



Depression Group Handbook

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Session Outline

Session 1:

This session will be an introduction to Cognitive Behaviour Therapy and depression. We will discuss what depression is, what causes depression and what the common symptoms are. We will also look at how our thoughts and behaviours impact on how we are feeling and maintain our depression. We will introduce SMART goals.

Session 2:

Here we will delve into depression a little more. We will focus on behaviours, exploring the difference between unhelpful and helpful behaviours. We will focus on the role that behaviours play in maintaining behaviours. We will introduce the first intervention called Behavioural Activation.

Session 3:

During this session we will review the positives and negatives of Behavioural Activation. We will focus on different strategies to help us overcome barriers to motivation.

Session 4:

During this session, we will move onto the role thoughts play in maintaining depression. We will identify a number of unhelpful thinking traps that are common when we have depression. We will introduce the STOPP technique to help with identifying unhelpful thoughts in the moment.

Session 5:

During this session we will focus on how to challenge negative thoughts with an intervention called taking your thought to court.

Session 6:

Here we will focus on bringing everything together, and how we can maintain the progress we have made so far. We will look at how deal with relapses and how we can stay well.

Client agreement

Client Records and Confidentiality

Anything you tell us is confidential within the Mind in Bexley team. Relevant information about your care will be shared between your allocated therapist/PWP, and your employment advisor, if you are accessing our employment services. If we have concerns about the safety of you or someone else, we may need to inform other agencies, and we will inform you if appropriate.

Digital records are maintained in accordance with the Data Protection Act 2018.

Please refer to the Mind in Bexley and East Kent Confidentiality Statement and Privacy Policy for further information.

Reasonable appointments

The service offers most appointments between 9am – 5pm Monday to Friday. We have a small number of evening appointments, but they usually involve a longer waiting time. You are asked where possible to attend the same appointment time each week.

If you reach the top of our treatment waiting list and are unable to accept an appointment within 6 weeks, then you may be asked to re-refer once you can engage in regular treatment sessions. We will prioritise you on our waiting list if you contact us within 6 months of discharge.

If you decline appointments offered on more than 2 occasions you may be discharged from the service.

Attendance at sessions and non-attendance

For therapy to be consistent and effective research suggests it is important to attend regularly.

Please give us at least 24 hours' notice if you are unable to attend your scheduled appointment.

Cancelling with less than 24 hours' notice will be treated as a missed appointment. 2 missed appointments will result in your being discharged from the service.

Please attend on time. Sessions will not be extended if you arrive late and you may not be seen if you arrive more than 15 minutes after your scheduled appointment time.

If you fail to attend your first treatment/therapy appointment and haven't called to cancel or re-arrange, you will be discharged from the service.

We are unable to offer assessments or treatment sessions outside of the UK. Please inform us in advance of any planned absences. Extended breaks exceeding 6 weeks may result in a discontinuation of therapy. You are welcome to re-refer if you wish to engage in the future.

Employment Support

If you are engaging with our employment support service, please refer to their client agreement.

Clients receiving talking therapy from other services or privately

Receiving multiple forms of therapy is unlikely to be beneficial. You may engage in other talking therapy whilst on our waiting list however this needs to be completed before attending any sessions with us. Your case will be reviewed to assess next steps. If on completing therapy elsewhere you no longer require support, please email talkingtherapies@mindinbexley.org.uk.

Clients re-referring recently after being discharged

We encourage clients to put in to practice what they have learnt before re-referring to us. If you are re-referring for a similar problem within 6 months of discharge, you will be offered a review appointment in the first instance to discuss suitability and agree next steps.

Abuse towards staff or other service users

We understand at times that therapy can bring up difficult emotions however, abuse in any form directed towards staff or other service users will not be tolerated. Treatment may end if your behaviour is deemed inappropriate.

Complaints Procedure

We encourage clients to provide both positive and negative feedback. Our complaints procedure is available on our website and making a complaint will not affect the service you receive.

In-session guidance

- If your session is conducted via telephone or video, you will access sessions from a place where you cannot be overheard and can speak freely with your therapist
- You agree to complete our standard questionnaires ahead of your session, if this is not done you will be asked to complete at the start of the session.
- You will not attend under the influence of drugs or alcohol
- You agree to engage in the therapeutic process, including any between session tasks
- Recording and photography is not permitted unless agreed with your therapist
- Unless beneficial to therapy, we do not allow others to attend 1-1 sessions with you

If you are a group participant, please see our 'Psycho-educational group FAQ' or 'treatment group FAQ' pages for more information.

If you are receiving one-to-one therapy remotely, please see our 'preparing for your telephone or video appointment' leaflet.

Consent to the Recording of Sessions

Some sessions may be recorded for training, research or development purposes. Verbal consent will be obtained prior to the start of the session and will only take place with your permission.

I consent to the recording of sessions:

Client's Name :

Client's Signature :

Date:

Welcome to the NHS Bexley Talking Therapies service. Please retain this leaflet as it contains important information.

Attendance

Regular attendance at therapy sessions or in groups is important 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 8932 (option 1). Messages are being monitored regularly by our administration team.

Taking Care of Yourself

It is particularly important to engage in self-care. 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 therapy, difficult emotions can come up or events can happen which can cause more distress. Your safety and support are 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., friends and relatives), to support you.

Emergency and out of hours support is available below:

NHS 111 including Mental Health Support on option 2

Sane Line 0845 767 8000

Samaritans 116 123

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 telephone appointment with your GP or call 111 for advice.

We have a 'Get Help Now' section on our website which provides crisis information, including details of support lines and the Mind in Bexley Crisis Café which remains open from 6pm – 10pm.

Group rules

- Personal disclosure and insight are welcomed 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.
- Here at Mind in Bexley, we have a strict policy on confidentiality. We would therefore like to ask that all group members respect each other's privacy, and ensure that we keep everything confidential. Also, we would like to ask that everyone is mindful of each other when out and about in Bexleyheath, and again respect each other's privacy. As group facilitators, we will also respect your privacy, but please note that we may break this confidentiality agreement if we have any immediate concerns about your safety, or the safety of anyone else around you.
- We also ask that we all treat each other with respect, and ensure that we refrain from any offensive language. Furthermore, please respect each other's opinions and beliefs, and act in a non-judgemental manner. Please listen to each other, and allow people space and time if they wish to share their concerns.
- As our therapy groups are held remotely, we understand that whilst you may be in a confidential space to begin with, this could change. For example, another member of the household may unexpectedly come home. At the beginning of the first therapy session, the group facilitators will inform you of a 'safe word' that should be said or typed in the group chat should you no longer be in a confidential space. Should this word be said or typed in the group chat during the session, it will indicate to all others to stop speaking until the group facilitators can ensure confidentiality again.

Session 1

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 are depressed, you feel persistently sad for weeks or months, rather than 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". When we are feeling depressed, it can be common to experience unhelpful thoughts, we may feel physically tired and we may notice that we stop enjoying and taking part in things we used to.

What can cause depression?

Depression affects around 1 in 10 people at some point in their life – affecting men, women, the young and the old.

Sometimes there can be a trigger such as experiencing a bereavement, losing your job or a relationship breakdown. Positive life events can make us feel low and stressed too, such as getting married or having a baby.

People with a family history of depression are also more likely to experience it themselves.

You can also become depressed for no reason at all.

Common signs and symptoms

Emotions

- 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 there is no point in anything
- Thoughts of suicide
- Focusing on the negative

Behaviour

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

Cognitive Behavioural Therapy

The Worry Group is based on CBT principles. CBT stands for *Cognitive Behavioural Therapy*.

CBT is based on the idea that how we think (cognitions), how we feel (emotions and physical sensations) and how we act (behaviours) all interact together. Specifically, how our thoughts determine our feelings and our behaviour. Meaning, when a person suffers with psychological distress, the ways in which they interpret situations becomes skewed, which in turn has a negative impact on the actions they take.

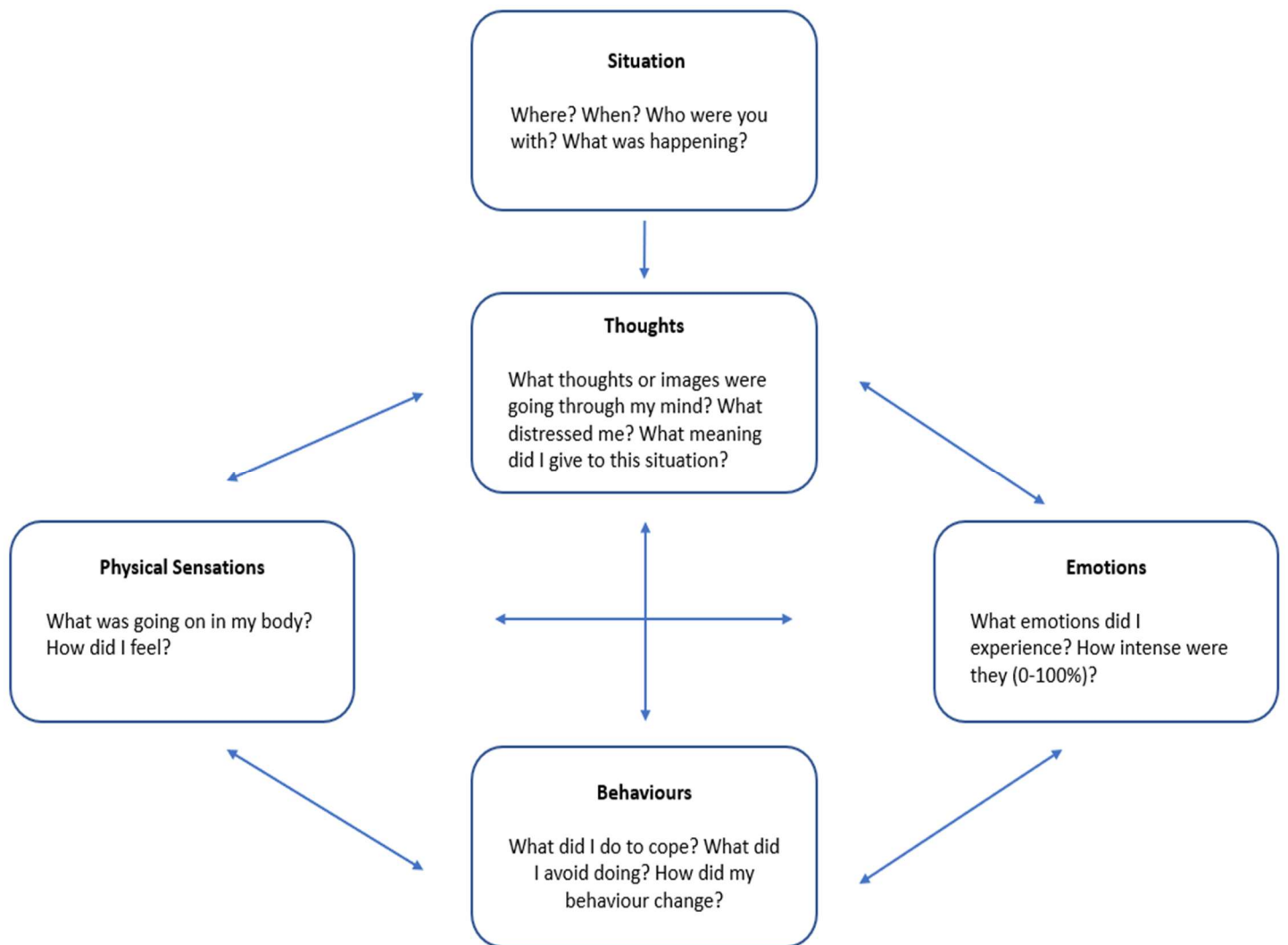
CBT is a structured therapy that focuses on the present moment. We do not dismiss the past and how this may have had an influence on the person we have become, however this is something we cannot change.

CBT aims to help people become more aware of when they are making negative interpretations and of the behavioural patterns which reinforce this distorted thinking. Once we have this awareness, we use CBT techniques and self-help materials to help people to develop alternative ways of thinking and behaving, which aims to reduce their psychological distress.

CBT is made up of 5 specific areas: Situation, thoughts, emotions, physical sensations, and behaviours. These areas can be defined in the following ways:

- *Situations*: The trigger. Situations are neutral. It's the thoughts, behaviours, physical sensations and emotions that make a situation, good or bad, positive or negative, helpful or unhelpful.
- *Thoughts*: These 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, and they are often opinions rather than fact.
- *Emotions*: These can often be described in one word and can be communicated by facial expressions and communicate how you feel in a situation.
- *Physical sensations*: These are the feelings we experience in our body. These feelings are internal, we have no control over these and they involuntary
- *Behaviours*: these 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.

Recognising how we respond and interpret events is one of the most important steps in treatment. Once we can identify our own 5 areas, change can take place. This, however, takes time and practice.



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.

Session 2

Behaviours in depression

When we experience episodes of low mood and depression, it can make us feel lethargic, tired and lacking in motivation. The knock-on effect of this is withdrawing from activity and engaging in risky and sometimes destructive behaviours. We often avoid doing things that seem overwhelming and exhausting.

We end up in a cycle of engaging in *unhelpful behaviours* and avoidance. Some of the behaviours we engage in feel helpful at the time, however this can be in the short-term and in the long-term they may actually have unforeseen consequences.

Helpful and unhelpful behaviours

Working out if your behaviours are helpful or unhelpful is key to understanding how they are impacting our mood.

Unhelpful behaviours are those that keep the problem going, even though sometimes they might seem helpful. As mentioned, this might just be in the short-term, and actually in the long-term they keep the problem going.

Helpful behaviours address the problem and can help change our mood and the way we think. These can often seem unhelpful in the moment as we do not feel like engaging in them.

How do we change our behaviour?

Behavioural Activation

Behavioural activation looks 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.

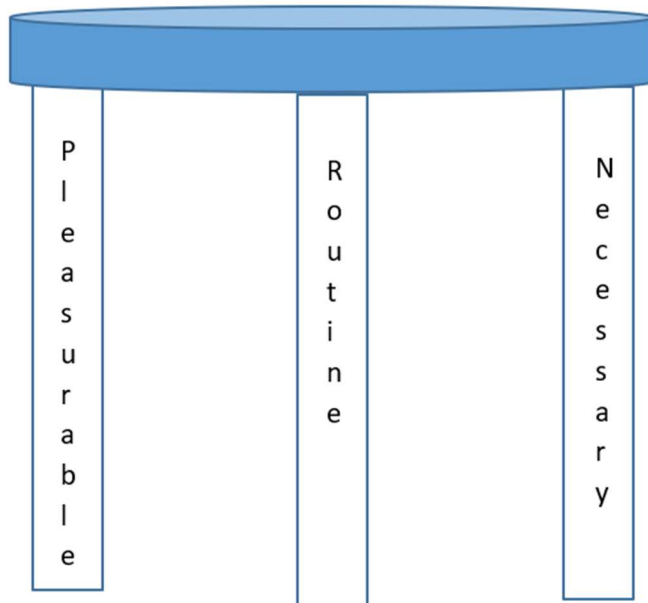
Pleasurable – these are activities that we do for enjoyment and may be with people or on our own. With this, we are able to reduce stress, increase helpful emotions and counter-balance unhelpful emotions.

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, as 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 changes to our behaviour?

Step 1: List a number of activities that you would like to start doing or have stopped doing, and put them into relevant categories.

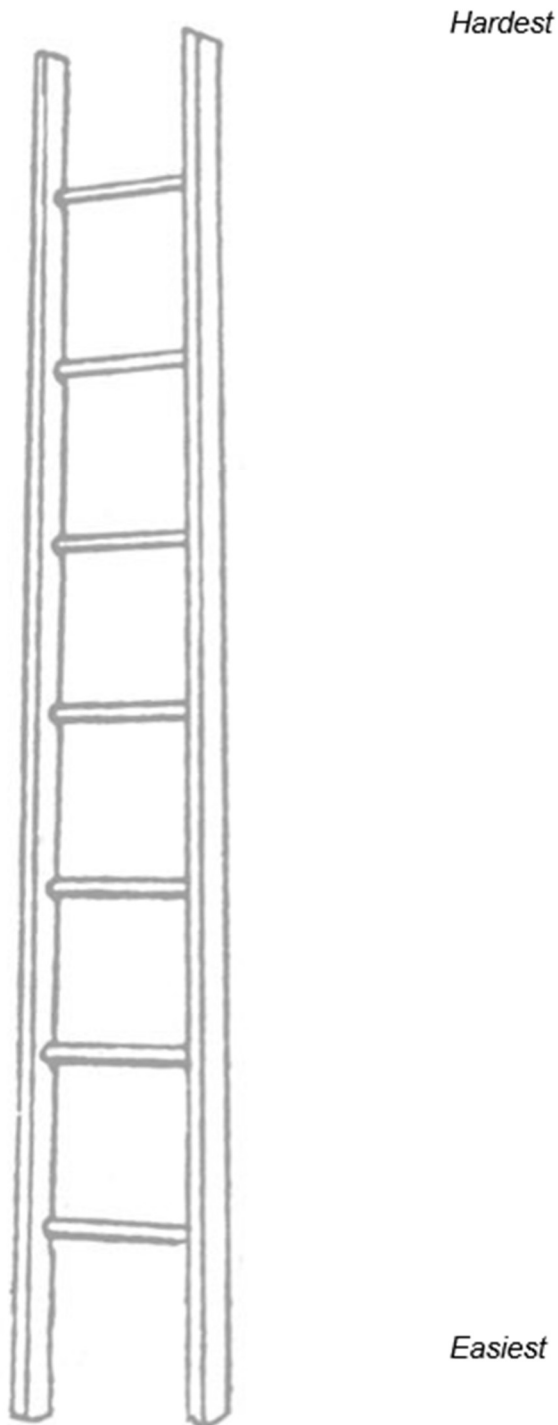
Routine: Such as, self-care, exercise, household chores, waking up, going to bed, showering, brushing teeth, eating regular meals

Necessary: Such as, paying bills, collecting medication, booking GP appointments, dentist appointments, going for a walk

Pleasurable: Such as, gaming, exercise, yoga, reading, crochet, sewing, knitting, watching TV, watching films, seeing family and friends

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: Make a plan

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

But remember, it is important to *follow the plan and not the mood*.

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. If this happens, it is OK. Be compassionate with yourself and make sure you complete the next activity and continue with the plan.

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

Session 3

Thoughts as barriers

Negative thoughts have a big impact on the way we behave. Below are some examples and possible responses.

Negative Thoughts	Possible Answers
<i>I can't do anything, there are too many practical difficulties</i>	There are always practical difficulties involved in doing anything, it's part of life. What would I do about them if I wasn't depressed?
<i>I can't keep a schedule, I've never been a record-keeper</i>	Keeping written records is a skill that I can learn. I may not have done this before, but that doesn't mean to say I can't do it.
<i>There's too much to do, I won't be able to cope</i>	Believing that is all part of depression, but it does not mean that it is true. If I write down what to do, it won't seem so overwhelming. I don't have to do it all at once, I can take things one at a time.
<i>It's too difficult</i>	It only seems difficult because I'm depressed. I've done more difficult things than this in the past.
<i>won't know how to go about it</i>	The idea is to have a go, not to produce a perfect performance. It's better to try and find out how I do than not to do anything at all.
<i>I don't want to</i>	That's true, but what is in my best interest? Which will make me feel better and more in control of things? Doing it? Or not doing it?
<i>I'm not up to it just now, I'll wait until I'm feeling better</i>	I won't know if I'm up to it until I try. If I wait until I'm feeling better, I will never do it. Doing it will make me feel better.
<i>It's too late, I should have done it before</i>	Maybe it would have been better if I'd done it before. But the fact is I didn't, and feeling guilty is not going to help me. Better late than never, do it now instead of wasting time in regrets.
<i>I can't decide what to do first</i>	It really doesn't matter. The important thing at this stage is to do <i>something</i> . Once you get going it will probably be clearer what to do next. If not, you can just do the thing that comes first in the alphabet.
<i>There's no point in trying. I'll only make a mess of it and feel worse</i>	don't know that until I try. Nobody's asking for a 5-star performance. Even if I do make a mess of it, it's not the end of the world – I can learn from my mistakes if I don't take them too seriously.
<i>I won't enjoy it</i>	How do I know? I'm not a fortune-teller. I might enjoy it more than I think, once I get involved in it. That has happened before.
<i>I won't be able to do everything I've planned</i>	No-one does everything they've planned all the time, so there's no need to feel badly about it. Before I got depressed, if I didn't get everything done, I just put it forward to the next day. Do what you can, and forget what you can't.

<i>I'm not doing anything</i>	Am I sure of that? Or is it that I'm not giving myself credit for what I do? Why not keep a record for a few days, and see. Maybe I just <i>think</i> I'm not doing anything.
<i>I don't do anything worthwhile</i>	I didn't see it that way before I got depressed. I could see that what I was doing was worthwhile, even though none of it was very dramatic or exciting. If I discount everything I do, I will only get discouraged.
<i>I don't deserve to enjoy myself. I should get on with all the things I've got to do</i>	Doing things I enjoy will help me to feel better. That's what I want. And if I'm more relaxed and feeling better, I'm more likely to do what I've got to do more efficiently. I know that from experience; I get more done when I give myself breaks than when I don't.
<i>I cleaned the car. So what?</i>	Normally, cleaning the car would be nothing very special. But given the way I feel, it was in fact very difficult. So doing it is an achievement, and I deserve to give myself credit for that.

Strategies to deal with barriers

Once we know how to do something, the brain can *switch off* and we will do that activity automatically. A good example of this is driving. If we always drive the same route to and from work, we tend to drive automatically without really being aware of our surroundings. We might get to a certain part of our journey, and wonder whether we passed a certain landmark already? This is something we often refer to as being on 'auto-pilot'. When on auto-pilot we are less likely to be in the present moment, and we are more likely to think of those things that are troubling us.

Present moment focus is the exact opposite to auto-pilot. The aim of present moment focus is to be more aware of our thoughts, feelings, and body sensations, but to not engage with them. Instead, we accept that we have these thoughts and feelings, without judging ourselves or evaluating them further, and choose to pay attention to something else.

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!

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!

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!

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'*.

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.

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.

Session 4

Thoughts in depression

We have a significant amount of thoughts per 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 your thinking. *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 radio analogy

We are not always aware of our thoughts. If we think of a radio playing in the background, we are not always aware of the song that is playing. However, we are aware if the song is happy or sad by the way we feel. This is exactly like our thoughts, where we are not always attuned with them.

We have many negative thoughts throughout the day and when we are feeling depressed the *frequency* of these thoughts increase. As a result, they come to mind so automatically and so often that we do not disregard them. We often accept our thoughts as factual and as though they are accurate when they are not. We also look for things which are consistent with our mood. For example, if you are having a bad day, it is very common to spot negative things out more easily, as opposed to when we are having a good day.

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?

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”.

<i>Mental Filter</i> 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. 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>Mind-Reading</i> Assuming we know what others are thinking (usually about us). 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>Prediction</i> Believing we know what's going to happen in the future Am I thinking that I can predict the future? How likely is it that that might really happen?	<i>Compare and despair</i> Seeing only the good and positive aspects in others, and comparing ourselves negatively against them. Am I doing that 'compare and despair' thing? What would be a more balanced and helpful way of looking at it?

<i>Critical self</i> Putting ourselves down, self-criticism, blaming ourselves for events or situations that are not totally our responsibility. 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>Shoulds and musts</i> Thinking or saying 'I should' (or shouldn't) and 'I must' puts pressure on ourselves, and sets up unrealistic expectations. Am I putting more pressure on myself, setting up expectations of myself that are almost impossible? What would be more realistic?
<i>Catastrophising</i> Imagining and believing that the worst possible thing will happen. Thinking that the worst possible thing will definitely happen isn't really helpful right now. What's most likely to happen?	<i>Emotional reasoning</i> I feel bad so it must be bad! I feel anxious so I must be in danger Just because it feels bad, it doesn't necessarily mean it is bad. My feelings are just a reaction to my thoughts.
<i>Mountains and molehills</i> Exaggerating the risk of danger, or the negatives. Minimising the odds of how things are most likely to turn out, or minimising positives. 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>Evaluations / Judgements</i> Making judgements about events, ourselves, others, or the world, rather than describing what we actually see and have evidence for. 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>Black and white/ all or nothing thinking</i> Believing that something or someone can be only good or bad, right or wrong, rather than anything in-between or 'shades of grey' Things aren't either totally white or totally black – there are shades of grey. Where is this on the spectrum?	<i>Memories</i> 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 This is just a reminder of the past. That was then, and this is now. Even though this memory makes me feel upset, it's not actually happening again right now.

The STOPP technique

STOP

Just pause for a moment

Take a breath

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

Observe

- 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

- Do not believe everything you think!
- What is 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 an 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 5

Thought challenging

When we challenge thoughts, it is important to remember that we cannot challenge the following:

- Statements of fact
- Questions
- Thoughts that are not specific, but are general and/or global

Taking your thought to court

Step 1: Identify the thoughts and write them down (be specific on what the thought is).

Step 2: Identify the emotion and rate the intensity of the emotion (0-10 scale; 0 being not at all and 10 being most intense).

Step 3: Pick which thought you want to challenge

Step 4: Identify evidence to support the thought (remember, only facts that would stand up in a court of law).

Step 5: Identify evidence against the thought (remember, only facts that would stand up in a court of law).

Step 6: Weigh up the evidence and write down an alternative, more realistic and balanced thought.

Step 7: Re-rate the intensity of your emotion.

Thought diary template

Thought	Emotion and intensity (0-10)	Evidence <i>for</i> the thought	Evidence <i>against</i> the thought	New alternative thought	Re-rated emotion and intensity (0-10)

Session 6

Relapse prevention

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 depression 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.

Making a staying well plan

It is important to consolidate what you have learned over the past five weeks and to create your own *staying well plan* which you can use in the weeks and months ahead.

1. What difficulties did I ask for help with? What things did I want to work on?

2. What was keeping the problem going? (behaviours, thoughts, difficult situations/life events)

3. What progress have I made towards my goals?

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

5. What are the positive consequences of these improvements on different areas of my life?
(work life, home, family life, friendships, social life, hobbies and interests)

6. What obstacles might lead to a setback, make it harder for me to stay well? (stressful life events/situations, motivation, negative thinking)

7. My early warning signs: what would I notice first if I started to have difficulties again?
(changes in my thoughts, changes in my behaviour, changes in my emotions, or how I feel physically)

8. What can I do to start using the strategies that I have learned to help me feel better again?

9. How can I build on what I have achieved? What further goals could I set up to keep me well?

Scheduling a review time

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.

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.