evening							
Evening							

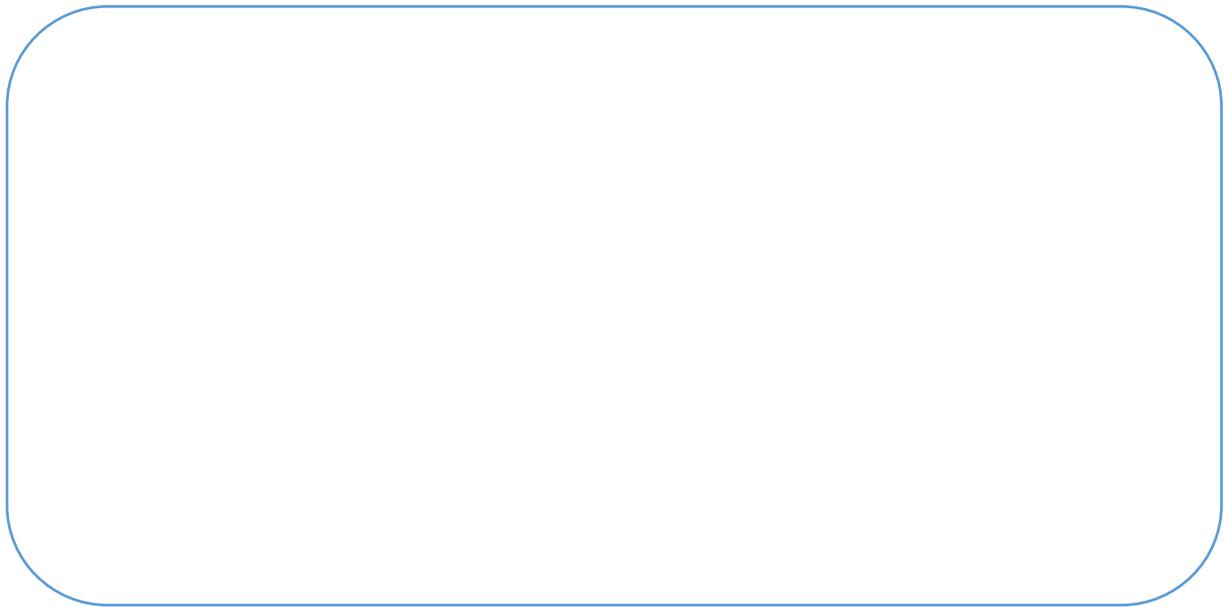
SESSION 4: Activating Myself Part II: Pacing Myself

“Wisely and slow. They stumble that run fast.”

William Shakespeare, Writer

REVIEW LAST WEEK & ANSWER QUESTIONS

What are your reflections on your diary this week? What happened? What did you complete? What didn't get done and why?



Thing about the last week what was positive and negative when planning activity?

<u>Positives</u>	<u>Negatives</u>

There are several strategies we can use to maximise the likelihood of successfully activating yourself.

The 5 Minute Rule

People often report that *starting* a task is the most difficult part. The idea of having to carry out long or tedious tasks can impact your motivation, and lead to procrastination. To help with this, you can use the '5 Minute Rule'. It encourages you to set a goal of doing whatever you have planned, but only for 5 minutes. That's it - that is your task.



If after 5 minutes you find that the task is so horrible you have to stop, you are free to do so, as your goal was to do it for 5 minutes only. However, most people find that after 5 minutes, it becomes easier to continue until the task is done. And even if that is not the case, you have completed the activity for 5 minutes, which is already a step forward!

Notes: _____

Break it down

Sometimes we may set tasks for ourselves that end up being too overwhelming, which can cause us to lose motivation and procrastinate. One way to avoid this is to break down large tasks into small, more manageable activities. For example, 'Cleaning the bedroom' can be quite a large task and require a lot of time/energy! It can be helpful to break this down into: 'changing the bedsheets', 'hoovering the bedroom', 'cleaning the mirror', 'folding laundry' etc. You can spread these tasks over the course of a few days, so that getting the larger task done (i.e. cleaning the bedroom) will ultimately take less energy!

Notes: _____

Make it flexible

Your plan is a guide and is there to help you, not to rule your life! Let's say something unexpectedly happens to throw you off schedule - a friend drops by unexpectedly, or it starts to rain. You may feel that your efforts to plan your day have been wasted: unless you can stick to your plan, you might as well not bother. Instead, try to cope with the unexpected by accepting the disruption and thinking of alternative activities you could do. And if you miss an activity don't feel obliged to 'catch up' - simply move onto the next one!

Notes: _____

Follow the plan not the mood

It is common for people to wait for motivation to come before they engage in activities. However, energy and motivation can come from activity! Throughout the week, you may not feel like completing a task that you have set for yourself. However, in order to see positive changes it is important to *'follow the plan not the mood'*.

Notes: _____

Not experiencing positive emotions

Sometimes people attempt to engage in activities they previously enjoyed, and find that these do not give them as much enjoyment as before. This is extremely common and is due to the nature of depression, and the effect it can have on our brain. It is important to acknowledge this difficulty as a common experience, and to keep engaging in activities, making sure to choose ones that we believe can –or used to– bring us enjoyment and a sense of achievement.

Notes: _____



The 'jump-starting a car' metaphor

Becoming more active when we are feeling low is a bit like trying to jump-start a car that has broken down. The car is stationary, the engine won't start, and we are stuck. The first step is to try to get the car rolling on its wheels by pushing. This is extremely difficult at first as the car is heavy. With an almighty push, we only have a little movement. However, once we have momentum, the car becomes much easier to push. We can then expend less energy pushing the car faster and faster until we try to fire up the engine. Then the car is back up and running.

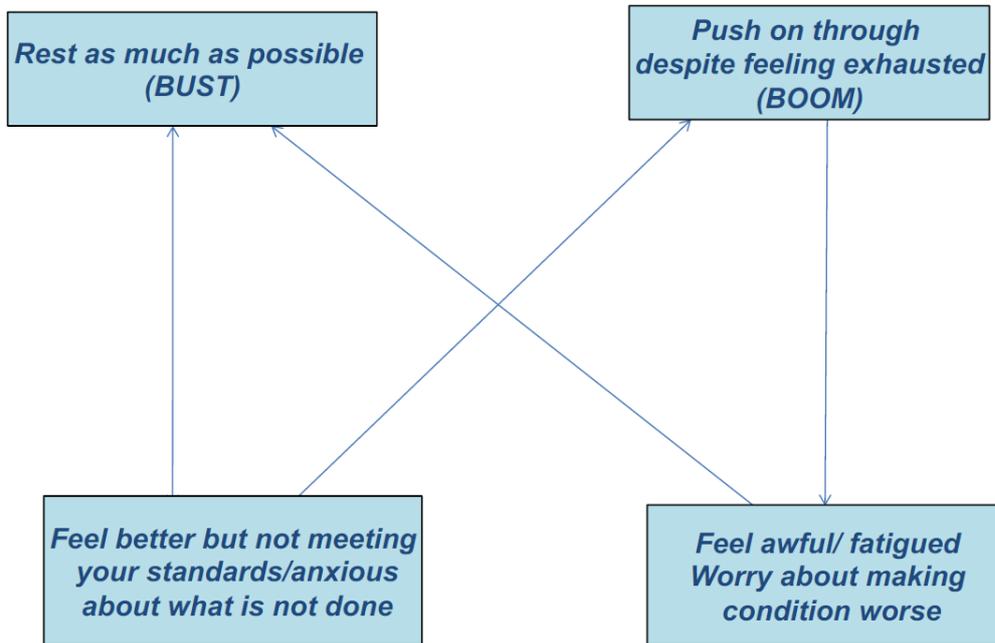
Changing my Behaviour patterns

There are two major patterns of behaviour that may need to be identified and tackled if we are to activate ourselves.

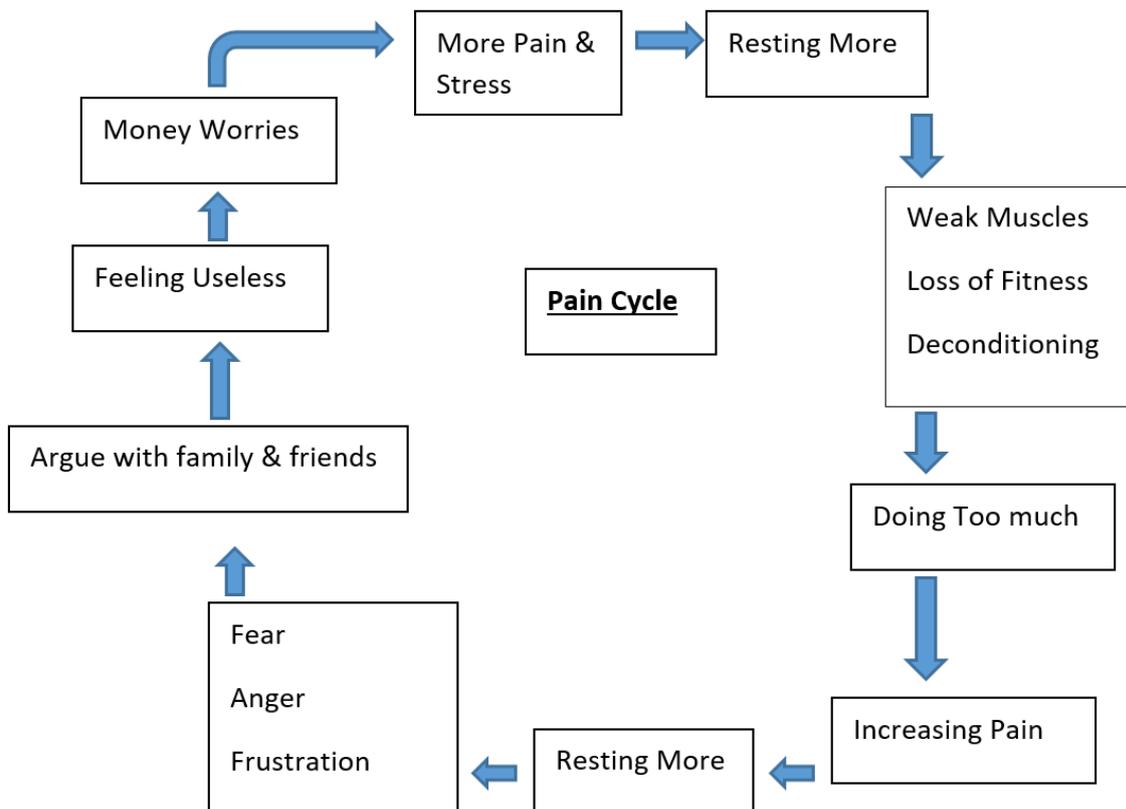
<u>Avoidance</u>	<u>Boom & Bust</u>
Avoid activities as you fear the related possible pain and damage. This minimizes pain and distress in the short-term but leads to deconditioning , disability, depressed mood etc. all of which maintain and increase pain in the longer-term.	Decide what or how much you do based on how you feel (degree of distress or pain) or what you believe what you should, ought or must do (based on your own and perceived Expectations from others). This leads people to do more and overdo it when they feel better and flare-up their pain. This is known as "activity cycling" or the "boom and bust" or "Over- and under- activity cycle".

The Cycle of Boom & Bust

From Surawy, 1995



To understand boom and bust we need to think more about how we respond to pain and how this impacts on what we do.



In short what we need to do is learn to pace ourselves

Steps for pacing

Step	Activity
1.	Identify and formulate boom/bust or activity cycle
2.	Prioritise what needs to be done together & plan ahead e.g. - Extra time - Rest breaks - Varied tasks - Break tasks up - Delegate/Get support - Be assertive
3.	Set SMART goal (may need to seek advice)
4.	Set a stable baseline level of activity E.g. How much can be done on average on a 'good' and 'bad' day? <i>e.g. before pain increases or symptoms increase?(e.g. 20 mins) and reduce by a ¼ (e.g 15 mins)</i>
5.	Test it out & practice regularly Initially focus on consistency not just increasing activity time/ frequency
6.	Gradually increase activity time/ duration Keep to time limits on good and bad days Don't increase time limits on bad days If pain flares up reduce activity by half and pace back up to pre-flare up level (e.g. over 5/7 days)

Step One Try to draw out your own cycle of boom and bust or pain, this is step one.

You already have activities and a baseline diary but it's always a good idea to review this.

Let's put it altogether!

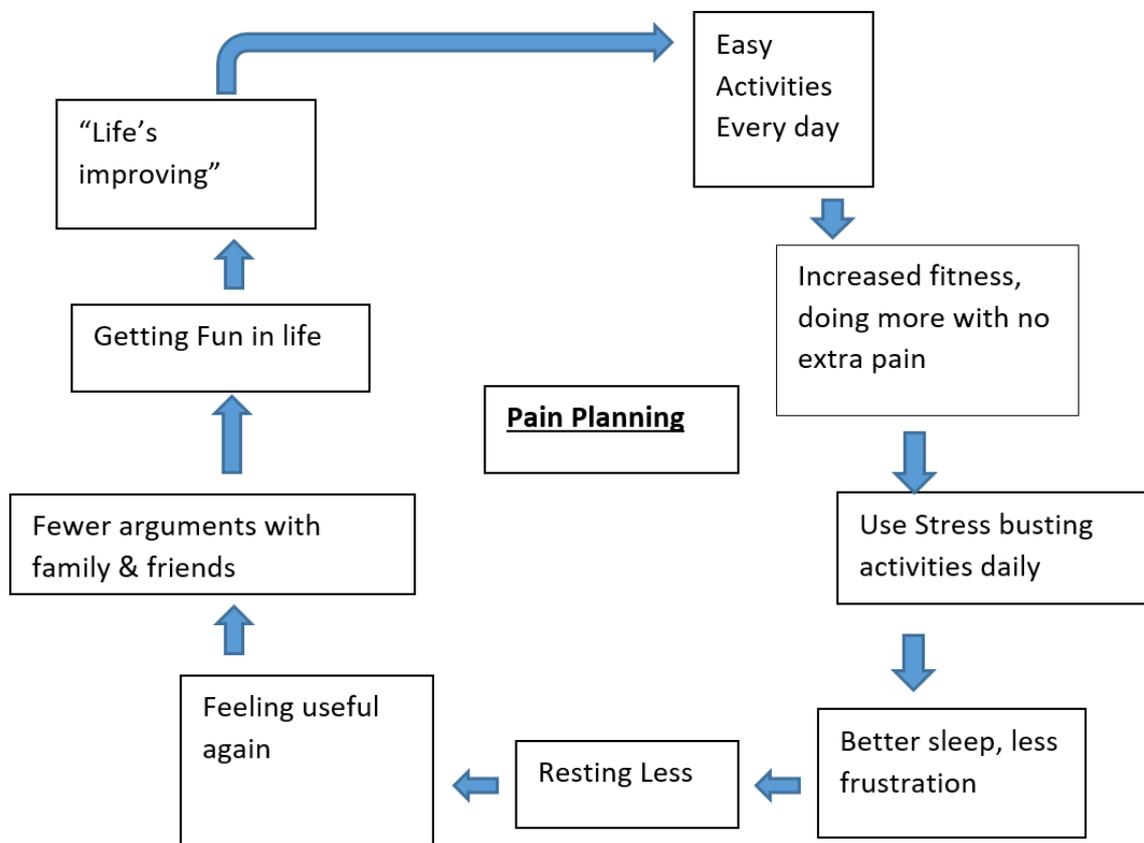
We know that we need some activity to prevent and reverse **deconditioning**.

We decide what activities we would like to do and assign values to them depending on how much energy they need. (**Spoon Theory**)

We aim to slowly increase levels of activity at a comfortable rate. (**Pacing**)

We review each week and prepare to reduce activity by half during flare ups.

The aim is to try and have a plan that manages the energy levels and pain as demonstrated below.



Homework task

Complete the activity diary, be as honest as possible! Record your major activities over the course of the week. Try to increase your activity levels slightly.

Be mindful of the level of pain and effort using the spoon theory!

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Morning							
Midday							
Afternoon							
Afternoon							
Evening							
Evening							

SESSION 5: Activating Myself Part III: Meaningful Activity

"I have learned that as long as I hold fast to my beliefs and values, and follow my own moral compass, then the only expectations I need to live up to are my own."

Michelle Obama

What are your reflections on your diary this week? What happened? What did you complete? What didn't get done and why? Did you manage to increase your activity levels?

Think about the last week what was positive and negative when planning activity?

<u>Positives</u>	<u>Negatives</u>

Where to next?

Hopefully by now you are able to increase activity in small manageable ways to help prevent deconditioning. However it's important that you feel satisfied by the activities. In order to feel satisfied it may be helpful for you to feel that the energy you do have is used for things that matter for you. In order to do that it is most helpful if the activities are Intune with your values.

What are values?

"Values" are what we find meaningful in life. They are the most important things to us. Everyone has different values, and for each of us they can change over time. They are like a compass, pointing us in the direction we want to go.

As we mentioned earlier, "values" are what we find meaningful and important. These can be different for different people.

Values are important to explore, because much of our goal-directed activity comes from a foundation of what is valued. For example, one may value a healthy lifestyle, and a related goal may be to exercise daily. We may value family, and therefore choose to schedule in time with them. Or if we don't have a family, our activities could lead to getting married and starting one.

Physical well-being

What kind of values do you have regarding your physical wellbeing? How do you want to look at yourself?

Family relationships

What kind of relationships do you want with your family? What kind of mother/father/ brother/sister/uncle/ aunt do you want to be? What is important to you about a good family?

Intimate relationships

What kind of partner do you want to be? What quality of relationship do you want to be part of? How do you want to spend time together?

Citizenship/Community

What kind of environment do you want to be a part of? How do you want to contribute to your community?

Mental/Emotional Health

What helps you maintain sound mental health? Why is this important to you? What issues would you like to address?

Spirituality

What kind of relationship do you want with God/nature/ the Earth/mankind? What does having a spiritual life mean to you? How can you exercise this?



Friendships/ social relations

What sort of friend do you want to be? How would you like to act towards your friends? How can these relationships be improved?

Hobbies/ Recreation

How would you like to enjoy yourself? What relaxes you? When are you most playful? Are there any special interests you would like to pursue?

Education/training/ personal growth

How would you like to grow? What kind of skills would you like to develop? What would you like to know more about?

Employment/career

What kind of work is valuable to you? What qualities do you want to bring as an employee? What kind of work relationships would you like to build?

Here are some other experiments to explore your own values:

1. Imagine that an important newscaster were doing a biographical story on your life. Think about how you'd want them to describe you. How would they describe the way you spent your time? How you related to others? What was most important to you? What are your strengths as a person? Write down a narrative of what they would say.
2. Imagine you could read the mind of a person that's important to you and with whom you've had a good relationship. They are thinking all kinds of thoughts about your qualities: what you stand for, what your strengths are, what you mean to him or her, and the role you play in his or her life.
3. Think about your heroes. They can be people directly in your life, or other people that you look up to, even fictional characters. What are their qualities? What do you admire about them?
4. Imagine you are writing your own autobiography. Imagine how you would like to live your life, barring all barriers, in the "best case scenario." What are the things that are most important to you in this scenario? What would you stand for? How would you spend your time?
5. Imagine that someone is performing the eulogy at your funeral. Looking back on your life, they would be commenting on your strengths, values, and achievements. How would you want them to describe your life?
6. If you are struggling to find a valued direction, commit to experimenting with some of the values on the previous pages for just one week. After choosing a value, plan to notice your reactions to making the effort to hold to this value. Make a list of behaviours that might fit with the value and choose one behaviour to try. Notice your judgments that come up about choosing this behaviour. Then make a plan to fulfil on the value driven behaviour. Just do the behaviour without telling anyone about it and see what happens. Commit to following through on this behaviour once per day for one week. Keep a diary of your reactions to behaving this way and others' reactions to you. At the end of the week, reflect on your experiment with someone else, like a therapist or group leader.

Values Rating Sheet

What are your own values?

Physical well-being

Family relationships

Intimate Relationships

Citizenship/Community



Mental/Emotional Health

Spirituality

Other?

Friendships/social relations

Hobbies/Recreation

Education/training/
personal growth

Employment/career

The next step is to translate our values into activities that help us fulfil on those goals. Take a moment to think about the values that you identified on the previous page. What are some short term goals in each area? What are some long term goals? Use this page and the next to start to brainstorm. Write down your results on the upcoming page: "Values, Pleasure, and Mastery Master List."

VALUE

ACTIVITIES

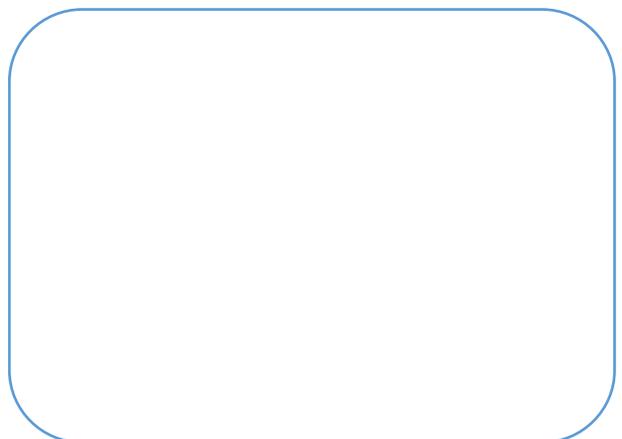
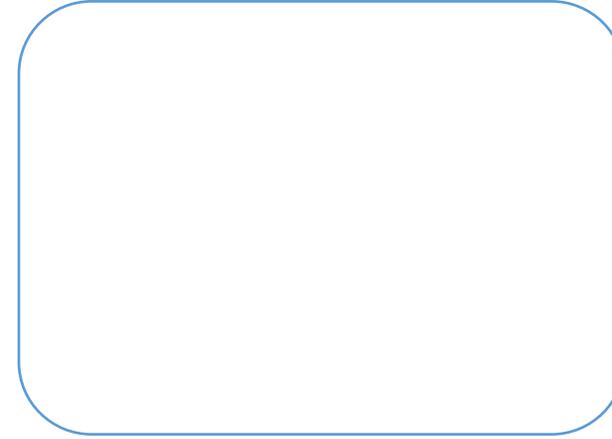
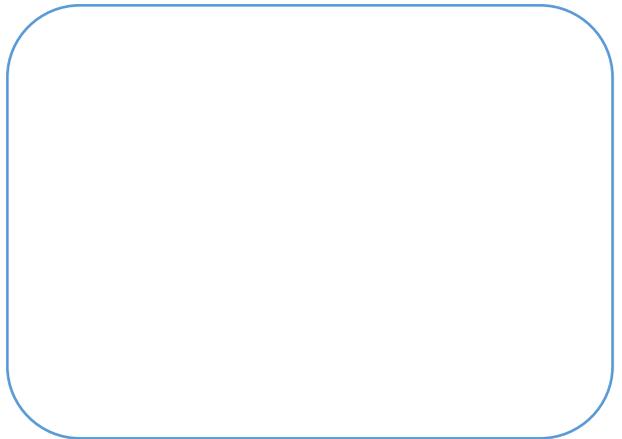
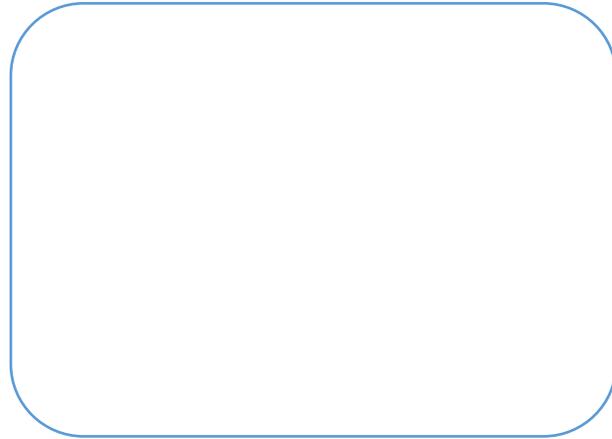
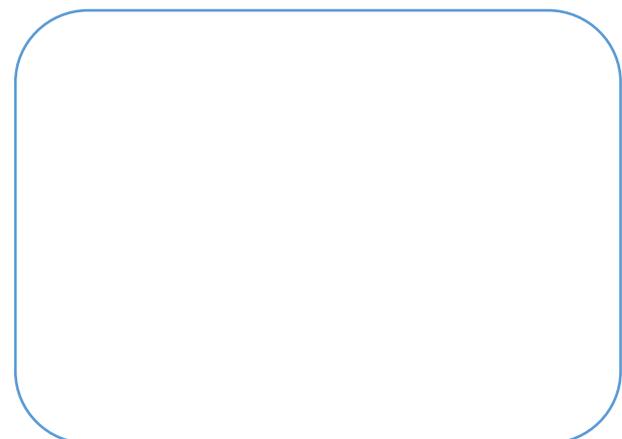
Example:

Parenting

I want to be involved in my children's interests and learning. I'd like to build special memories with my kids and spend quality time with them.



I'm going to attend the next PTO meeting and maybe contact the teacher to be a classroom volunteer. I can plan a small vacation to take with the kids next summer.



What about the things that matter to me that I can't do anymore?

It can be especially difficult for those who have long term medical conditions as there may be activities that you cannot engage in. There are a number of strategies that we can try to help with this...

Can you do the same of the activity but less?

For example if you were previously an avid gym goer or you regularly used to crochet can you do this for less time or less frequently.

Can you do a similar activity or related activity?

For example you may not be able to partake in sport but could you watch or coach? It may not be exactly the same but you would still be involved and feel part of the team.

I still physically can't do this. What can I do?

Look at your values work... is there anything new you could do you would like to try?

I can't concentrate on activity X, what can I do?

Try the five minute rule to see if you can do the activity in small doses. Be realistic in your goals, try to build up your concentration with activities in smaller doses.

I've tried all of the above and there's really nothing I can do!

There are times that we believe we should be able to control something, yet our consistent attempts to do so are met with failure. This "beating a dead horse" makes us more and more frustrated, angry, anxious, and depressed. Sometimes letting go of things we cannot control is necessary to prevent problems from getting even worse; we also lift some of the burden of failing over and over.



Homework task

Complete the activity diary, be as honest as possible! Record your major activities over the course of the week. Try to do more of the things that matter to you to boost your mood.

SESSION 6: Taking care of my wellbeing: physical interventions to help myself

"A good laugh and a long sleep are the best cures in the doctor's book"

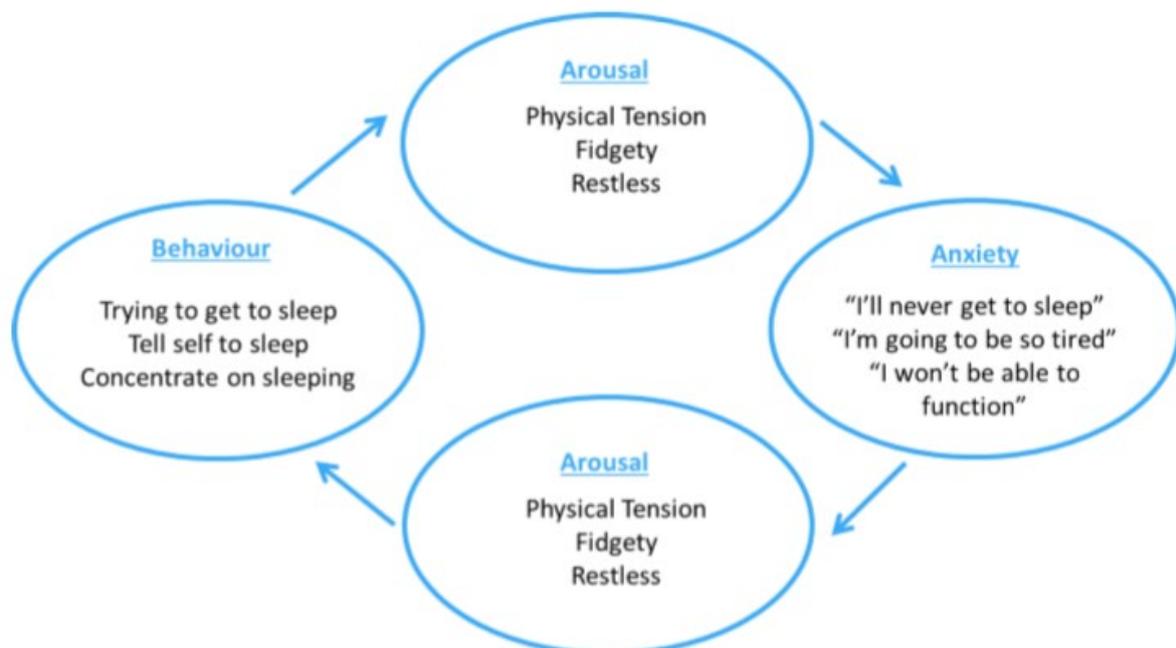
Irish Proverb

The importance of sleep

Sleep is an essential part of our wellbeing, helping us to feel well and happy. It is normal for anyone to experience a sleep difficulty at some point in life, however sleep problems can sometimes lead us to feel low or anxious. In this way problems with sleep can have a big impact on day to day living. Sleep serves a restorative purpose, both psychologically and physiologically. Sleep is important for general health, memory, concentration, performance, well-being and mood. Due to the important nature of sleep, when it becomes disrupted it can be difficult to function day to day.

The Vicious Cycle of Insomnia

Arousal is the physiological and psychological state of being awake and responsive and plays a big part in a poor night's sleep. Our feelings, thoughts and health are all factors that cause us to be aroused which can prevent falling asleep. The harder we try to fall asleep, the more aroused we become, which in turn causes us to feel anxious about our sleep. Trying to fall asleep actually keeps us awake, as sleep is an automatic process which works best when we leave it on automatic.



Sleep Hygiene

LTC ADJUSTMENTS FOR SLEEP HYGEINE (IOP INFO)

Sleep Diary

Relaxation Techniques

Week 7: Changing the way I think

Those who cannot change their minds cannot change anything.”
– **George Bernard Shaw**

It has been estimated that we have anywhere from 25,000 to 50,000 thoughts a day.

One of the features of depression is pessimistic thinking. The **negative thinking** is actually the depression speaking. It's what depression sounds like. Depression in fact manifests in negative thinking before it creates negative affect.

Thoughts are often taken as fact and truths as opposed to opinions. People generate negative thoughts so automatically they are unaware that it is happening.

One of the most powerful actions you can take in combating depression is to understand how critical the quality of your thinking is to maintaining and even intensifying your depression—and that the quickest way to change how you feel is to change how you think. Often enough you can't control how you feel, but you can always control how you think. There's an active choice you can take—if you are aware that changing your thinking is important.

It is possible to take action and to change patterns of thinking on your own. The first step is to understand the types of thinking and patterns that we fall in to.

The ice cream exercise

What comes to mind when looking at this picture?



The Thought Train

People get in to a habit of thinking negatively much like they get in to the morning routine when heading to work. We wake up in the morning at a certain time, we get dressed, have breakfast and a coffee, leave the house at 7:17 every morning and walk down to the station to get the 7:25 train every morning. There are lots of different trains that run through the station but we always get on the 7:25 train. We don't pay attention to the other trains coming in and out as we know that the 7:25 is coming along and we are used to that train.

We have thoughts come in and out of our mind all day every day, we have thousands of them, some helpful, some bad, some negative some positive some completely neutral, some important and others not.

However much like our morning routine we have got in to a pattern of listening to those negative thoughts, we don't pay any attention to those other thoughts coming in much like the train, because we always end up on the same train the same pattern of thought. But an important question to ask is what happens if we jump on a different train, a different thought?

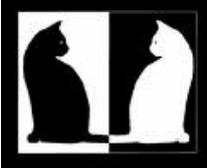
What thoughts do you have about yourself and yourself with your condition?

Unhelpful Thinking Traps

Over time we tend to get into the habit of falling into unhelpful thinking traps. There is often a pattern to these traps meaning that they often seem like an automatic habit. In order to challenge our thoughts we first need to understand the way we think, as being able to do this allows us to recognize patterns and gives us the ability to take a step back and really consider what we are doing.

Read the list of thinking traps below and thinking about when you might have used them. It is likely that you will relate to some more than others, but some might seem very familiar. Once we can identify our unhelpful thinking traps we can then respond to them more helpfully, telling ourselves that “this is a thinking trap (i.e. Mind Reading) and I can let go of this habit”.

<p><u>Mental Filter</u> Noticing only what the filter allows us to notice, and dismissing anything else. Like looking through 'gloomy specs', only catching the negative stuff, while anything more positive or realistic is ignored or dismissed.</p>  <p><i>Am I only noticing the bad stuff? Am I filtering out the positives? Am I wearing those 'gloomy specs'? What would be more realistic? What am I ignoring?</i></p>	<p><u>Mind-Reading</u> Assuming we know what others are thinking (usually about us).</p> <p><i>Am I assuming I know what others are thinking? What's the evidence? Those are my own thoughts, not theirs. Is there another, more balanced way of looking at it?</i></p>
<p><u>Prediction</u> Believing we know what's going to happen in the future</p> <p><i>Am I thinking that I can predict the future? How likely is it that that might really happen?</i></p>	<p><u>Compare and despair</u> Seeing only the good and positive aspects in others, and comparing ourselves negatively against them.</p> <p><i>Am I doing that 'compare and despair' thing? What would be a more balanced and helpful way of looking at it?</i></p>
<p><u>Critical self</u> Putting ourselves down, self-criticism, blaming ourselves for events or situations that are not totally our responsibility.</p>  <p><i>There I go, that internal bully's at it again. Would most people who really know me say that about me? Is this something that I am totally responsible for?</i></p>	<p><u>Shoulds and musts</u> Thinking or saying 'I should' (or shouldn't) and 'I must' puts pressure on ourselves, and sets up unrealistic expectations.</p>  <p><i>Am I putting more pressure on myself, setting up expectations of myself that are almost impossible? What would be more realistic?</i></p>
<p><u>Catastrophising</u> Imagining and believing that the worst possible thing will happen.</p>	<p><u>Emotional Reasoning</u> I feel bad so it must be bad! I feel anxious so I must be in danger</p>

<p><i>Thinking that the worst possible thing will definitely happen isn't really helpful right now. What's most likely to happen?</i></p>	<p><i>Just because it feels bad, it doesn't necessary mean it is bad. My feelings are just a reaction to my thoughts.</i></p>
<p><u>Mountains and Molehills</u> Exaggerating the risk of danger, or the negatives. Minimising the odds of how things are most likely to turn out, or minimising positives.</p>  <p><i>Am I exaggerating the risk of danger, and minimising the evidence that it's most likely to be okay? How would someone else see it?</i></p>	<p><u>Evaluations / Judgements</u> Making judgements about events, ourselves, others, or the world, rather than describing what we actually see and have evidence for.</p> <p><i>I'm making an evaluation about the situation or person. It's how I make sense of the world, but that doesn't mean my judgements are always right or helpful. Is there another perspective?</i></p>
<p><u>Black and white/ all or nothing thinking</u> Believing that something or someone can be only good or bad, right or wrong, rather than anything in-between or 'shades of grey'</p>  <p><i>Things aren't either totally white or totally black – there are shades of grey. Where is this on the spectrum?</i></p>	<p><u>Memories</u> Current situations and events can trigger upsetting memories, leading us to believe that the danger is here and now, rather than in the past, causing us distress right now</p> <p><i>This is just a reminder of the past. That was then, and this is now. Even though this memory makes me <u>feel</u> upset, it's not <u>actually</u> happening again right now.</i></p>

What unhelpful beliefs do you notice that you have?

STOPP TECHNIQUE

STOP!

Just pause for a moment



TAKE A BREATH

Take a deep breathe. Notice your breathing as you breathe in and out. In through the nose, out through the mouth.

OBERVE

- What thoughts are going through your mind right now?
- What are you reacting to?
- What sensations do you notice in your body?

PULL BACK - PUT IN SOME PERSPECTIVE

- DON'T BELIEVE EVERYTHING YOU THINK!
- What's the bigger picture?
- What is another way of looking at this situation?
- What advice would I give a friend?
- What would a good friend say to me right now?
- Is this thought a fact or opinion?
- What is a more reasonable explanation?
- How important is this? How important will it be in 6 months' time?
- It will pass.

PROCEED

- What is the best thing to do right now?
- What is important to me?
- What is the most helpful thing for me, for others, for the situation?
- Do what will be effective and appropriate.

Session 8 Relapse Prevention

“Planning is bringing the future into the present so that you can do something about it now”

– Alan Lakein

Well done for all of the hard work you have put in throughout the course! Hopefully you will have learnt different skills that you can continue to implement in the future. We also hope that you have started to make progress towards the goals you originally set.

The next step is to keep the progress going, and to think about how you will continue to stay well. Difficulties will come up in the future, but now you have your own toolkit to help deal with these obstacles. Remember that the skills we have learnt should be practiced regularly, even when we are feeling well. These are new skills, and will require regular practice and fine-tuning.

It is common to feel anxious about ending treatment and to have concerns about anxiety returning after the group ends. Even though you have been coming along to the group, it was your individual effort at home which has helped you to feel better. Don't forget that it is the work you have done in between sessions that helped you to make progress!

Relapse Vs Lapse

It is very common for people to worry about becoming unwell again, and fear that their symptoms will return. This anxiety can cause us to watch out for any signs of anxiety or depression. When we notice these signs, we are more likely to react negatively to them, and misinterpret them as a sign that things are slipping back. Always remember that it is normal for our mood to fluctuate regularly, and that we should expect that this will happen at times. A lapse does not necessarily mean that we have relapsed.

Lapse

A lapse is a brief return to feeling anxious or down, or changes in our behaviour as a result. A lapse in how we feel or what we do is normal. As long as we don't let it maintain itself in a vicious cycle, and we put back into practice the techniques we have learnt, we can get back on track. A lapse can become a relapse if you allow it to take control due to seeing it as a sign of failure. The key thing is to see a lapse for what it is, just a temporary thing and not let it make you give up. Continuing to do and act against any off-putting thoughts and continuing to do things despite feeling like avoiding them can help a lapse not turn into a relapse. Don't give up.

Relapse

A relapse is when negative thinking and unhelpful behaviours creep back over a longer period, and things start to spiral again making you feel worse. Often when a relapse occurs it is easy to think of it as a total setback, rather than the fact you have the skills and techniques that helped before to help again. The key thing is to notice early warning signs of the symptoms. If these are starting to impact you again, you can work your way out of it using the strategies that helped previously.

Staying Well Plan (Handout)

1. *What difficulties did I ask for help with?*
 - *What things did I want to work on?*
2. *What was keeping my problem(s) going?*
 - *Behaviour e.g. avoiding situations or people*
 - *Thinking e.g. always imagining the worst*
 - *Difficult situations or life events e.g. relationships, work problems*
3. *What progress have I made towards my original goals*
 - *Reflect back to your SMART goals, what progress have you made towards these.*

Goal Number 1:

Goal Number 2:

Goal Number 3:

Staying Well Plan (Handout)

4. *What ideas and tools have I learned which have helped me?*

5. *What progress have I made towards my goals? How did I do this?*

- *What are the positive consequences of these improvements in the different areas of your life?*

Work life:

Things around the home:

Family life:

Friendships:

Social Life:

Hobbies and Interests:

Staying Well Plan (Handout)

6.	<p><i>What obstacles might lead to a setback or make it harder to stay well? E.g.</i></p> <ul style="list-style-type: none">• <i>Stressful life events/ situations</i>• <i>Motivation and thinking negatively</i>
7.	<p><i>My early Warning Signs</i> <i>What would I notice first if I started to have difficulties again? E.g.</i></p> <ul style="list-style-type: none">• <i>Changes in the way I think e.g. always imagining that things will go wrong</i>• <i>Changes in my behaviour e.g. avoiding things, drinking</i>• <i>Changes in how I feel physically e.g. more tired or run down</i>• <i>Changes in how I feel e.g. tearful or irritable</i>
8.	<p><i>What can I do to start to use the strategies I have learned to help me feel better again? Who can I talk to? E.g. friends and family, making time to exercise regularly</i></p>
9.	<p><i>How can I build on what I have achieved?</i></p> <ul style="list-style-type: none">• <i>What further goals could I set up to keep me well?</i> <p><i>Short term goal:</i></p> <p><i>Long term goal:</i></p>

Scheduling a review time

How did you find this? How did you find reflecting back over your progress? Did anything take you by surprise?

Once we have completed a course of therapy, and completed our staying well plan, it is important that we regularly check in on ourselves. This can help us to monitor our progress, and check for any signs that we are slipping back into old habits.

What could happen if we do not catch our warning signs early on? How can we ensure that we keep track of our mood and wellbeing?

Having a regular review slot with ourselves can be a really helpful way of monitoring our progress, and can help us to catch any warning signs early on. We would always recommend keeping to a regular weekly timeslot to help you to keep on track, for example, every Friday at 7pm.

During this review, check in on how your mood has been, and whether it has been a good week. Use the template below as an example of what you can include in this review.

Even if you are feeling well, still continue with your review. This way we can learn from things that went well, and can use this again in the future. Think about how you made it a good week, and how you dealt with difficult moments. Consider how you have used the techniques during the week, and how this may have helped make it a good week.

Although it can be difficult to do, it is important to reflect on things that have not gone so well. When doing reflecting on difficulties, remember to always be compassionate towards yourself. Use the setback as a learning experience, think about what you could have done differently or how you would manage this again in the future.

Remember that it is common to have setbacks, the important thing to do is recover from it. Use your staying well plan that you created earlier to help you to build an action plan to get back on track.

My Review (Handout)

My Review Day/Date
How has my mood been this week?
Reading through my original 5 areas, have I got any signs of avoidance or negative thinking? Any old patterns that may be creeping back in?
Reading through my warning signs, any red flags that I am concerned about?
Do I need to take any action now to keep feeling better
If so, what do I need from my toolkit?
What do I need to do and when am I going to do it?
What might get in the way of doing it and how will I overcome this?
Day/Date of my next review

Notes: