

Workbook 1
Understanding Depression

Dr. Chris Williams



Overcoming Depression
A Five Areas Approach

Section 1: Using the Overcoming Depression Course.

The *Overcoming Depression* course is a series of workbooks that will help you to find out about the causes of depression, and to change problem areas of your life so that you begin to feel better.

Before you start:

Think about how much you know about the causes and treatment of depression. Please answer the following questions:

Q. How good is my knowledge about the causes of depression?

Make a cross on the line below to record how much you know about the causes of depression.

No knowledge _____ Excellent
0 10

Q. How well do I deal with upsetting thoughts or feelings?

Poorly _____ Very well
0 10

Q. How assertive am I?

Not at all _____ Very assertive
0 10

Q. How well do I solve practical problems?

Poorly _____ Very well
0 10

Each of these areas will be a **target area for change** in the workbooks. Each workbook focuses on a different area to guide you in making changes that will help you to feel better.

How to get the most out of this and the other workbooks.

This first workbook contains an overview of the treatment approaches people can use to help themselves overcome their problems of depression. By understanding this, you can decide how best to begin to tackle your difficulties.

The workbook will cover:

- How to use the workbook.
- Symptoms in depression.
- The five areas of depression: the situations, relationship and practical problems faced by the person, and the altered thinking, emotional and physical feelings and behaviour that occur in depression.
- The impact of depression on you; helping you carry out your own **five areas assessment**.
- The treatment of depression. Using your own five areas assessment to target areas for change.
- A description of the workbooks that make up the Overcoming Depression Course so that you can choose which workbooks will be most helpful for you.

The workbooks are designed to help you to understand depression and to help you to work either by yourself or with your health care practitioner to plan a step-by-step approach to recovery.

The first workbook, *Understanding Depression*, will help you to work out which of the five areas of depression you have problems with. Use this workbook in order to work out which of the other workbooks you should read. **This first workbook should normally be read over 1-2 weeks.**

We recommend that the other workbooks are completed every week or so. Completing the entire course of workbooks is therefore likely to take between 2 to 3 months in total.

- There is a lot of information in each workbook, so the workbooks are divided into clear sections covering each topic. You might find it more helpful to read them one section at a time.
- Try to **answer all the questions** asked. The process of having to **stop, think and reflect** on how the questions might be relevant to you is a crucial part of getting better.
- You will probably find that some aspects of each workbook are more useful to you at the moment than others. **Write down** your own notes of key points in the margins or in the *My Notes* area at the back of the workbook to help you remember information that has been helpful. Plan to **review** your notes regularly to help you apply what you have learned.

- Once you have read through an entire workbook once, **put it on one side** and then **re-read it** again a few days later. It may be that different parts of it become clearer, or seem more useful on second reading.
- Within each workbook, important areas are labelled as **key points**. Certain areas that are covered may not be relevant for everyone. Such areas will be clearly identified so that you can choose to skip optional material if you wish.
- Discuss the workbooks with your health care practitioner so that you can work together on overcoming the problems.

Section 2:

Understanding depression.

What is a depressive illness?

Feeling fed up and low in mood is a normal part of life. When difficulties or upsetting events occur it is not unusual to feel down and to not enjoy what is happening. Likewise when good things happen, a person may experience pleasure and a sense of achievement. Usually the reasons for low mood are clear (e.g. a **stressful situation**, a **relationship difficulty** such as feeling let down by someone or a **practical problem**) and the drop in mood only lasts for a short period of time.

Occasionally a person's mood may seem to drop for little or no obvious reason and it may be difficult to begin with to know quite why. In some cases depression can worsen and completely dominate the person's life. When someone feels very low for more than **two weeks** and feels like this day after day, week after week, this is called a *depressive illness*.

When depression occurs like this, it affects the person's *mood* and *thinking*. It leads to *altered behaviour* and creates a range of *physical symptoms* in their body.

How common is depression?

Depressive illness is a common experience, which affects about one in twenty people at some time in their lives. You may know friends or relatives who have either felt depressed or have been treated for depression in the past.

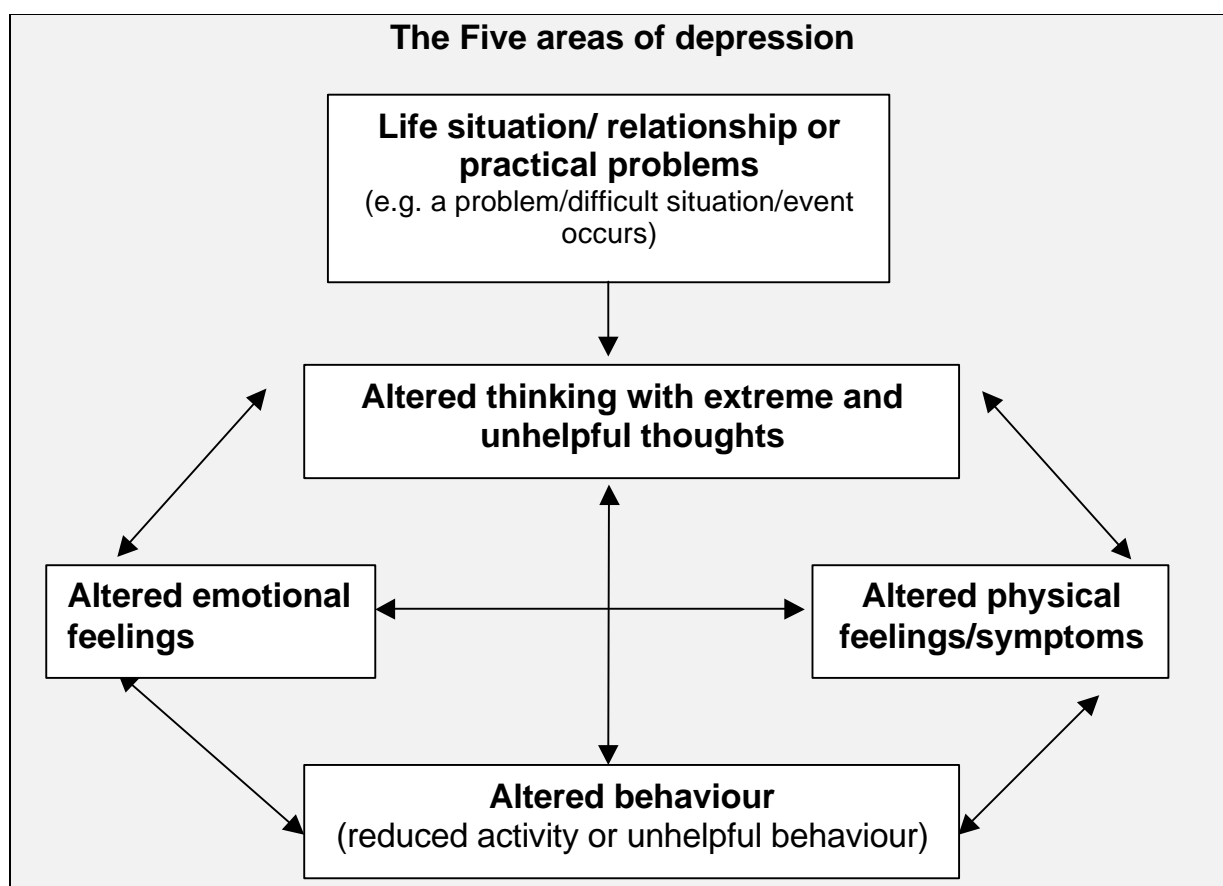
Depression can affect **anyone**. Some well known people have suffered from depression. You may have seen television programmes or read books about their experience of overcoming depression.

What you need to know to understand depression.

Links occur between the five areas of depression:

- Life situation, relationships, practical problems and difficulties.
- Altered thinking.
- Altered emotions (also called moods or feelings).
- Altered physical feelings/symptoms in the body.
- Altered behaviour or activity levels.

Key point: The following diagram shows that **what a person thinks** about a situation or problem may **affect how they feel** physically and emotionally, and also alters **what they do** (behaviour or activity). Each of these five areas (situation, relationship or practical problems, thinking, emotional and physical feelings, and behaviour changes) affects each other.



A **five areas assessment of depression** can help you begin to understand the links between each of these areas in your own life.

Example: How the five key areas affect each other.

Imagine you have had a bad day and are feeling fed up. You decide to go shopping:

Situation: As you are walking down a road, someone you know walks by and doesn't say anything to you.

Altered thinking:

A number of explanations could be made about what has happened. If you jumped to a very negative conclusion that for example, "*They don't like me*":

Altered emotional feelings:

This might lead to altered emotions (feeling down), and:

Altered behaviour:

Altered behaviour (so, for example you might go home and avoid company). In the longer term you might possibly avoid the person or act differently towards them.

Altered physical feelings:

You might notice some altered physical symptoms at the time such as feeling low in energy, restless, and afterwards you may be unable to sleep because of worrying about what happened.

Explanation

In this instance, what you **think** might affect how you **feel** emotionally and physically and what you **do**. Yet, there may be numerous other explanations as to why your friend may not have said hello. If you had additional information, for example that they were experiencing problems at home, you might have interpreted their walking by differently. If instead your interpretation was "*maybe they were distracted or upset and just didn't see me*" (altered thinking) and you believed this 100%, it's likely that you might feel very differently about what happened. You might be more likely to feel sorry (altered feelings) for the person. You probably wouldn't experience as many or as strong physical symptoms (altered physical symptoms) and it is also unlikely that you would avoid seeing them again (altered behaviour). In fact, it's possible you might go out of your way to contact them.

In this example, what you **think** affects how you **feel** and what you **do**.

Key point:

This example shows that it is not events themselves that cause depression, but the **interpretation** that people make of the event. In depression, the person has a more extreme, negative and unhelpful thinking styles. These thoughts build up out of all proportion, and affect how the person feels and what they do.

Q. How helpful is this model in understanding how you feel?

Not at all _____ Extremely helpful
0 10

You will now have a chance to look at how depression is affecting you in each of these five areas by carrying out your own five areas assessment.

Symptoms in depression: The five areas assessment

A **five areas assessment** can be helpful in beginning to understand your symptoms of depression, and in choosing targets for change:

- Situation, relationship or practical problems.
- Altered thinking.
- Altered mood.
- Altered behaviour (reduced activity or unhelpful behaviours).
- Altered physical symptoms.

You will now have the opportunity to find out more about each of the five areas.

Key point: As you go through the following questions, try hard to really think about your answers. Don't rush though the questions, instead, try to **answer all the questions** so that you are really thinking about how what you read might apply to you.

Area 1: Situation, relationship and practical problems contributing to depression.

All of us from time to time face practical problems and difficulties. The actions of important people around us can also create upsets and difficulties. Practical problems such as relationship or financial difficulties may also be present. When someone faces a large number of problems they may begin to feel overwhelmed and depressed. Dwelling on the problems may worsen things still further and quickly get them out of all proportion. The problem is unhelpfully focused on and mulled over again and again in a way that doesn't help resolve it. An **unhelpful focus** can worsen how you feel. It can also be unhelpful because the result is that it worsens how you feel and it leaves you unable to know where to start to change things.

Practical problems may include:

- Debts, housing or other difficulties.
- Problems in relationships with family, friends or colleagues etc.
- Other difficult situations that you face.

Part of the assessment is to consider how these different factors may be affecting you.

Feelings of depression are often linked to **stresses** at home or work (or lack of work - for example **unemployment**). People who have suffered a relationship split, or who feel isolated with no one to talk to about how they feel are also prone to depression. Young mothers, and mothers facing the demands of trying to bring up many young children are also at greater risk of depression. At the same time, sometimes practical and helpful supports may be available through friends or relatives.



The following table summarises several common factors that may be associated with depression. Are any of these relevant to you?

Situation, relationship and practical problems.

I have relationship difficulties (such as arguments) with:	Yes	No
(Write in the person's name or initials)		
<div style="border: 1px solid black; height: 50px; width: 100%;"></div>		
I can't really talk and receive support from my partner.	Yes	No
There is no one around who I can really talk to.	Yes	No
I feel stressed by the demands of looking after my children.	Yes	No
I have difficulties with money worries or debts.	Yes	No
I don't like where I live.	Yes	No
I am having problems with my neighbours.	Yes	No
I feel upset by my lack of a job.	Yes	No

I don't enjoy my job.	Yes	No
I have difficulties with colleagues at work.	Yes	No

Summary for Area 1:

Having answered these questions:

Q. Overall, do I have problems in this area?	Yes	No
--	-----	----

Area 2: Altered thinking in depression.

Unhelpful thinking styles:

In depression, it can seem that everything is viewed in a negative way. This might include:

a. A bias against yourself

The person is very negative and is full of self-blame and critical self-talk. Nothing they do is right. They are their own worst critic.

(E.g. "I'm useless", "I mess everything up").

b. Putting a negative slant on things

Overlooking or downplaying the positive and focusing instead on the negative side of every situation commonly occurs in depression. It is as if the person has a mental filter that focuses only on the negative – a **negative mental filter**.

(E.g. "The last week was completely awful. Nothing went right").

c. Having a gloomy view of the future

Making **negative predictions** about the future or worrying that the worst will happen. This may include a loss of hope, or suicidal ideas.

(E.g. "I'm not going to visit my friends – I wouldn't enjoy it").

Sometimes, this process of predicting that the very worst will happen is called **catastrophic thinking**. This can worsen how you feel and unhelpfully alter what you do.

d. Negative view about how others see you

Second-guessing or mind-reading that others don't like you or see you as weak, stupid or useless. Usually, the person does not actually try to find out if their fears are true.

(E.g. “She thinks I’m an idiot”).

e. Bearing all responsibility

Unfairly taking responsibility for things. The person feels the pressure for things to go well, and blames themselves if things don’t go as expected **even if** they are not really to blame.

(E.g. “I’ll ruin the evening for everybody and it will be all my fault”).

f. Making extreme statements or rules

Very strong statements are made e.g. “It was **completely** useless” even when what actually happened wasn’t anywhere near that bad. The person may also set themselves impossible targets which no one could possibly meet. (e.g. “It must be **completely** perfect, anything less will mean **total** failure”). This thinking style causes the person to use the words *should, got to, must* and *ought* a lot, and also very strong statements such as *always, never* (e.g. “I never do things well”) and typical (e.g. “just typical, everything always goes wrong”).

Key point:

These unhelpful thinking styles are important because they tend to reflect consistent **unhelpful thinking styles** that you do again and again. Beginning to notice these and challenge them is an important part of change. All these styles tend to be:

- Extreme, with **Black or White** thinking.
- **Unhelpful**, with a focus on negative things and events that can worsen how you feel.

Think about whether you notice these thinking styles in your own life:

My thinking style:

Q. Do I have negative or extreme thoughts at times?

Please answer the following questions and **tick yes** if you have found yourself having negative thoughts like these in the last week.

a. Am I biased against myself?

Have you have noticed any times during the last week when you have been biased against yourself? You may have focused on the negative in things or seen everything through dark tinted glasses.

Q. Am I my own worst critic? Yes No

Q. Do I focus on my weaknesses? Yes No

Q. Do you recognise any of the following self-statements?

I messed that up Yes No

I'm stupid Yes No

I can't do anything right Yes No

Q. Have you noticed any other kinds of bias against yourself?

✎ Write here the example (s) you noticed:

b. Putting a negative slant on things - negative mental filter.

Have you have noticed any times during the last week when you have put a negative slant on things?

Q. Do I tend to focus on the bad in situations? Yes No


Q. Do I downplay my achievements? Yes No

Q. Do you recognise any of the following thoughts?

That was a complete a waste of time	Yes	No
The entire week has gone badly	Yes	No
Nothing ever goes right	Yes	No

This process of putting a negative “spin” on everything is called a *negative mental filter*.

Have you noticed any other examples of the negative mental filter?

 Write here the example (s) you noticed:

c. Having a gloomy view of the future - Making negative predictions.

Have you have noticed any times during the last week when you have made negative predictions about how things will turn out?

Q. Do I make negative predictions about the future?	Yes	No
Q. Do I predict that things will go wrong?	Yes	No
Q. Do I ever feel hopeless as if things can't get better?	Yes	No
Q. Do I ever feel suicidal?	Yes	No

Q. Have you noticed any of the following negative predictions in the last week?

I won't enjoy it so what's the point?	Yes	No
Nothing will make any difference	Yes	No
It will be a complete disaster	Yes	No

Have you noticed any other examples of making negative predictions or catastrophic thinking?

✎ Write here any example (s) you noticed:

d. Negative view about how others see me - Do I mind-read?

Q. Do you second-guess or mind-read that others think badly of you?

Q. Do I second guess or *mind-read* what others think of me? Yes No

Q. Do I often think that others don't like me? Yes No

Q. Do you recognise any of the following examples of mind-reading in the last week?

Nobody cares Yes No

Nobody likes me Yes No

He/she/they think badly of me Yes No

Mind-reading can worsen how you **feel** and unhelpfully alter what you **do**.

Have you noticed other examples of mind-reading?

✎ Write here the example (s) you noticed:

e. Bearing all responsibility

Q. Have you felt the pressure for things to go well, and blamed yourself if things didn't go as expected even if you are not really to blame?

Q. Do I feel responsible for other people's enjoyment of things? Yes No

Q. Do I blame myself when things go wrong? Yes No

Q. Have you noticed any of these examples of bearing all responsibility in the last week?

I must make sure that he/she has a good time.	Yes	No
It's my fault it went wrong.	Yes	No

Q. Have you noticed any other examples of bearing all responsibility?

✎ Write here the example (s) you noticed:

f. Making extreme statements and rules


Q. Do you make very strong statements or rules?	Yes	No
Q. Do I make “ <i>must</i> ”, “ <i>should</i> ” “ <i>got to</i> ” or “ <i>ought</i> ” statements to myself?	Yes	No
Q. Do I use the words “ <i>always</i> ”, “ <i>never</i> ” and “ <i>typical</i> ” a lot?	Yes	No

Q. Have you made any extreme comments or set yourself an impossible goal in the last week such as:

I'll never get better	Yes	No
I won't enjoy it so what's the point	Yes	No
Nothing will make any difference	Yes	No
It will be awful	Yes	No
I must get it completely perfect	Yes	No

Sometimes, this way of thinking is described as ***black or white*** or ***all or nothing*** thinking. This can worsen how you feel and unhelpfully alter what you do.

Have you noticed any other example (s) of making extreme statements and rules?

 Write here the example (s) you noticed:

All of these types of thinking are examples of **extreme thinking**. Extreme thinking can have an **unhelpful** impact on how you feel and what you do.

Q. What is the impact of my altered thinking?

Extreme thoughts are unhelpful because of the impact on you and others of believing them.

1. What you think can affect how you feel emotionally

Altered thinking with negative and extreme thoughts can make you feel worse. If you are always thinking other people don't like you or think you're no good, or believe the future is really bleak, you are likely to quickly become disheartened and depressed.

Negative thinking —————▶ **Lowered mood**

2. What you think can affect how you feel physically

Negative and extreme ways of thinking can have a physical impact on you by making you feel physically unwell. Mental depression can cause physical feelings of low energy, sickness, or pain. Sometimes it can also cause a worsening of existing physical problems such as migraines.

Negative thinking —————▶ **Altered physical symptoms**

3. What you think can affect what you do

Negative thoughts may cause you to stop doing things that previously gave you a sense of pleasure or achievement, or to start doing things that actually worsen how you feel. For example, sometimes people experiencing depression may stop visiting friends and start drinking to try and block how they feel.

Negative thinking → Unhelpful behaviour

Q. Overall, do the extreme and negative thoughts have an unhelpful effect on me?

Yes No

Summary for Area 2:

Having answered these questions:

Q. Overall, do I have problems in this area? Yes No

Area 3: Altered mood in depression.

In depression, a person may notice changes in how they feel with:

- **Low mood.**

Information: *Common terms that people use to describe low mood include depression, or feeling low/sad/blue/upset/down/miserable/fed up. Typically in severe depression the person feels **excessively** down and few if any things can pick them up from this feeling.*

- **Feeling worse (more depressed or lower in mood) first thing in the morning.**

Information: *Mood that is worse in the morning and then improves as the day progresses can be a symptom of depression.*

- A profound **lack of enjoyment** or pleasure in things.

Information: *Things that previously would have been fun or given a sense of pleasure now seem to lack any enjoyment. Sometimes the person may feel emotionless. In severe depression, almost nothing is enjoyed and it can seem that there are no emotions at all.*

Guilt.

Information: *In guilt, the person often feels terrible about letting themselves or others down. They feel bad because they believe they have failed against some legal or moral code or law.*

Worry, stress, tension or anxiety.

Information: *In worry, the person unhelpfully goes over things in their mind again and again. Doing this is not helpful because it doesn't help to solve the problems.*

Panic.

Information: *Sometimes levels of anxiety reach such a high level, that the person feels really panicky, very scared, even terrified, believing that something terrible is about to happen right now. It may lead to hasty measures such as stopping what they are doing and hurrying away. Such high levels of anxiety are **unpleasant but not dangerous**.*

Angry or irritable with yourself or with others.

Information: *Little things that normally wouldn't bother you seem to really irritate or upset you if you are feeling depressed. Anger tends to happen when you, or someone else, break a rule that you believe is important, or acts to threaten or frustrate you in some way.*

Ashamed or embarrassed at yourself or what you have done.

Information: *Feeling ashamed of yourself or your appearance can happen because you believe yourself to be inferior to others and fail to note your own achievements. You may feel embarrassed and think that others are judging you as having failed in some way.*

Suspicious and mistrusting of others.

Information: *When depression is present, sometimes this leads the person to doubt the motives of those around them, including close friends or relatives. At very high levels of depression, sometimes the person may lose all faith in others, and withdraw from possible important sources of support.*

Key Point: It is important to be very clear about the different emotional feelings you have. Try to notice changes in how you feel. These changes will often be linked with extreme thoughts, memories and ideas that are going through your mind at the time.

My altered emotional feelings:

Which emotional changes have you noticed over the last week?		
• Low or sad	Yes	No
• Feeling worse in the morning	Yes	No
• Reduced or no sense of pleasure in things	Yes	No
• Noticing no feelings at all	Yes	No
• Guilty	Yes	No
• Worried, stressed, tense or anxious	Yes	No
• Panicky	Yes	No
• Angry or irritable	Yes	No
• Ashamed	Yes	No
• Suspicious or mistrusting	Yes	No
Q. Overall, do I have any altered feelings?	Yes	No

Emotions are an important and normal part of everyday life. Try not to be frightened by your feelings of depression. These emotions are a part of you and can help you to identify extreme and unhelpful thoughts that will be the targets for change. **Try to become aware of these thoughts and note them when you have a change in how you feel (your emotions).** Try to observe the thoughts as if you were a scientist trying to analyse the problem from a distance.

Summary for Area 3:

Having answered these questions:

Q. Overall, do I have problems in this area?	Yes	No
--	-----	----

Area 4: Altered behaviour in depression.

Learning from the past.

What people think affects what they do. Think about how you have tried to deal with problems or feeling down in the past, to see if this can help you to identify effective ways of dealing with it now. This can help you to avoid repeating unhelpful ways of coping that haven't worked before.

Some changes of behaviour in depression can make matters worse, but others can help you feel better, for example working with a health care practitioner. There are two ways in which unhelpful behaviours may add to feelings of depression:

1. Stopping or reducing doing things which are fun or give a sense of achievement (e.g. meeting up with friends, doing hobbies and interests).
2. Starting to do activities, which quickly become unhelpful (e.g. beginning to drink to block how you feel, or choosing to isolate yourself).

To begin with, you will need to find out whether **reduced activity** is affecting your depression.

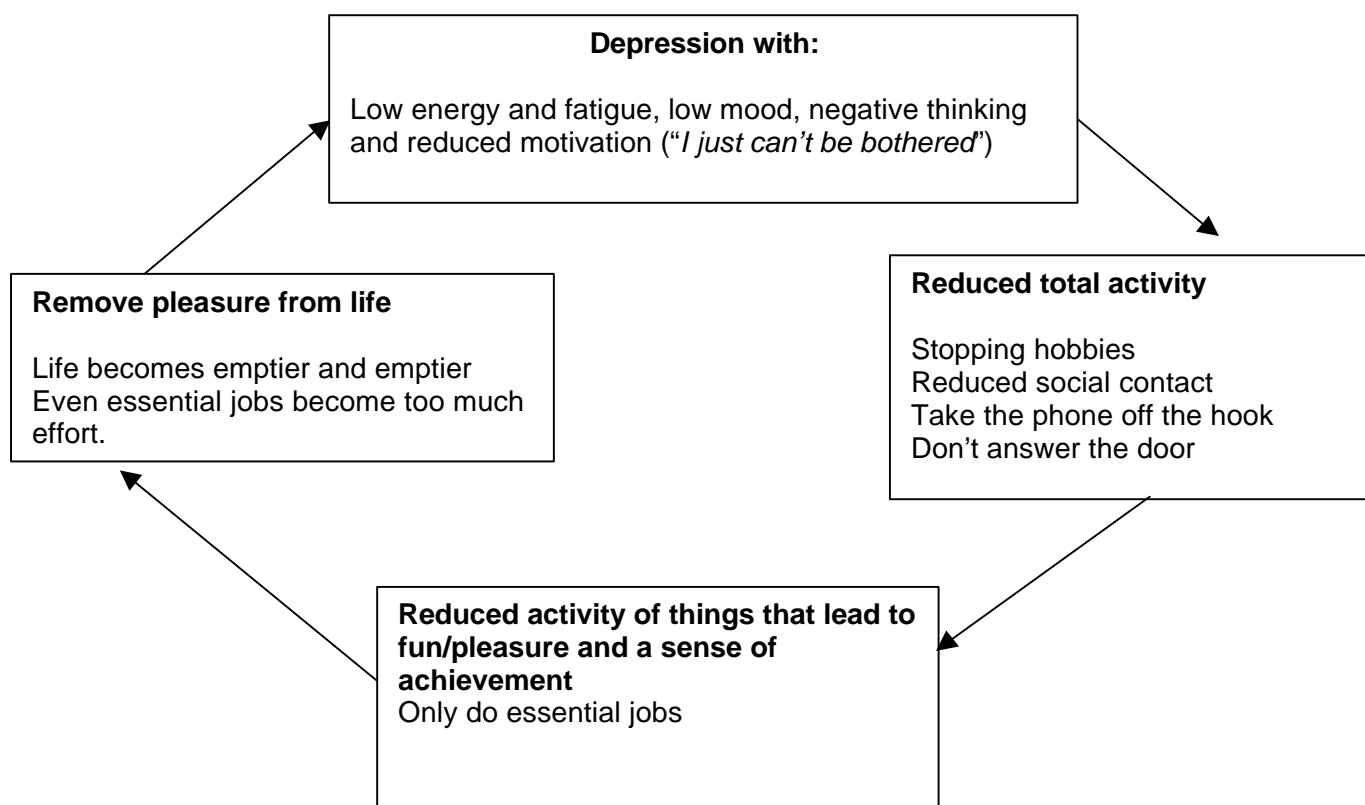
Altered behaviour 1: Reduced activity in depression.

When you become depressed, it is normal to find it is difficult doing things. This is because of:

- Low energy and tiredness (*"I'm too tired"*).
- Low mood and little sense of enjoyment or achievement when things are done.
- Negative thinking and reduced enthusiasm to do things (*"I just can't be bothered"*).

It can sometimes feel as though **everything is too much effort**. A **Vicious circle of reduced activity** may result.

The vicious circle of reduced activity



The result of this vicious circle is that the person experiencing depression will **begin to stop doing things**. Often the very first things to be stopped are the things that previously they enjoyed for themselves such as meeting friends, socialising, going out, or doing hobbies. Instead they may try to focus on keeping up with those things that they see as being more important (things which they **must** do), such as work, or doing things about the house. Unfortunately, the result of this is that they remove many or all of the things from their lives that would normally have led to **feelings of pleasure and a sense of achievement**. This reduction in pleasurable activities can end up making the person feel even worse. Life can begin to become **emptier and emptier** after weeks or months of depression. Soon even the every day core things such as housework, jobs, and looking after themselves feel like too much to do.


A **vicious circle** occurs and this can keep the depression going. The good news is that once you have noticed if this is true for you, then you can begin to start working on regaining the pleasurable activities in a planned, step-by-step way. You will find out how to do this in a later workbook.

Now you can work out whether this problem is affecting you at the moment.

My reduced activity:

Please tick those areas you have noticed over the last week:

Stopping meeting friends	Yes	No
Reduced socialising/going out/joining in with others	Yes	No
Reduced hobbies/interests	Yes	No
Removal of pleasurable things from life	Yes	No
Life is becoming emptier	Yes	No

 Other (write in)

Altered behaviour 2: Unhelpful behaviour in depression.

When somebody becomes depressed, it is normal for him or her to alter their behaviour to try and get better.

Helpful activities may include:

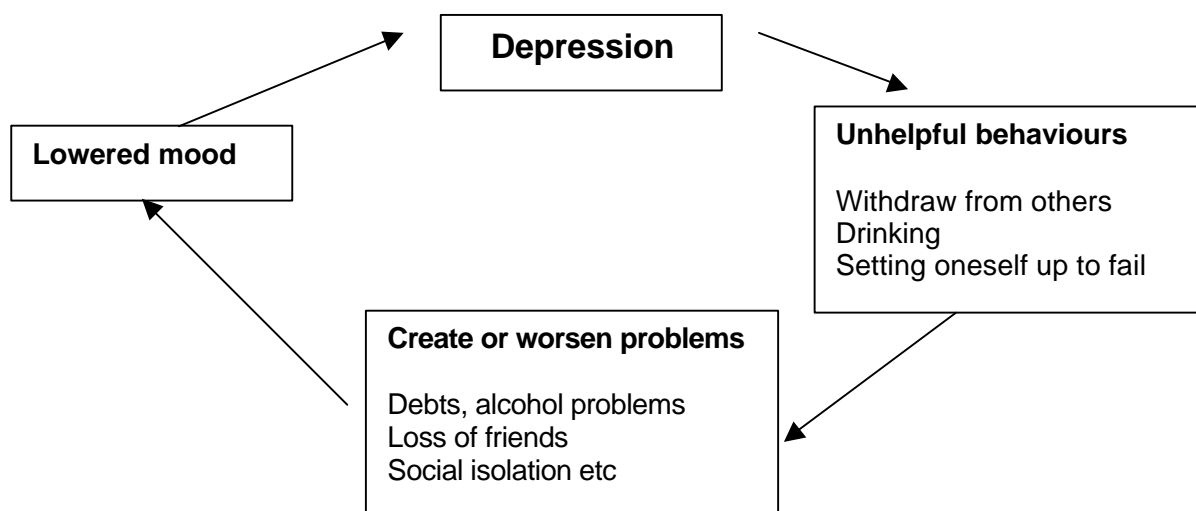
- Talking to friends for support.
- Reading or using self-help materials to find out more about the causes and treatment of depression.
- Going to see their doctor or health care practitioner to discuss what treatments may be helpful for them.
- Maintaining activities that give pleasure such as meeting friends etc.

Sometimes however, the person may try to block how they feel by using **unhelpful behaviours** such as:

- Withdrawing into themselves and cutting themselves off from all their friends.
- Using alcohol to block how they feel.
- Neglecting themselves (e.g. by not eating as much).
- Harming themselves as a way of blocking how you feel (e.g. self-cutting).

A vicious circle of unhelpful behaviours can result.

The Vicious circle of unhelpful behaviour



My unhelpful behaviours:

Please look at the following questions and **tick yes** if you have found yourself doing these things in the last week.

- | | | |
|--|-----|----|
| Q. Am I misusing alcohol to block how I feel? | Yes | No |
| Q. Am I misusing other substances such as illegal drugs? | Yes | No |
| Q. Am I becoming excessively clingy and dependent? | Yes | No |
| Q. Am I becoming very suspicious and demanding? | Yes | No |
| Q. Am I setting myself up to fail? | Yes | No |
| Q. Am I setting myself up to be let down or rejected? | Yes | No |
| Q. Am I trying to spend my way out of depression? | Yes | No |

☞ Other (write in)

Q. Overall, does reduced activity have an unhelpful effect on me? Yes No

Summary for Area 4:

Having answered these questions:

Q. Overall, do I have problems in this area? Yes No

Area 5: Altered physical feelings/symptoms in depression.

In depression, a person may notice changes in their general wellbeing with:

- **Altered weight.**

Information: *Weight **loss** can occur as a result of reduced appetite. Sometimes weight **gain** can occur because of **comfort eating** and reduced activity since fewer calories are burned up. For some people, weight gain can cause them to feel even worse.*

- **Reduced energy:**

Information: *Low energy is a common problem and the person may feel tired all the time, and that they cannot do anything. As a result, in severe depression, things that previously would have seemed quite simple tasks such as getting dressed or washed or going out may become very difficult.*

Other common physical symptoms seen in depression are:

- **A reduced sex drive.**

Information: *Sex drive is often lost as part of the loss of pleasure and interest in things that is normal in depression. Often this is an area the person feels unwilling to talk about, but may lead to further upset if they are in a current relationship with a partner or spouse.*

- **Constipation.**

Information: *Constipation is common and is part of the physical slowing down of the body that occurs in depression. Eating lots of fruit and fibre, and drinking a reasonable amount of fluid can help this. Increases in activity levels such as by doing moderate exercise can also help overcome constipation. Sometimes, constipation is worsened by anti-depressants. If you are unsure about this, please discuss it with your doctor.*

- **Symptoms of pain.**

Information: *If you already have problems such as arthritis or other physical problems, depression can often make it seem harder to cope. Pain can sometimes be an important symptom of depression. Depression may cause tension headaches, or contribute to chest or stomach pains such as those causing irritable bowel.*

- **Physical agitation**

Information: *Depression can lead to a marked increase in symptoms of physical tension. This may mean that the person finds it difficult to sit still. They may become restless and feel forced to get up and walk around, being unable to settle.*

The following questions will help you to assess the impact of depression on your own body:

My physical symptoms of depression:

Q. Which physical symptoms have you noticed over the last week?

Altered sleep symptoms:

- | | | |
|-----------------------------------|-----|----|
| • Wakening earlier than usual | Yes | No |
| • Difficulty getting off to sleep | Yes | No |
| • A disrupted sleep pattern | Yes | No |

Altered appetite:


- | | | |
|-------------------------|-----|----|
| • An increased appetite | Yes | No |
| • A decreased appetite | Yes | No |

Altered weight:

- | | | |
|--------------------|-----|----|
| • Increased weight | Yes | No |
| • Decreased weight | Yes | No |

Other symptoms:

- | | | |
|----------------------|-----|----|
| • Reduced energy | Yes | No |
| • Reduced sex drive | Yes | No |
| • Constipation | Yes | No |
| • Symptoms of pain | Yes | No |
| • Physical agitation | Yes | No |

 Other (write in):

Summary for Area 5:

Having answered these questions:

Q. Overall, do I have problems in this area?	Yes	No
--	-----	----

You have now finished your five areas assessment. Before you move on, please stop for a while and consider what you have learned. How does what you have read help you to make sense of your symptoms?

Q. How well does this assessment summarise how you feel?

Not at all	_____	Very well
0		10

A summary of how depression has affected you in the last week.

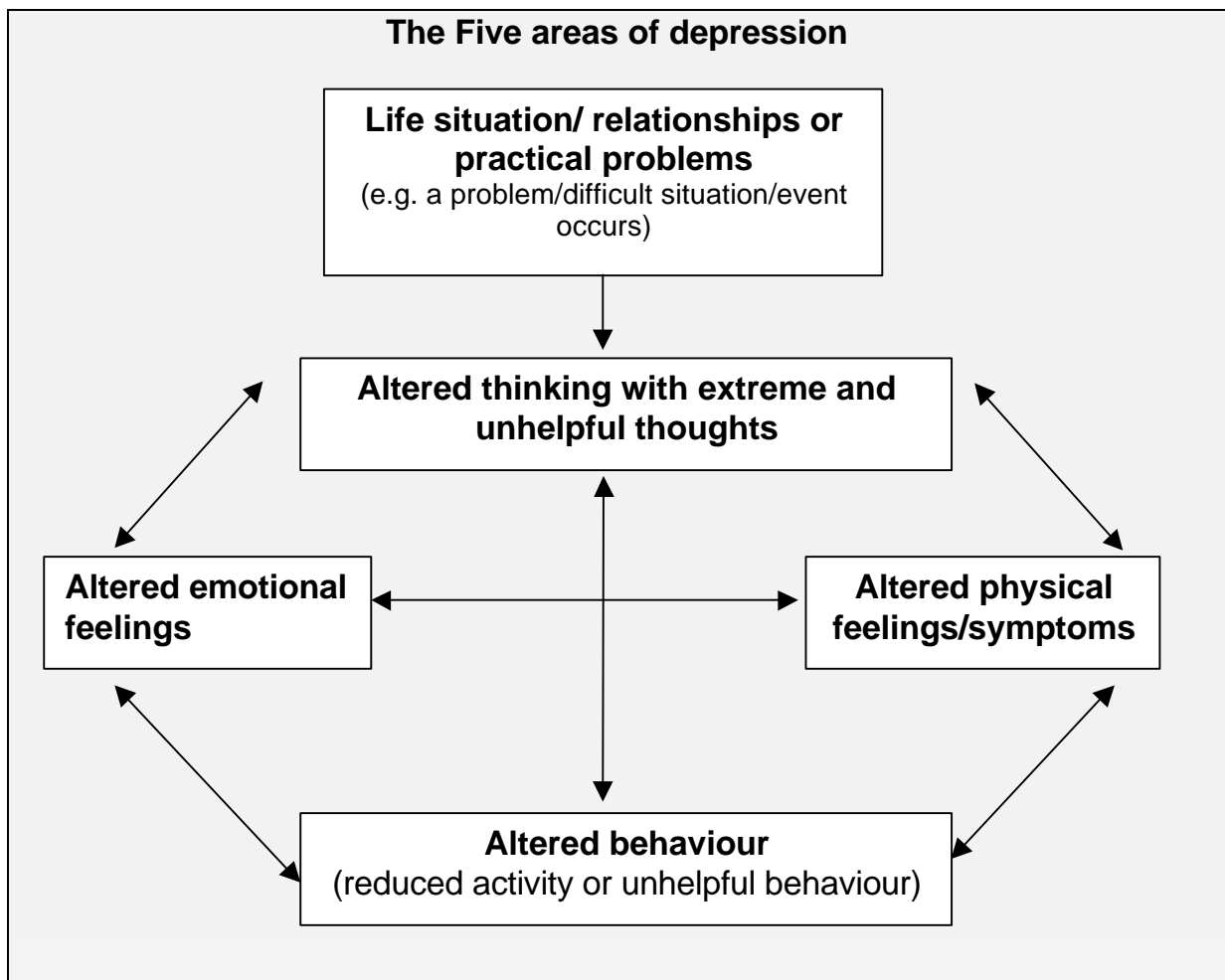
The purpose of asking you to carry out the **five areas assessment** is not to demoralise you or to make you feel worse. Instead, by helping you consider how you are now, this can help you plan the areas you need to focus on to bring about change. The workbooks in the Overcoming Depression Course can help you begin to tackle each of the five problem areas of depression.

Section 3:

The treatments of depression.

The main problem areas of depression are:

- Current situations/events, relationship or practical problems.
- Altered thinking.
- Altered behaviour.
- Altered mood.
- Altered physical symptoms.



You have previously answered questions asking about each of these five areas. Go back and look at the symptoms you identified in each area to consider the impact of depression on you.

Links can occur between each of these areas. Because of this, aiming to **alter any** of these areas may help treat depression.

Key point: By defining your problems, you have now identified **clear targets** to focus on. The key is to make sure that you do things **one step at a time**. A key to success is not to try to throw yourself into tackling everything at once. Slow steady steps are more likely to result in improvement than very enthusiastically starting and then running out of steam.



Choosing your targets for change.

You may have tried all sorts of previous attempts to change, but unless you have a clear plan and stick to it, change will be very difficult. Planning and selecting which targets to try and change first is a crucial part of successfully moving forwards. By choosing which areas to focus on to start with, this also means that you are actively choosing at first **NOT** to focus on other areas.

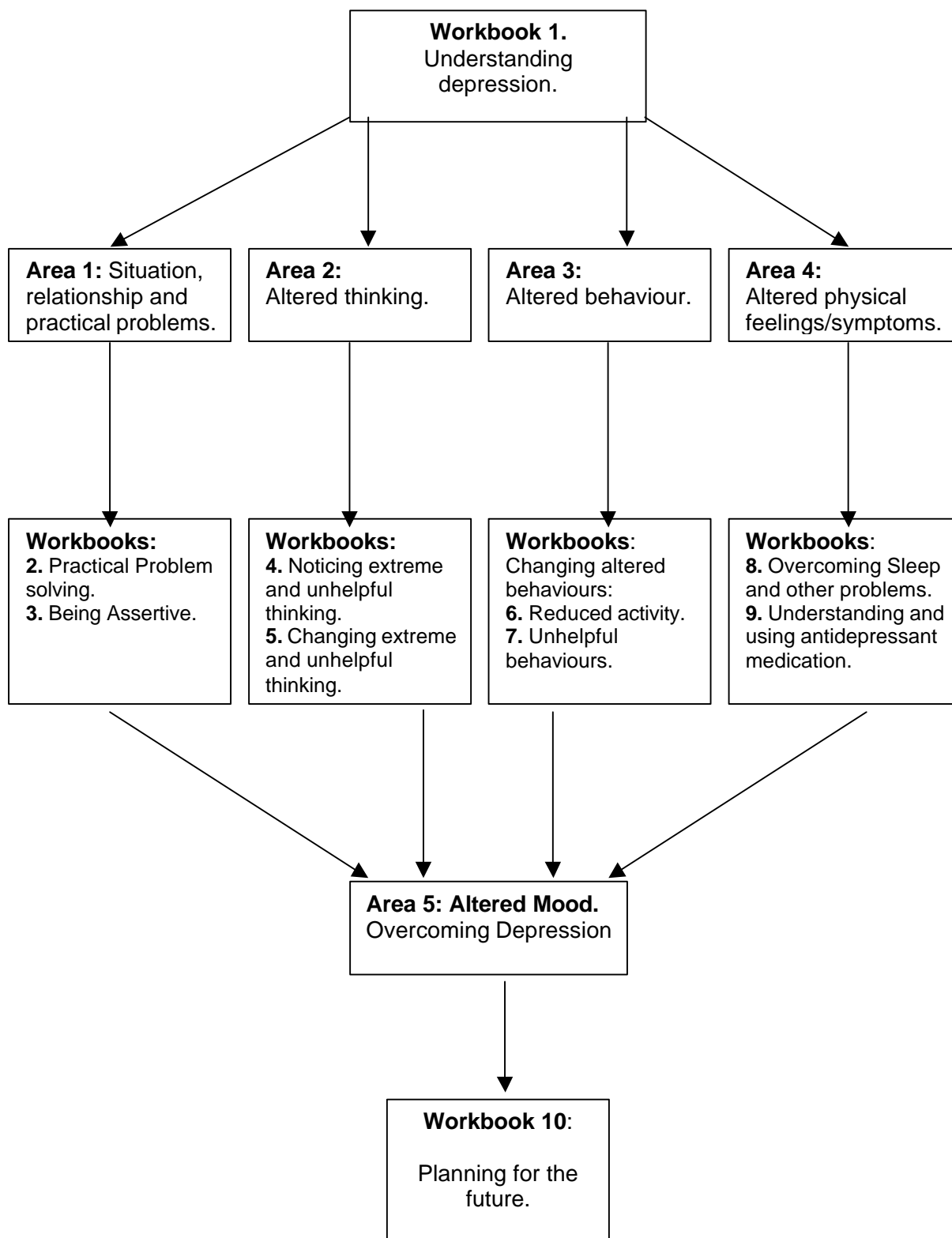
Setting yourself **targets** will help you to focus on how to make the changes needed to get better. To do this you will need:

- **Short-term targets:** thinking about changes you can make today, tomorrow and the next week.
- **Medium-term targets:** changes to be put in place over the next few weeks.
- **Long-term targets:** where you want to be in 6 months or a year.

The questions that you have answered in this workbook will have helped you to identify the main problem areas that you currently face. The *Overcoming Depression* course can help you to make changes in each of these areas.

The Workbooks have been devised to be used either alone or as part of a complete course of ten workbooks. **Workbook 1** is designed to help you to identify your current problem areas. This will help identify which of the **Booklets 2-9** you need to read. Finally, you can summarise what you have learned and plan how to respond to any future feelings of depression by completing **Booklet 10**. This will help you to reduce the chance that depression may affect you like this again.

Overcoming Depression Course: Overview.



The Overcoming Depression Course.

Workbook 1. *Understanding depression.*

In this workbook you will learn about how depression alters your thinking and emotions, and leads to altered bodily symptoms and behaviour. This workbook will help you decide which of these areas you need to focus on changing and will help you decide which of the remaining workbooks you need to read. This is the workbook you are reading now.

Area 1: *Dealing with difficult situations, relationship and practical problems.*

Workbook 2: *Practical Problem solving.*

In this workbook you will learn a step-by-step plan that you can use to deal with practical problems. It will provide you with the tools to tackle any practical problems that you face. This will help you to take more control of your life and the decisions that you make. By feeling more in control of your life, you will improve your confidence in yourself.

Workbook 3: *Being Assertive.*

Have you ever felt that no-one listens to you, and that other people seem to walk all over you, or have others commented that they feel that you always walk over them? You will find out about the difference between passive, aggressive and assertive behaviour and learn how to develop more balanced relationships with others where your opinion is listened to and respected, and you listen to and respect other people.

Area 2: *Changing extreme and unhelpful thinking.*

Workbook 4: *Noticing extreme and unhelpful thinking.*

What you think about yourself, others and the situations that occur around you, can alter how you feel and affect what you do. This workbook will help you to learn ways of identifying unhelpful or extreme ways of thinking. You will learn how to notice such thoughts and to understand the impact these have on how you feel and what you do.

Workbook 5: *Changing extreme and unhelpful thinking.*

This workbook will teach you the important skill of how to challenge negative thinking. You will answer a series of questions that will help you change these thoughts. With practice this will help you begin to gain control of the extreme and negative thinking that is often a major problem in depression.

Area 3: Changing altered behaviours.**Workbook 6: Changing altered behaviours: Reduced activity**

You will find out more about how altered behaviour keeps your depression going. You will learn ways of changing what you do in order to break the vicious circle of reduced activity.

Workbook 7: Changing altered behaviours: Unhelpful behaviours

You will learn some effective ways of overcoming unhelpful behaviours such as drinking too much, reassurance-seeking and trying to spend your way out of depression.

Area 4: Physical symptoms and treatments in depression.**Workbook 8: Overcoming Sleep and other problems.**

Often when someone is depressed, they not only feel emotionally and mentally low, but they also notice a range of physical changes that are a normal part of depression. This workbook will help you find out about these common changes, and in particular will help you to deal with problems of poor sleep and low energy.

Workbook 9: Understanding and using antidepressant medication.

When someone is depressed, sometimes their doctor suggests they take anti-depressant medication. You will find out why doctors suggest this, and also learn about common fears and concerns that people have when first starting to take these tablets so that you can find out for yourself whether antidepressant medication may be helpful for you.

Area 5: Altered mood.

The fifth and final area, low mood, will improve if you work at the other areas where you have problems (the altered thinking, behaviour, physical symptoms and the situations, relationships and practical problems that you face).

Once you feel better, the final workbook of the series can be read to help you to summarise what you have learned.

Workbook 10: Planning for the future.

You will have learned new things about yourself and made changes in how you live your life. This final workbook will help you to identify what you have learned and help you plan for the future. You will be helped to devise your own personal plan to cope with future problems in your life so that you can face the future with confidence.

The work you do using the workbooks can supplement the help you receive from your doctor or other health care practitioners. Sometimes more specialist help is needed to help how you feel and your doctor may suggest that you see a trained specialist such as a psychologist, psychiatrist or a psychiatric nurse.

Use the following table to help you decide which workbooks are right for you to read. You may find it helpful to discuss this with your health care practitioner.

Workbook Number	Plan to read	Tick when completed
Workbook 1. Understanding depression.	✓	
Workbook 2: Practical Problem solving.		
Workbook 3: Being Assertive.		
Workbook 4: Noticing extreme and unhelpful thinking.		
Workbook 5: Changing extreme and unhelpful thinking.		
Workbook 6: Changing altered behaviours; reduced activity		
Workbook 7: Changing altered behaviours; unhelpful behaviours		
Workbook 8: Overcoming Sleep and other problems.		
Workbook 9: Understanding and using antidepressant medication.		
Workbook 10: Planning for the future.		

Key point: In order to change, you will need to choose to try to **apply** what you will learn **throughout the week**, and not just when you read the workbook or see your health care practitioner. The workbooks will encourage you to do this by sometimes suggesting certain tasks for you to carry out in the days after reading each workbook.

These tasks will:

- Help you to put into practice what you have learned in each workbook.
- Gather information so that you can get the most out of the workbook.

- Practice has shown that you are likely to make the most progress if you are able to put into practice what you have learned throughout the week.

Summary.

The workbook has covered:

- How to use the workbook.
- Symptoms in depression.
- The five areas of depression: the situations, relationship and practical problems faced by the person, and the altered thinking, emotional and physical feelings and behaviour that occur in depression.
- The impact of depression on you; helping you carry out your own **five areas assessment**.
- The treatments of depression. Using your own five areas assessment to target areas for change.
- A description of the workbooks that make up the *Overcoming Depression Course* so that you can choose which workbooks will be most helpful for you to use.

Putting into practice what you have learned.

You have already begun to identify important changes in what you think and do. In order to build on what you have learned, it would be helpful if you could **gather some information** over the next week.

Please can you:

- Read through the current workbook again and think in detail about **how** depression is affecting your thinking, emotional and physical feelings, and behaviour and **what** you want to change.
- Choose **two episodes** over the next week when you feel more upset or depressed. Use the pages that follow this section **to record the impact on your thinking, mood, behaviour, and body**. Try to generate a summary of your own depression on each of the five areas of depression (life situation, relationships and practical problems, altered thinking, feelings, physical symptoms and behaviour). Look back to the “*Walking down the street*” example to help you try this task.
- When you have done this, choose your first area to begin working on and slowly read the workbook (s) in that area over a week or two. Put into practice what you have read, and then move on to other areas that you want to cover, making sure you allow yourself time to cover

each area before moving on. Try to continue to put into practice what you have learned as you read further workbooks.

If you have difficulties with this workbook, don't worry. Just do what you can. If you have found any aspects of this workbook unhelpful, upsetting or confusing, please can you discuss this with your doctor or health care practitioner.

The Five Areas Assessment of depression

Situation 1: A time when I am upset

1. Situation, relationship or practical problem

2. My altered thinking

3. My altered feelings/emotions

4. My altered behaviour

5. My altered physical symptoms

The Five Areas Assessment of depression

Situation 2: A time when I am upset

1. Situation, relationship or practical problem

2. My altered thinking

3. My altered feelings/emotions

4. My altered behaviour

5. My altered physical symptoms

My notes: