

SELF-CARE DEPRESSION PROGRAM

2ND EDITION

ANTIDEPRESSANT SKILLS WORKBOOK



SIMON FRASER
UNIVERSITY



BC Mental Health &
Addiction Services

An agency of the Provincial Health Services Authority



Dan Bilsker PhD

Dan is a clinical psychologist who works at Vancouver General Hospital and consults to a mental health research group at Simon Fraser University.

Randy Paterson PhD

Randy is a psychologist, director of Changeways Clinic, and author of the book, *Your Depression Map*.

The Self-Care Depression Program is based on the experience of the authors and on scientific research about which strategies work best in managing depression.

It is intended for:

- individuals with depressed mood
- concerned partners, family members or friends who want to help a depressed individual

This book is meant to provide accurate information about depression. It is not a psychological or medical treatment, and is not a replacement for treatment where this is needed. If expert assistance or treatment is needed, the services of a competent professional should be sought.

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Note This publication is designed to provide accurate and authoritative information in regard to the subject matter covered. It is provided with the understanding that the publisher is not engaged in rendering psychological or other professional services. If expert assistance or treatment is needed, the services of a competent professional should be sought.

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Depression is among the most painful and difficult of all human experiences. It robs those who have it of energy, interest, and the will to make things better. It brings with it a profoundly negative view of the self, the world, and the future. During depression, it seems as though nothing can change, as though you will never get better.

But **depressed people do get better and depression does end**. There are effective treatments and self-help skills to deal with depression. Health care professionals give depression treatments, but you can learn self-help skills and apply them to your own life. This guide teaches a set of **antidepressant skills** you can use to manage depression. Sometimes the skills can be used on their own, when the depression isn't too severe. Sometimes they have to be used along with treatments by professionals.

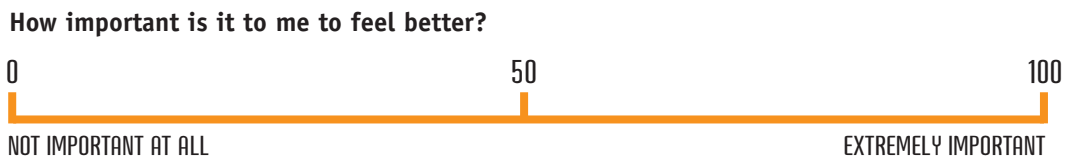
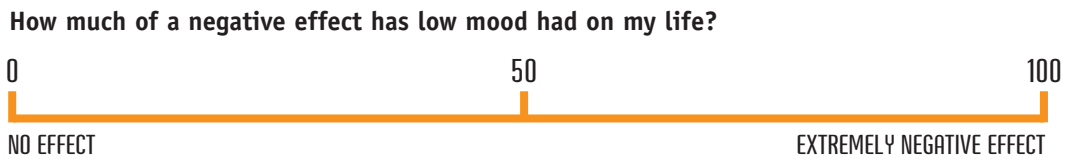
The emphasis in this book is on three steps: reactivating your life; changing negative thinking habits; and solving problems as they arise. In addition,

some of the lifestyle choices associated with reducing depression are discussed in the Useful Information section at the back of the book. Although medication-based approaches are discussed briefly, most of our emphasis is on these other approaches: antidepressant *skills* rather than antidepressant *pills*.

We hope that the workbook will be helpful for you. But reading it will not be enough. For the approaches to work, you will have to put them into practice. We have tried to present all of the strategies in a clear, step-by-step format that will help you to work steadily toward your goals.

INTRODUCTION

Take a moment now to ask yourself three questions. Mark your answers on the scales below. **On a scale of 0 to 100:**



If you scored less than 50 on two or three scales, you may be considering change, but still feel uncertain. If that's the case, read the workbook and think it over.

If you scored 50 or more on two or three scales, **you're ready to change**. You've had enough and you're prepared to dedicate some time each day to getting better.

Go to the next page and let's get started . . .

WHAT IS DEPRESSION?

Most times when you feel down, you're not depressed. Feeling sad or low is a big part of life and can't be avoided. When something goes wrong in your life, whether it's an argument with your partner, conflict with your boss, or a physical illness, your mood might drop.

Depression is not...

Most times when you feel down, you're not depressed. Feeling sad or low is a big part of life and can't be avoided. When something goes wrong in your life, whether it's an argument with your partner, conflict with your boss, or a physical illness, your mood might drop.

If you feel especially sad or irritable because of this situation, maybe with poor sleep, not wanting to see friends or family, eating too much or not enough – then you're probably experiencing low mood. Low mood will typically go away in a week or two, especially if there's an improvement in the situation that started it.

Depression is...

But suppose it doesn't go away and just gets worse. You might be depressed:

1. if your mood is very low or you have almost no interest in your life almost everyday, and this feeling goes on for weeks; **AND**
2. if you have other problems like:
 - big changes in weight or appetite;
 - not being able to sleep enough or sleeping too much;
 - feeling that you are always restless or slowed-down;
 - thinking that you are worthless or guilty;
 - feeling really tired much of the time;
 - feeling numb or empty;
 - having a lot of trouble concentrating or making decisions;
 - thinking about death or suicide.

WHAT IS DEPRESSION?

The two most common types of depression are called mild depression and major depression.

Each of these includes the same kinds of problems (the ones we've listed above) but major depression is more severe. Usually, when a person gets depressed, it's the

mild kind. Your family physician, a psychiatrist or a psychologist can tell you whether you have a depression.

FEELING OKAY



A few observations about depression . . .

■ **Depression is hard to diagnose on your own.**

Our moods affect our judgment of ourselves. So it's often hard to judge whether we are really depressed. Usually it takes a trained professional to make the diagnosis.

■ **If you have depression, you are not alone.**

More than 4% of adults are depressed at any given

time, and more than 15% of adults will be depressed at some time in their lives.

■ **Depression is not a sign of weakness.**

Many capable, intelligent, and extremely accomplished people have been depressed. Being depressed does not mean that you have a “weak personality” or a character flaw.

If you think you have depression . . .

If you think that you have depression, it is important that you find help. The skills in this workbook are meant to help you with your depression, but you shouldn't have to do it alone. Getting another opinion from someone you trust can help you understand your problems or put them in perspective. If you continue to feel depressed, seek the help of a health care

professional. This can be your family physician, a psychologist, psychiatrist or other mental health professional. They can help you with a number of different treatments for depression. A good thing about these treatments is that they work well alongside skills you learn from this workbook.

If you feel like hurting yourself . . .

For many people, depression makes life seem hopeless and unmanageable. Most depressed people feel this way from time to time. For a small number of individuals this feeling of hopelessness gets so strong that they begin to think that life itself is not worth living. If this happens to you or someone you know, it's time to get help. Find a health care professional to help you get past these feelings. If you can't wait for an

appointment, there are a number of crisis lines, staffed 24/7, that you should call. Go to your yellow pages and look under *Crisis Centres* to find the numbers in your area. You might also visit the Emergency Room at your local hospital.

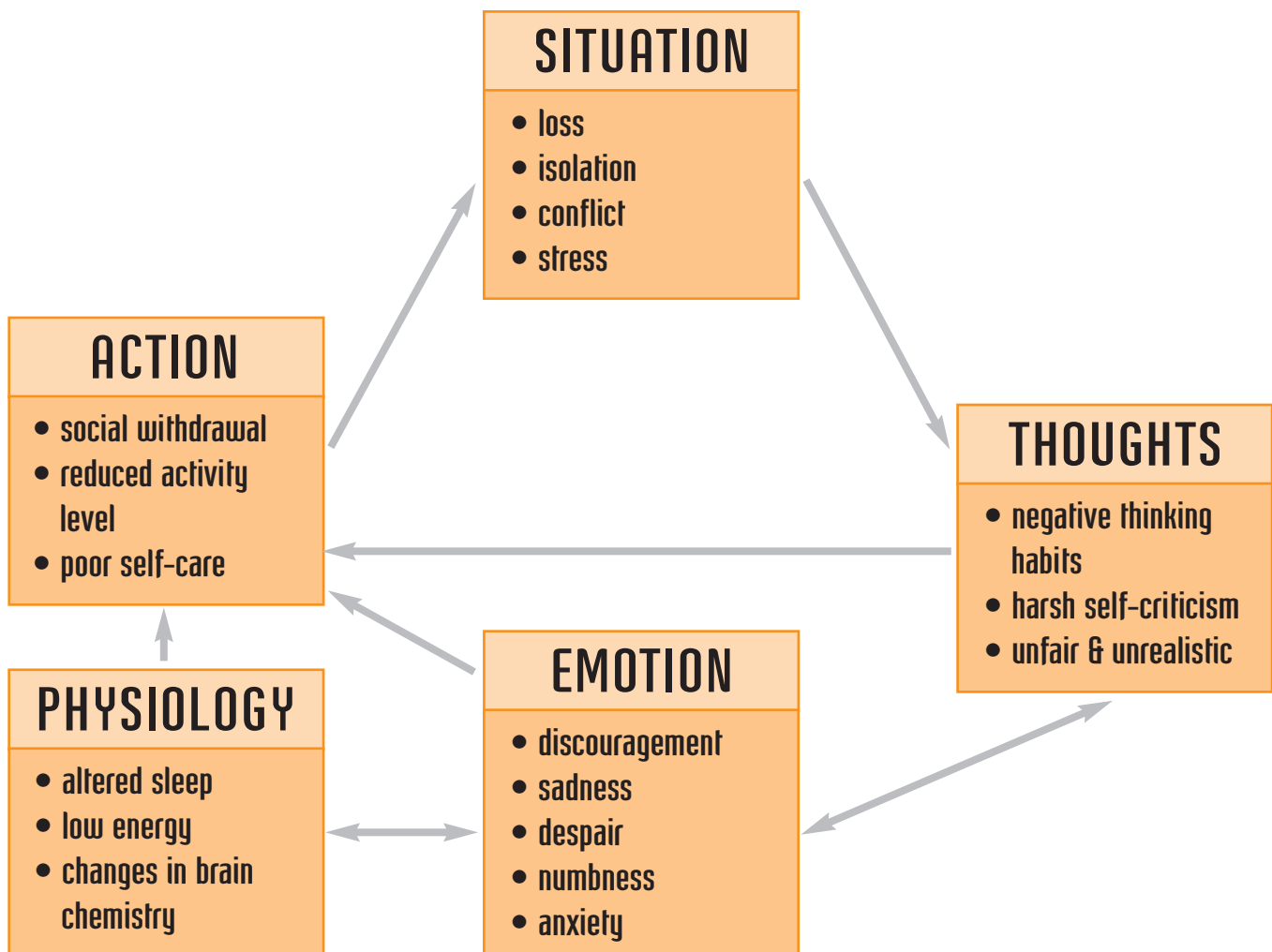
Remember, things **can** get better.

WHAT CAUSES DEPRESSION?

People become depressed for a wide variety of reasons.

Research has identified a number of factors associated with causing and continuing the depressed state. The diagram below shows the five major factors: situation; thoughts; emotion; physiology; and action. Each of

these areas of your life can play a role in the development of depression, and depression itself can have an impact on all of them. On the following pages we consider each of these factors in more detail.



Situation

Depression is often triggered by very stressful life situations. If your attempts to cope with these situations by improving or accepting them have not been successful, you may begin to feel overwhelmed and hopeless. Then the risk of a depressive episode increases. Some situations that can be associated with depression include:

- **Major life events, particularly involving loss.** Events such as the death of a loved one, moving, divorce, financial setbacks, or job loss are major disruptions in one's life.
- **Lack of contact with other people.** Social isolation is a significant risk factor for depression.
- **Relationship conflict.** Times of conflict in personal relationships, whether marital or family, are extremely stressful and can contribute to the onset of depression.
- **Stress related to your job.** This can take the form of employment uncertainty (not knowing whether your job will continue), friction with supervisors and co-workers, or overwork (human beings were never designed to work 16 hours a day, either in an occupation or around home).

- **Stress related to your physical health.** This is especially true for health problems that are chronic, cause a lot of pain or disability, and only get partly better with treatment. Some physical illnesses or their treatments can trigger depression by their effects on the body. For example, hypothyroidism (a condition in which the thyroid gland secretes too little thyroid hormone) is often associated with fatigue and depression.

That doesn't mean people only get depressed when things are going badly. Some people get depressed when their life has been going smoothly: depression just seems to come out of nowhere! Antidepressant skills like the ones taught in this book are just as useful for these people.



Thoughts

Each of us is affected differently by outside events, depending on how we think about those events. Imagine two people walking into a party. One person is naturally outgoing, anticipates enjoying herself a great deal, and sees the group of partygoers as friendly and receptive. The other dreads social gatherings,

anticipates feeling miserable, and sees the other people as judgmental and rejecting. Each person's thoughts determine how the event is experienced. Research evidence has shown that depressed individuals often have distorted ways of thinking about the world that can trigger or worsen the experience of depression.



Distorted ways of thinking

Unrealistic, negative thoughts about the situation.

You see the situation in an unrealistically pessimistic way, emphasizing its negative or threatening aspects and ignoring more positive or promising aspects.

Unfair, negative thoughts about yourself.

You think about yourself in a very critical fashion, judging yourself in a harsh and unfair manner.

Unrealistic, negative thoughts about the future.

You anticipate a future that is bleak and disappointing, exaggerating the likelihood of very negative outcomes.

Taken together, we call this the *Negative Triad*: thinking in an unfair and unrealistic, negative way about your current situation, yourself, and your future.

These ways of thinking often start in childhood. Some people grew up in families where only negative and critical comments were made. In other families, children were discouraged from saying positive things about themselves and rewarded for being self-critical. Whether these negative thinking styles are caused by the depression or started in childhood, they have enormous influence on your experience of the world.

Not surprisingly, these ways of thinking about the world increase the negative impact of difficult life situations and predispose people to emotional pain. A person with depressive thinking can become discouraged or hopeless even when things are going well.

Emotion

Depression often begins with feelings of discouragement and sadness after unsuccessful attempts to deal with a difficult life situation. However, as the depression continues, these feelings of unhappiness give way to more severe and painful kinds of emotional experience. The depressed individual is overcome by a sense of despair, a pervasive mood of hopeless misery. A feeling of intense anxiety (physical tension, worry, and a sense of impending doom) often accompanies these depressed feelings.

Some depressed people experience a general sense of *emotional numbness*, an inability to feel anything. It is as though the psychological pain has become so intense that your mind simply switches off your emotions, like a circuit breaker.

Remember that depressed people interpret the world in an unrealistically pessimistic way and judge themselves in a harsh and unfair manner. The emotions they feel are based in large part on this negative way of interpreting their lives. If their thoughts about the world are unrealistic and negative, then their emotions will also be unrealistic and negative.

It may be hard to think about emotions as unrealistic. But imagine a person who firmly believes that airplane travel is extremely dangerous and that planes are falling out of the sky frequently. That person will feel very frightened when flying. This fear, however, is based on a false belief about airplane safety and is, therefore, unrealistic and inappropriate to the situation. Similarly, depressed individuals often have beliefs about the world and themselves that are unrealistic and lead to unrealistic, negative emotions.

Physiology

Depression is accompanied by a variety of physical symptoms. One of the most powerful physical changes accompanying depression is impaired sleep. Usually, this involves an inability to get enough sleep, whether because the person has difficulty falling asleep, repeatedly wakes during the night, or awakens much too early. Sometimes the person may sleep too much, caused by a desire simply to hide away in sleep or a fatigue so pervasive that there never seems to be enough sleep. When sleep is “non-restorative” – that is, the person does not awake feeling refreshed and rested – it becomes harder to face the day and deal with problems. Depressed people often feel that they lack energy and are exhausted by everyday activities.

One theory of depression is that it is caused by changes in brain function, a “chemical imbalance”. There is research showing that, for some depressed people, certain neurochemicals in the brain are less active. It is unclear, however, whether these changes in brain chemistry commonly cause depression. All we know is that depression is often associated with changes in brain chemistry.

The physiological changes of depression make it harder to cope with life problems or even to follow the steps of a depression management program like this one. Antidepressant medication can often be quite helpful in restoring sleep and regaining your sense of physical energy. It can allow you to actively learn and try out the new skills needed to overcome depression.

Action

Depression usually has a significant impact on a person's behaviour. Here are some of the main areas affected:

Not doing rewarding activities.

Hobbies, crafts, sports, reading, and travel may all suffer. Depressed people often feel too tired or unmotivated to pursue these activities, and the less they participate in them, the less they feel able to do so. Most depressed people suffer from *anhedonia*, reduced ability to have fun or get enjoyment from things. Why would you go to the movies, engage in hobbies, or do the things you used to enjoy if you didn't think you would enjoy them? Inactivity becomes a habit. As a result, the depressed person no longer receives the personal satisfaction provided by these activities, further contributing to the sense of discouragement.

Not taking care of yourself.

Activities designed to maintain one's body and appearance are frequently neglected. Depressed individuals may take less care in personal grooming or dress than usual. In addition, exercise is often reduced, whether this involves formal fitness activities such as jogging or simply walking around the neighbourhood. Eliminating exercise contributes to depression by removing a powerful source of physical well-being and increased self-esteem. As well, the depressed person often has disrupted eating habits, whether this means inadequate intake ("forgetting to eat") related to a lack of appetite, or overeating as a form of self comfort.

Not doing small duties.

A depressed person often neglects or procrastinates doing small, necessary duties, like running errands, taking out the garbage, cleaning house, or caring for the garden. Failing to complete these chores adds to the depressed person's sense of inadequacy and lack of control over life. It also creates friction with others and places further stress on relationships.

Withdrawing from family and friends.

Social invitations are refused, phone calls are ignored, and habitual get-togethers with family or friends somehow just don't happen. Social isolation is a strong contributor to depressed mood, taking you away from the warmth and sense of connection to others, basic to all of us. Depressed people often believe that others have no interest in their company, given how miserable or emotionally flat they are feeling.



MILD DEPRESSION

- Talking to family and trusted friends about how you've been feeling is usually a good thing to do. They can help you figure out solutions to some of the problems you've been dealing with; besides, just knowing that people care about you is helpful.
- Write about problems you're facing, your feelings and thoughts, and possible solutions. This can help you understand what you're going through and what choices you have.
- Speak to a family physician, psychiatrist or psychologist. A professional can help you figure out what's been going on and can make useful suggestions.
- In some cases, antidepressant medications can be helpful in overcoming **Mild Depression**. But for most individuals with Mild Depression, the answer does not lie in medication.

Learning and practicing the antidepressant skills in this guide is likely to be very helpful in overcoming Mild Depression.

MAJOR DEPRESSION

In addition to the actions described previously...

- Definitely see your family physician if you think you might be this depressed. **Major Depression** is a serious problem and should be diagnosed by a family physician, psychiatrist or psychologist.
- Antidepressant medications are the most commonly prescribed treatments for Major Depression and are usually effective.
- An equally effective treatment for most cases of **Major Depression** is Cognitive Behavioural Therapy

(CBT). CBT is a talking therapy that teaches new skills for thinking and acting more effectively. This guide is based on CBT methods.

- Yet another effective treatment is interpersonal therapy (IPT), a talking therapy that teaches new skills for dealing with partners, friends and family.
- For long-lasting or recurrent depression, the most powerful approach is to combine antidepressant medication with one of these kinds of talking therapy.

Learning and practicing the antidepressant skills in this guide is likely to help in overcoming Major Depression. BUT remember that the skills taught in this guide will not be enough by themselves to fix something this serious. If you have a Major Depression, you should seek professional help.



Medication is quite helpful in a number of cases. Many of those who take antidepressant medication experience a lift in mood and a reduction in other symptoms (such as loss of appetite or difficulty concentrating).

But medication is seldom a complete treatment for mood problems: it is also important to make changes in how you think about and handle your life. Don't use medication as a way of allowing you to keep living an unhealthy or unfulfilling lifestyle. Instead, medication

can give you the energy and mood lift you need to make changes (such as starting a regular exercise program, learning assertiveness skills, or defining and working toward your life goals).

Here are some additional points about medication:

Different medications work for different people.

It can take time to find a medication (or a combination of medications) that works well for a person without too many side effects. Side effects may include sleep difficulty, change in appetite and loss of sexual desire.

Never stop taking medication suddenly.

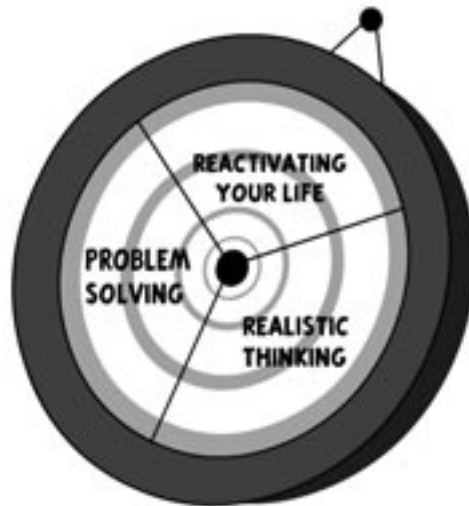
Some people have unpleasant reactions to discontinuing antidepressant medications. If you wish to stop a medication, consult with your prescribing physician. Usually you will stop in stages by gradually taking less over time.

Certain people benefit from taking medication for a long time.

For some people, antidepressant medication continues to have beneficial effects over the long term. Most people take medication for a while in order to get the strength to make positive changes, then gradually stop using it.

It can be tempting to stop taking a medication as soon as you get the level of improvement you want.

The result is often a rapid return of the problem. It is generally best to stay on the medication until your mood has been steady for a while. Reductions in medication may then be done gradually while your mood is monitored.

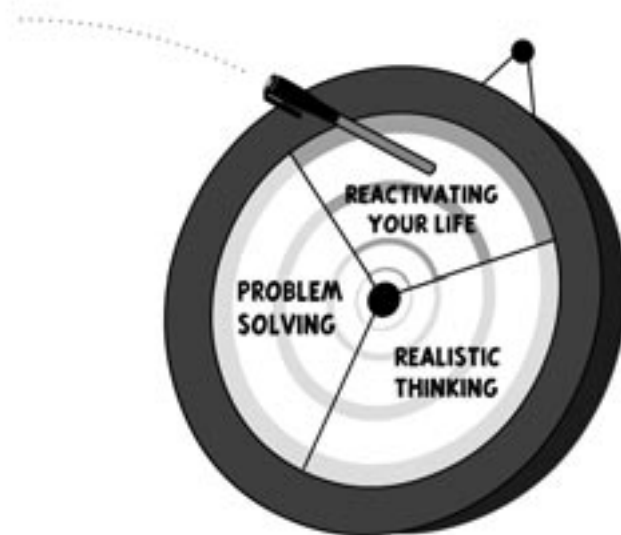


In this section, you will learn three skills that can stop your mood from sliding down, lessen your depression and help prevent it from happening again. **The skills are:**

Reactivating Your Life ■ **Thinking Realistically** ■ **Solving Problems**

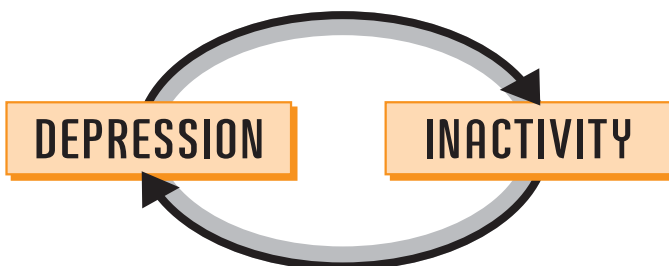
We will explain how each of these skills helps fight depression and show you in a step-by-step way how to use the skill. It's best to think about these skills the way you would if you were learning a new job or a new sport: *practice* is very important. Some people find it helpful to share this guide with a spouse, trusted friend, counsellor or family member – this person can help you keep practicing even when you feel low energy or unmotivated. If there's no one like that, then keep practicing the antidepressant skills. As you work through the skills, it will gradually get easier and the result is worth it.

Depression involves all areas of your life: your emotions, thoughts, actions, physical functioning, and life situation (including social support, family relationships, employment, finances, and so on). Each of these areas is connected to all the others. As a result, changes in one area produce changes in the others. When depression first develops, negative changes in one cause the others to get worse as well. But when you are working on getting better, changing one area leads to improvements in the others. The goal of treatment is to get all areas of your life spiraling upward, each producing positive change that improves the others.



During depression, most people don't do the things that normally keep their mood positive.

But if you stop taking care of yourself or doing the things you normally like, your life becomes more dull and depressing. Although it can feel as though you are comforting yourself by being less active, in fact you are probably helping the depression get worse. In other words:



Depression leads to inactivity, but inactivity makes depression worse. What seems like a good coping strategy actually tends to maintain or intensify depression. The solution: don't wait until you feel like doing more. Waiting actually makes it less likely that you will get better. And don't wait until you feel motivated – as you get better, you will regain a sense of motivation. Action starts first, motivation kicks in later. Setting goals to increase your activity level is a powerful method for managing depression.

The aim is to *gradually* get yourself moving even though you might not feel like it. These are the steps to gradually reactivating your life.

Step 1: Identify activities to increase

There are four main areas in which depressed people often reduce their activity. These are: Involvement with Family & Friends; Personally Rewarding Activities; Self-Care; and Small Duties.

In order to identify some goals to work on, take a moment to consider each of these areas. List some activities in each area that have been affected by depression (or that had been neglected even before the depression began) and that could be increased.

Personally Rewarding Activities

Examples:

Reading magazines. Walking in a natural setting. Doing crafts or hobbies. Planning travel. Seeing movies, plays, or games.

Increasing your activity in this area will make a difference because:

1. it reminds you of your own interests, the things that are important to you
2. it provides you with badly-needed rewards as your depression starts to lift

Your ideas:



Self-Care

Examples:

Getting dressed each day. Taking time to shower and get cleaned up. Exercising. Eating breakfast. Eating more nutritious food. (Lifestyle factors associated with reducing depression are discussed in the information sheets at the back of the book.)

Increasing your activity in this area will make a difference because:

1. it will directly enhance your sense of physical well-being
2. it helps remind you that you are a competent person

Your ideas:





Small Duties

Examples:

Opening the mail. Paying bills. Housecleaning. Grocery shopping. Running errands.

Increasing your activity in this area will make a difference because:

1. it increases your sense of control
2. it reduces tension with others as you begin to take on a share of the work

Your ideas:



Involvement with family and friends

Examples:

*Inviting people to do things. Keeping in contact with people where you used to live.
Returning phone calls. Getting out to a social group or class.*

Increasing your activity in this area will make a difference because:

1. it will help you regain a sense of being connected to others
2. it gives other people the chance to provide reassurance and support
3. it takes you away from being alone and thinking depressing thoughts

Your ideas:



Step 2: Choose two of these activities

Pick two activities that are most practical for you to begin changing now. Your first two choices should be from different areas.

Activity 1:



Activity 2:



Step 3: Set realistic goals

For each of the activities you have chosen, set a manageable goal for the coming week. Keep in mind that depression makes it difficult to get moving. As a result, you need to set your goals much *lower* than you ordinarily would.

For example, if you would like to start riding a bicycle again, your first goal might be to find your bicycle and

see whether it needs any repairs. If you would like to get the house cleaned up, your first goal might be to vacuum one room, or dust one shelf. If you want to socialize with people again, your first goal might be to talk to one friend on the telephone for five minutes.

To succeed, your goals must be:

Specific

Depression can make almost anything seem like a failure. You need to have a very clear idea of your goal so that you will know you have succeeded.

Realistic

You may find it tempting to set your goals based on how much you think you *should* be able to accomplish. Don't. Keep in mind that depression slows you down and makes things more difficult. Your goals should be easy enough to be achievable even if you feel very depressed in the coming week. Sometimes it seems overwhelming to think of starting a new activity. In that case, try setting the goal of gathering information related to the activity: for example, finding out what sorts of exercise activities are available in your local community centre.

Scheduled

You should have a clear idea when and how you are going to carry out your activation goal. *"Take a walk Thursday evening for 15 minutes"* is much better than *"Walk more."*

Step 3: Set realistic goals, *continued*

Here is an example:

Frank started with two goals: slightly increasing his level of physical activity (from none to one short walk each week) and increasing his level of social activity (from none to going out with his wife and daughter every two weeks). His goals looked like this:

ACTIVITY	HOW OFTEN?	WHEN EXACTLY?
Walk, 15 minutes	Once a week to start	Thursday evening
Going out with my wife and daughter	Once every 2 weeks	Saturday or Sunday evenings

He used his appointment book to write in each of these activities. After he did each activity, he checked it off in his book.



Step 3: Set realistic goals, *continued*

Try setting some goals that would be *realistic* to do this week. Decide how often or for how long you will do the activity, and when you will do it.

Now write your goals:



ACTIVITY	HOW OFTEN?	WHEN EXACTLY?
1.		
2.		

Think of your activity goals as appointments with yourself. Treat these goals as respectfully as you would an appointment with your physician. If you must cancel one of these appointments with yourself, reschedule immediately and don't miss it.

Note: Don't give yourself extra credit for doing more than the goal you set for yourself. If you do more, that's fine, but that doesn't allow you to miss the next appointment. If you let that kind of trade-off happen, your goals will soon be neglected.



It's a good idea to buy an appointment book to keep track of your goals. When you've done the goal, check it off in the book to show yourself what you've accomplished — in the early stages of getting better, *that's the reward.*

Step 4: Carry out your goals

It's important to realize that you probably won't "feel like" doing your activity goals. In depression, your motivation to do things is much less than usual. But if you wait until you feel like it, most likely nothing will happen. Do the activity because *you set a goal for yourself* and because *it will help you get better*. After you've done and checked off each goal, you will see what you've accomplished.

In the early stages of recovering from depression, it's likely that you won't get much enjoyment from your activities, but as you continue to increase your activity level and focus on recovery, you will gradually regain the ability to enjoy activities. You'll even regain the ability to motivate yourself!

If you completed a goal, did you congratulate yourself? If not, do so now. Depression is likely to make you focus on the things you *haven't* done, and ignore or downplay your accomplishments. This keeps the depression going, because you will constantly feel like a failure. Deliberately remind yourself of achievements, no matter how small they may seem. *"All right, I planned to walk around the block and I did it. Good."* Don't ignore small

victories or think they don't count. They *do*, especially during depression. If you find yourself minimizing your own achievement ("but that was such a small thing to do"), remember that completing small goals while depressed is like walking a short distance with a very heavy pack. Meeting goals while depressed is challenging and deserves to be recognized.

If you didn't succeed, what got in the way? What can you do to make the goal easier? Recognize that your goal may have been too ambitious. Try making it smaller for next week, or substitute a different goal. Depressed people often set their goals *too high*, fail to reach them, and become discouraged. The problem is not that they are lazy, but that they are too eager to get well!

Scale back to something you are sure you can do, *even if you feel no better this week than you did last week*. Washing one dish, making one phone call, opening one bill, walking around one block, or spending five minutes at a hobby: these are all perfectly reasonable goals. As your energy comes back you will be able to do more. But for now, allow yourself to get started slowly.

Step 5: Review your goals

After two weeks of doing these goals, review the situation.

- Do you want to increase the goals slightly or keep doing them at the same level until it feels pretty comfortable? It's your choice.
- This is a good time to add another goal. Pick one from another area. For example, if you had Self-Care and Personally Rewarding Activities goals before, choose one from Involvement with Family & Friends or from Small Duties.

New Activity:



ACTIVITY	HOW OFTEN?	WHEN EXACTLY?

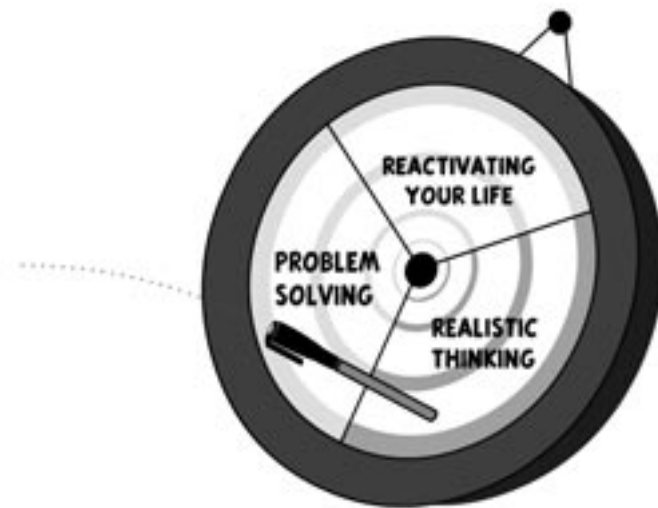
Write the new goal into your schedule along with the 2 continuing goals. Remember, check off the activity goal as you do it and praise yourself for completing it.

After two weeks of doing these goals, review the situation again. Are there any goals that were not getting done? What got in the way? Do you need to reduce or change the goal?

Keep going! Continue to set your ongoing goals, and consider adding additional goals as your energy permits. If you complete a task (for example, if you have now finished gathering information about recreational activities in your community), then move on to a new goal. Keep using the procedure:

- Set your 3 goals.
- Write them in your schedule.
- Check off each goal as you do it.
- Praise yourself each time.
- Review the goals every two weeks to decide if they need modification and whether you are ready to add a new goal.

Eventually, you'll be working on 3-4 goals at a time or maybe more. Don't get carried away, though: having too many goals can get overwhelming.



Negatively distorted thinking feeds into depression. We call it *depressive thinking*.

Depressive thinking is *unrealistic and unfair*:

- unrealistic, negative thoughts about your situation;
- unrealistic and unfair, negative thoughts about yourself;
- unrealistic, negative thoughts about your future.

The aim is to challenge depressive thinking and replace it with realistic thinking.

Realistic thinking is:

- accurate about your situation, seeing things clearly as they are;
- fair about yourself, looking in a balanced way at the positive and negatives in your life;
- accurate about your future, not exaggerating bad outcomes.

So what's the goal in dealing with depressive thinking? Is it to think positive thoughts all day long? Do we want to kid ourselves that nothing bad will ever happen?

No. Overcoming depressive thinking doesn't mean replacing it with positively distorted thinking (*everyone loves me, nothing bad will ever happen, I will always get what I want*). The point is that thinking in an unrealistic way, whether positive or negative, causes us to feel and react inappropriately. The aim is to evaluate our lives and ourselves in a realistic manner. The goal is **fair and realistic thinking**.

That means being fair and realistic about yourself (paying attention to good qualities and strengths as well as problems), about your current situation (weighing the positive and negative aspects of your life accurately) and about your future (not exaggerating the likelihood of very negative outcomes). So, how do you change depressive thinking?

Following are the steps . . .

Step 1: Learn to identify depressive thoughts

Depressive thoughts are unfair and unrealistic. They are *distorted* because they are inaccurate reflections of how the world is or how you are. The table below (and continued on the next page) describes some common forms of distorted thinking in depression¹:

Filtering.

In this kind of depressive thinking, you only look at the bad, never the good. Because all you see is the negative side, your whole life appears to be negative. **But realistic thinking equally considers positive and negative aspects of your life.**

Overgeneralization.

In this kind of depressive thinking, one negative event seems like the start of a never-ending pattern. If one friend leaves, they all will. If you fail the first time, you'll fail every time. **But realistic thinking recognizes that one disappointing situation does not determine how other situations will turn out.**

All or Nothing Thinking.

You see the world in terms of extremes. You are either fat or thin, smart or stupid, tidy or a slob, depressed or joyful, and so on. There is no in-between. Gradual progress is never enough because only a complete change will do. *"Who cares that I did half of it? It's still not finished!"* **But realistic thinking sees people and events as falling somewhere between the extremes, towards the middle, where most things are found.**

Catastrophizing.

A small disappointment is seen as though it were a disaster. For example, you were slightly late in completing a small project, so your entire month is ruined: you react to the imagined catastrophe (a terrible month) rather than to the little event (a late project). **But realistic thinking sees events in their true importance, not overemphasizing negative events.**

Labeling.

You talk to yourself in a harsh way, calling yourself names like "idiot", "loser", or whatever the worst insults are for you. You talk to yourself in a way you would never talk to anyone else. **But realistic thinking doesn't use these kind of insults because they are not fair, you wouldn't talk to anyone else that way, and they are unnecessarily discouraging.**

¹ These types of distorted thinking are described in an excellent book, *Feeling Good* by David Burns (Avon, 1992).

Step 1: Learn to identify depressive thoughts, *continued*

Mind-reading.

You feel as though you know what others are thinking about you, and it's always negative. So you react to what you imagine they think, without bothering to ask. **But realistic thinking recognizes that guessing what others think about you is likely to be inaccurate, especially when you are depressed.**

Fortune-telling.

You feel as though you know what the future will bring, and it's negative. Nothing will work out, so why bother trying? **But realistic thinking recognizes that you don't know how things will turn out: by staying open to the possibility of positive results, you'll be more hopeful and more likely to make things better.**

Perfectionism.

It's only good enough if it's perfect. And because you can't make most things perfect, you're rarely satisfied and can rarely take pride in anything. **But realistic thinking gives credit for accomplishments, even if the result is less than perfect. Few of us reach perfection in what we do, but our achievements are meaningful.**

Shoulds.

You think that you know how the world should be, and it isn't like that. You know what you should be like, and you aren't. **Result: You are constantly disappointed and angry with yourself and with everyone around you. But realistic thinking understands the limitations of the world and of yourself — trying for improvement but also accepting how things are.**

There are other types of depressive thinking, but these are some of the most common ones. When you catch yourself thinking depressively, it can be useful to look at this list to see if you are using one of them.

Step 2: Recognize your own depressive thoughts and how they trigger low mood.

Most thinking is so quick and so automatic that we don't even realize we are doing it. We must learn to become aware of depressive thinking as it occurs. An excellent strategy is to carry around pencil and paper for a week.

Although depression can seem like a constant dark cloud, it actually varies over the course of the day. Every time your mood sinks, ask yourself this important question:

“What was going through my mind just then?”

What were you thinking about? What were you reacting to? Write this down. For example, perhaps getting on

the bus one morning you suddenly felt a deepening of the gloom you've been feeling. What was going through your mind just then? Perhaps you noticed that everyone on the bus was facing you, and you had the thought that they were judging you negatively. Excellent! Write it down.

Keep recording your thoughts until you notice that the same kinds of depressive thinking come up again and again. You might find yourself placing a checkmark beside some of the thoughts you wrote down earlier. “*Oh, that one again.*” When this happens, you have probably identified the most common kinds of depressive thinking you do.

Write some of these depressive thoughts here:



Then what? Some of your depressive thoughts may seem obviously distorted. *“Wait, the reason they were facing me on the bus is that I was at the front, not because they wanted to look at what a loser I am!”* It can sometimes be enough just to know that your mind generates depressive thinking in certain kinds of situations. Try to become aware of the depressive thinking as it happens and remind yourself where it comes from. *“I think this way because my mood is low and because I was a self-conscious kid – not because they were all judging me.”* You may find that you take the depressive thoughts

less seriously once you know where they come from. When you become aware of depressive thoughts you may feel tempted to attack yourself. *“How could I think such stupid thoughts?”* Depression causes you to be self-critical, and recognizing depressive thinking can give you one more way to beat up on yourself. **Don't.** Instead, remind yourself that depressive thoughts are the product of low mood and of your personal history. You are not stupid for having them. They are *normal* during depression.

Step 3: Learn to challenge these depressive thoughts and replace them with fair and realistic ones.

Challenging depressive thoughts involves deliberately **rethinking** the situation that got you upset. To do this you can use a strategy called Challenging Depressive Thoughts. Take a piece of paper and divide it into

columns, like the example below. There's a sample of this form at the back of the manual. Feel free to photocopy it if you wish.

Challenging Depressive Thoughts

Situation: *Friend cancels lunch date.*

DEPRESSIVE THOUGHT	REALISTIC THOUGHT
She doesn't like me. <i>(Mind-reading)</i>	I don't know why she cancelled; maybe something urgent came up. It's only lunch.
No one likes me. I'm unlikable. <i>(Overgeneralization)</i>	Some people do seem to like me, so I must be likable.
The world is a cold and rejecting place. <i>(Catastrophizing)</i>	This lunch doesn't mean much about the world as a whole. I've been accepted before.
I'll always be alone. <i>(Fortune-Telling)</i>	I can't tell the future. One lunch doesn't mean no one will ever like me.

First, make a brief note of the situation. Some examples: *"Talking to daughter," "Walking to work," "Planning to make dinner."* Next, write down the negative thoughts that seem related to how you feel. If you like, you can try to classify the type of distortion involved (as shown above).

Finally, think about the situation and try to come up with a more fair and realistic assessment of the situation. Hint: Depressive thinking often goes way beyond the facts. Often the fair and realistic thought is simply to remind yourself that you don't have enough information to know for certain what's happening. *"I don't know why she cancelled lunch; there might be hundreds of possible reasons."*

Step 3: Learn to challenge these depressive thoughts and replace them with fair and realistic ones, *continued*

Calling yourself insulting names like “idiot” will cause you to feel more discouraged; as a result, you may give up on a task. But giving yourself encouragement and fair evaluation is likely to result in trying harder, which increases the odds of a successful outcome.

When you're down or depressed, it's not easy to come up with fair and realistic thoughts. Here are some questions that will help you do this.

Depressive Thought:



Can I get more evidence, like asking someone about the situation?

Would most people agree with this thought? If not, what would be a more realistic thought?

We are often much more realistic about other people than about ourselves.

What would I say to a friend in a similar situation?

What will happen if I continue to think this way?

What is another way of thinking that is more encouraging or useful?

Step 4: Practice realistic thinking.

It's not enough to come up with a fair and realistic thought just once. Depressive thinking gets repeated over and over, sometimes for years, until it becomes automatic. More balanced thinking will help you to feel better, but it won't be automatic – at least not for a while. The good news is that changing depressive thinking doesn't take years: in fact, depressed people often begin to notice emotional differences after only a few weeks of practicing this antidepressant skill.

Certain kinds of situations can really trigger depressive thinking. Situations likely to trigger depressive thinking might include meeting with your boss, attending a social gathering with people you don't know well, or having a disagreement with a family member. In order to get the greatest benefit from this approach, you must catch yourself in situations that normally trigger depressive thoughts for you.



Try to think of a few situations where you often have depressive thoughts.

Write them here:

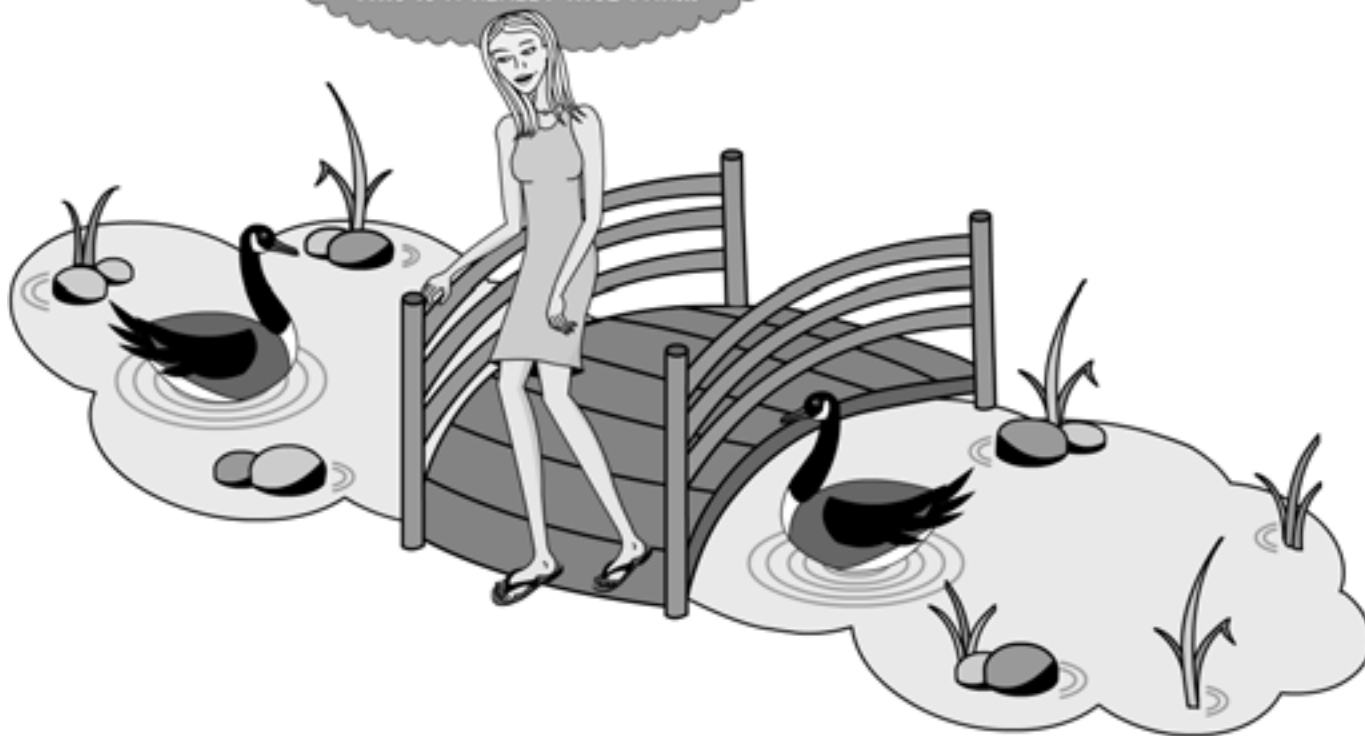
1. _____
2. _____
3. _____

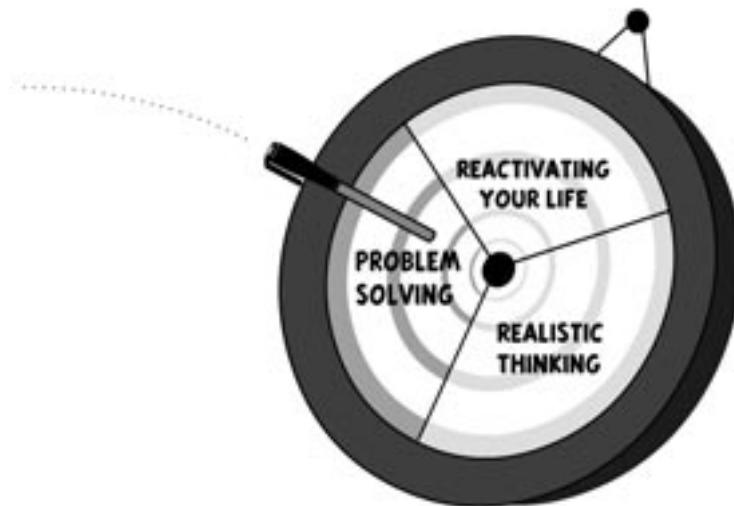
Step 4: Practice realistic thinking, *continued*

When you find yourself in these situations, deliberately rehearse your fair and realistic thinking. Don't assume that it will happen on its own. You will have to tell yourself how to look at the situation, just as you might give advice or encouragement to a friend. **Talk back to the depressive thinking.** Don't allow depressive thinking to happen without replying to it. Every time you talk back, you make the depressive thinking weaker and the realistic thinking stronger. But it takes time before realistic thoughts have more influence over you than depressive ones.

You will probably find that, for the first while, the realistic thinking sounds false to you. For example: you've been thinking in a perfectionistic way about your work, telling yourself that *"my work has to be 100% or else it's worthless,"* but you are given very little time to complete each task, so you often feel like a failure. You realize that this is unrealistic thinking and come up with the fair and realistic thought that *"achieving 80% is acceptable in this job, given the time I have; that's all anyone else accomplishes."* At first, this realistic thought will seem false, as though you are just fooling yourself. Only with time and repetition does realistic thinking – the **truth** – begin to feel true to you. Eventually you will come to accept realistic thoughts.

I TRIED MY BEST. CALLING MYSELF NAMES ISN'T FAIR. I DO HAVE FRIENDS AND I'VE DONE O.K. AT WORK. THIS IS A REALLY NICE PARK.





Depression is often the result of life problems that have become overwhelming. The strategies for solving them have been ineffective, or may even have made them worse.

Why is it that as people get depressed, their ability to solve problems declines? There are several reasons:

- Solving problems takes energy. As depression worsens, the energy level declines.
- Everyday problems take a backseat to a bigger problem – the depression itself. Because the person becomes so concerned about the mood problem, other problems slide and get worse.
- Depression causes difficulties in concentration, memory, decision-making ability, and creativity. Most problem-solving requires all of these skills.

Given all of these factors, it is no great surprise that problems don't get solved and instead pile up. What can be done? First, recognize that your problem-solving ability may not be as good as it usually is. Don't beat yourself up over this. It is a normal symptom of depression, and it does get better. Then sit down and follow these next steps...

Step 1: Choose a problem

The first step in problem solving is to choose a problem. Sometimes, depressed individuals have difficulty identifying specific problems in their lives – they see everything as one huge problem. For them, identifying particular problems worth tackling is quite helpful. It brings them closer to finding realistic answers.

One way to identify problems is to pay close attention to how your mood changes through the week. Notice what's happening when your mood goes down: what were you thinking about; where were you; and what

Choose one of the smaller problems that is happening now. Later, you can move up to larger problems. Try to be specific. For example, "My relationships are a mess" isn't specific: it's not clear what the problem is.

happened just before your mood changed? Changes in your mood can be a helpful guide to show you where the problems are.

Some of your problems might be large ones (for example, *"I have an eviction notice that comes up next week"*) while some are small (*"I'm going to need carrots if I want to make that salad tonight"*). Other problems are somewhere in between (*"There's a pile of mail on my desk that I haven't had the courage to look at in over a week"*).

"My best friend hasn't called me in a month" is more specific and makes it clear what is going wrong and what you want to change.

The problem you choose is:



Step 2: Think of actions to help solve the problem

Write down three things you could do to help solve the problem. Consider things you can do that don't depend on somebody else. Don't try to decide which one is best: just come up with different actions you might carry out. Don't worry if you tried something before and it didn't

work – situations change. And don't worry whether the actions will solve the problem completely – your aim now is to be doing something useful, not to fix the whole problem.

Here is an example:

It was done by Amy, employed as executive secretary to a senior manager.

The Problem:

My workload is overwhelming – files are piling up in my tray and, even though I work long hours, I keep getting further behind. I've told my boss that the workload has been growing quickly, but she doesn't do anything about it. The whole situation seems out of control and I'm starting to feel pretty depressed.

Possible Actions:

1. Just keep going, maybe my boss will notice how overloaded I am and she will get another employee to take over some of the work.
2. March in to my boss's office and let her know that I've had enough, ask her to stop making unreasonable requests.
3. Write down all the jobs that are on my desk, then note which ones are urgent to do *today*, and which ones need to be done *this week*, *this month* or *this century*. That way, I'll be focusing my energy on the highest priority tasks and I can plan ahead a little more effectively.

Step 2: Think of actions to help solve the problem, *continued*



Write three possible things you might do about the problem you've identified.

The Problem:

Possible Actions:

1.

2.

3.

Step 3: Compare these actions

Consider which of these actions are most likely to help the problem. Look at the advantages and disadvantages of each one.

This is what Amy wrote:

ACTION	ADVANTAGES	DISADVANTAGES
1. Just keep going	<ul style="list-style-type: none"> ■ It's what I'm used to doing ■ I won't get into conflict 	<ul style="list-style-type: none"> ■ It will probably keep getting worse ■ If I fall behind much more, I could get into big trouble ■ I'll become even more depressed
2. Let my boss know that I've had enough	<ul style="list-style-type: none"> ■ I'll be speaking my mind ■ My boss might fix the situation 	<ul style="list-style-type: none"> ■ I don't enjoy confronting people ■ My boss might get angry with me for being so direct, and this might become a new problem
3. Prioritize my jobs	<ul style="list-style-type: none"> ■ I can catch up with the urgent jobs ■ That would take some pressure off so I can look for other solutions ■ I would feel more in control of the situation, that would help my mood 	<ul style="list-style-type: none"> ■ I'll still need to deal with the workload problem at some point

Step 3: Compare these actions, *continued*



Now it's your turn:

ACTION	ADVANTAGES	DISADVANTAGES
1.		
2.		
3.		

Step 4: Pick the best one

Look over the advantages and disadvantages for each action and decide which one is best (or perhaps least bad). There are no fixed rules for how to make this choice: the only rule is that one of the actions must be chosen so that you can begin. Look over the possibilities, think about the good and bad points of each, then just pick one. It should be an action that takes you at least partway towards a solution. Give yourself a limited time to make this decision so it doesn't drag on. Remember, if you start to move in one direction and discover that it really doesn't work, you can try another action.

Amy, the overworked secretary, chose her third action, prioritizing her jobs so she could focus on the most urgent ones.



Which action do **you** choose?



Step 5: Make an action plan

There aren't very many problems that you will solve completely with just one action. But there might be many actions that will take you partway toward a solution. If you have a financial problem, for example, then perhaps your first action should be to gather the

paperwork together so that you can look at it. Just gathering the paper won't solve the problem, but it will take you closer to a solution than you were before. The important thing is to get started on a solution.

Your plan of action should follow four rules that can be abbreviated as **M.A.S.T.**

In other words:

Manageable. Even if you don't feel any better in the coming week than you did last week (even if you feel a little worse), you could do it anyway. It's better to accomplish a goal that is too small than to fail at an ambitious one. Here's a *bad example*: For my first time out, run a marathon. *Better example*: Walk one block.

Action-oriented. Make a plan for what you will do, not how you will think or feel while you are doing it. You have a certain amount of control over what you do, but you have less control over your emotions and thoughts. *Bad example*: Spend a pleasant hour with my children. *Better example*: Spend one hour with my children.

Specific. It should be very clear what you need to do. *Bad example*: Get in shape. *Better example*: Phone the community centre to find out whether they teach yoga.

Time-limited. Your plan should take only a short time to carry out. Don't plan to change your style forever. *Bad example*: Keep up regular exercise for the rest of my life. *Better example*: Walk 20 minutes three times a week, review after two months.

What's the plan, exactly?



Step 6: Evaluate

Come back to this section when a week has passed or when you have achieved your goal.

What was the outcome? What went right? What went wrong?



Depressed mood will tempt you to dwell on failures and on the things you haven't done, rather than to congratulate yourself on any progress you have made. If you

succeeded at your goal, deliberately make yourself think about that success (even though the problem still hasn't been solved).

Step 7: Move On

Use this experience to plan your next step.

You have three main options:

Keep going. *Example:* Spend another 20 minutes finding the papers.

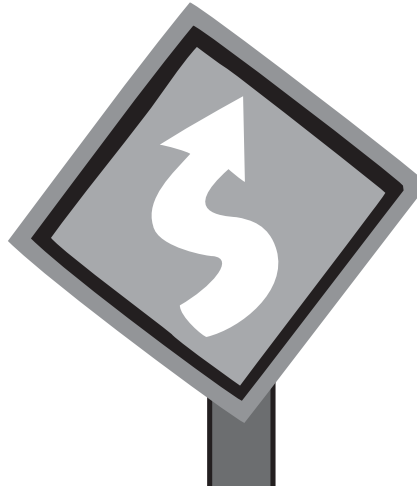
Revise your goal and try again. *Example:* Cleaning the garage for one hour was too difficult, so plan to work on it for just 10 minutes instead.

Take a new approach. Perhaps you learned something useful from your first effort that suggests another way of handling the issue. *Example:* Talking face to face with Aunt Sarah didn't work, so write her a letter instead.

Based on your experience, what is the next step?



Keep working on this issue in a step-by-step manner. Record your efforts on paper. Keep reminding yourself about the progress you make.



Major depressive episodes end. It often doesn't feel as though they will, but they do. Unfortunately, many people go on to have another episode months, years, or decades later.

Is there anything you can do to reduce the risk of relapse? Yes. You may or may not be able to eliminate the possibility of having another episode. But you can make episodes less likely, less severe, and less frequent.

Keep up your efforts

When you feel terrible, it's obvious that you need to make your mental health a real priority. When you feel

better, it can be tempting to forget all about taking care of yourself. If you feel "good enough", you may want to stop working away at activity increase, realistic thinking, and problem-solving.

Think about the strategies you have been using to cope. Are there some that you will need to keep up over the long term, even after you feel better?

What strategies do I need to keep up?



Plan ahead for stress

We all have difficult times in our lives – some of us more than others. For the person who has recently recovered from depression, stressful times may be a risk factor for relapse. The solution is not to avoid all possibility of stress (which none of us can do), but to plan ahead to manage the stress effectively.

Some stressful events can be predicted. Perhaps you know that on a certain date you will go back to work. Perhaps Christmas is always stressful for you, and December is coming. Perhaps a stressful family gathering is scheduled. Perhaps you are expecting a baby, whose birth will bring many demands. You can plan ahead for these events to make them less difficult.

Here are some strategies:

When possible, introduce the stress gradually. If, for example, you are returning to work soon, you might check to see if you could go back part-time at first.

Lighten up on ongoing responsibilities. If you are taking a night school course, for example, give yourself permission to eat out more often or have a slightly less tidy home.

Keep up your self-care. How do you keep yourself balanced? Don't give these things up when you need them the most. If a weekly lunch with a close friend is important to you, keep doing it. If exercise helps a lot, do everything you can to keep exercising during stressful times.

Create a Mood Emergency Action Plan

If you plan ahead for a relapse, you may be able to get help faster than last time. As a result, the depression may not become as severe, last as long, or be as difficult to recover from. By planning a course of effective action ahead of time, you may not be as anxious, and

you may actually reduce the possibility of a return of the depression.

If you were to become depressed again, what are some of the things that you could do to help yourself and get better as quickly as possible?

Here are some areas to think about:

Increase rewarding activities. Use the steps in the section called “Reactivating Your Life”.

Reduce your obligations. How could you plan ahead to scale back the demands on your energy in the event of depression? For example, perhaps you could get an agreement in advance to reduce your work hours or to get help with childcare from a family member.

Get professional help. Consider giving permission to a few friends or family members to tell you (or perhaps your doctor) when they notice your mood seems to be sliding.

Get support. Who could help you and what kinds of help would you need? Perhaps you need someone to talk to, or maybe you would prefer practical help – like assistance with grocery shopping.

Manage your lifestyle. A mood decline is no time to stop exercising, or getting out of the house, or eating properly, or keeping a good sleep schedule. What are the lifestyle factors that help your mood the most?

Take some time to think about how you could get to work early in a depressive episode to prevent it from getting worse. What would have helped this time? Use the list above as a starting point and make up a clear plan of action.



Congratulations! You have now made it to the end of this guide to managing depression. Of course, just reading the guide isn't enough. To get the benefits of these well-researched and effective techniques, you have to actually put them into action in your life.

It's worth the effort. *You're* worth the effort.



THE STORY OF MARGARET

Here is the experience of one person who used these methods effectively.

Margaret is a married teacher in her mid-30s who came to her family physician with symptoms of depression. She had recently transferred to an inner city school, attracted to the challenge of the work. But she found she could not accomplish what had been normal for her, although she worked long hours. She began to sleep poorly and to worry almost all the time. She criticized herself in a harsh manner for not doing as well as she expected. Her mood began to drop until she felt miserable. This made it more difficult to perform her job and she became even more self-critical and depressed.

Antidepressant medication was prescribed by her family physician. This helped her sleep, raised her energy level and greatly reduced her emotional suffering.

When she read through the section on **Reactivating Your Life**, she realized that she had been avoiding her friends since she took the job and especially since she became depressed. She set the goal of meeting a friend once a week for tea. Later on she increased this to include

other social activities. After the first month, she added moderate exercise as a goal.

When she read through the section on **Thinking Realistically**, she recognized several cognitive distortions: she had a very self-critical way of thinking; she expected herself to perform perfectly; and she ignored praise from others. She used questions from the self-care guide to come up with more fair and realistic ways of thinking: *What evidence do you have?* She had received positive evaluations and a colleague told her she was doing as well as possible in the situation. *What would you say to a friend in the same situation?* She wrote out the fair and supportive words she would say to a friend, then practiced saying them to herself. *What is a less extreme way of looking at the situation?* She wrote down some more realistic thoughts about the job situation, then reminded herself of these whenever she noticed the unrealistic, negative thoughts.

The combination of antidepressant medication and self-care methods led to a gradual improvement in her depression, a more fair and accepting attitude towards herself, more realistic self-expectations, and more enjoyment of her life.



SUGGESTED READING

ON DEPRESSION AND RELATED TOPICS

Burns, David D. Feeling Good (1992, Avon Books) or The Feeling Good Handbook (1999, Plume Books). Extremely successful self-help books on depression and anxiety. The emphasis is on specific exercises to carry out.

Catalano, Ellen Mohr (1990). Getting to Sleep. Oakland: New Harbinger Publications. A useful book that describes a variety of sleep problems and offers concrete suggestions for dealing with them.

Paterson, Randy (2002). Your Depression Map: Find the Source of Your Depression and Chart Your Own Recovery, New Harbinger Publications, Inc. A guide to developing individualized strategies for recovering from depression.

Greenberger, Dennis and Padesky, Christine (1995). Mind Over Mood. Guilford Publications, Inc. A hands-on workbook for therapy clients suffering from depression, panic attacks, anxiety, eating disorders, substance abuse, and relationship problems.

Cronkite, Kathy (1994). On the Edge of Darkness. New York: Delta. First-person accounts from well-known people who have been through serious depression.

Seligman, Martin E. P. (1992). Learned optimism. New York: Simon and Schuster. How to overcome a sense of helplessness in your life.

USEFUL INFORMATION AND WORKSHEETS



The Canada Food Guide

Guidelines are per day for adults. The actual amount of food needed depends on your age, body size, and activity level. The guide recommends choosing low-fat alternatives where practical.

Grain products:

5-12 servings. Examples of a serving: one slice of bread; 30g of cold cereal; 3/4 cup of hot cereal; half a bagel; half a cup of pasta or rice.

Vegetables and fruit:

5-10 servings. One medium size vegetable or piece of fruit, one cup of salad, half a cup of juice.

Milk products:

2-4 servings (more if pregnant or breast-feeding). One cup of milk, 3/4 cup yogurt, 50g cheese.

Meat and alternatives:

2-3 servings. 50-100g meat, poultry, or fish, 1-2 eggs, 2/3 cup beans, 1/3 cup tofu, 2 tbsp peanut butter.

Food is the most obvious source of our energy. When we are depressed, however, our diet often suffers. Some people overeat. A more common problem is lack of appetite. If this occurs, it is important to remember that although you may not feel particularly hungry, your body's need for fuel continues. Here are some tips on keeping up adequate nutrition during difficult times.

Eat regular meals. It is usually easiest to eat (and to control what you eat) if you keep to a routine. Try to have three set mealtimes per day. Ensure that you have enough food at home for all three.

Eat by the clock, not by your stomach. If you have lost your appetite, push yourself to eat at mealtimes anyway. If you have been overeating, try to eat only at mealtimes while sitting at the table.

Make it easy. The important thing is to eat, not to cook. Buy foods that are easier to prepare (but keep an eye on their nutritional value).

Make extra. You can cut your preparation time by making larger amounts and refrigerating or freezing certain dishes for reheating later.

Make it healthy. Stock up on nutritious food and snacks using the Canada Food Guide (see the box).

Watch your sugar intake. Avoid eating too much refined sugar. Complex carbohydrates are generally preferable (particularly whole grain products, brown rice, and potatoes).

Avoid dieting. Avoid strict diets, even if you wish to lose weight. It is much better to adopt healthy (rather than restrictive) eating habits and increase your activity level. Ask your physician for advice before attempting to lose weight.



PHYSICAL ACTIVITY

Regular physical activity is related to improved mental and physical well-being. Recent research indicates that physically fit people are less vulnerable to depression, and that regular exercise can markedly reduce symptoms of depression for many people.

Exercise affects mood in four ways. First, it can produce a brief “runner’s high” just after exercising in some people (during depression this effect may not occur). Second, after a few weeks of regular exercise (three to four times a week, at least 20 minutes at a time), a general improvement in mood tends to begin. Third, improvements in physical fitness are associated with improved energy, which can enable you to do more. Finally, exercise can be a good way of “burning off” stress when you are feeling tense.

Here are some tips for developing an exercise program:

Get a physical. Before starting, ask your physician about any limitations on your activity.

Pick the right activities. The biggest challenge is keeping at it. Pick activities that you really enjoy. Both aerobic (cardiovascular) exercise (in which your heart rate accelerates into a target range for 20 minutes or more) and anaerobic exercise (such as weight training or yoga) have shown positive effects on mood. Select the type that suits you best. Variety also helps: pick more than one activity and alternate them.

Stretch and warm up first. Learn how to do stretching exercises properly, then make sure to do them before each exercise session. This can help reduce the likelihood of exercise-related pain or injury.

Frequency is more important than duration. Regular short periods of exercise (three to four times a week) are better than irregular long periods.

Focus on enjoyment. People who exercise for enjoyment and challenge seem to show bigger mood improvements than people who exercise mainly to look better. Try to put an emphasis on how you will *feel* rather than how you want to look.

Monitor if bipolar. The effect of exercise on bipolar (manic-depressive) mood problems is less clear than for other forms of depression. Strenuous exercise during a manic episode or upswing in mood may aggravate the problem in some cases. Gentler exercise at these times may be preferable.

Nothing changes overnight. Use goal-setting when developing a fitness program, and be sure to pick something achievable. For example, aim to swim once for five minutes rather than starting off by committing yourself to a daily 70 laps.



Stress, anxiety, and depression often disrupt sleep, but this sleep disruption can lead to even more anxiety and depression. In other words, sleep difficulties are a cause and an effect of mood problems. Regardless of which came first, it can be worth the effort to work on getting a good night's sleep.

Here are some tips:

Avoid over-the-counter sleeping medication. Although it may help you to fall asleep, the type of sleep you get will usually not be as helpful as normal sleep. Instead, take sleeping medication only as directed by your physician. If you do take sleep medication, remember that the mark of its success is how you feel during the day, not whether it actually puts you to sleep. Report the results to your physician.

Set a standard bed-time and rising time. Your body operates on a 24-hour cycle that can be disrupted by going to bed and getting up at different times. This is what causes jet lag: not the air travel, but the change in sleeping hours. Having regular hours for going to bed and getting up can help to set your internal clock.

Don't go to bed too early. If you never get to sleep before 1 a.m., don't go to bed before 12. Want to get to sleep earlier? Start by setting your bed-time between 30 minutes and an hour before the time you have normally been getting to sleep. Then gradually begin going to bed earlier (by, say, a half-hour a week).

Save your bedroom for sleep. Avoid associating this area with activities that are inconsistent with sleep – like working, eating, arguing, exercising, using the telephone, watching television, and so on. Sex, though, is fine.



Create a good sleep environment. The best bedroom temperature for most people is 18° to 21° (65°F to 70°F). If noise is a problem, some options include earplugs, soundproofing the room (cloth hangings can help a bit), and devices that emit white noise (e.g., fans or special noise machines). Eliminate hourly watch beepers or clocks that gong. If a restless bed partner is a problem, consider a larger bed, special mattress, or even twin beds for a time.

Avoid napping during the day. Unless, that is, you are a great 20-minute napper. Longer daytime naps can disrupt your ability to get to sleep at night.

Prepare for sleep. Avoid strenuous activity, exercise, heavy meals, and bright light for at least one hour before going to bed.

Practice breathing or distraction strategies when attempting to get to sleep. Focusing on your worries or on how much you need to get to sleep will only keep you awake. Practice any mental exercise that takes your mind away from these topics.



CAFFEINE

Caffeine stimulates the sympathetic nervous system, which governs the stress response. If your depression comes with a lot of anxiety, the last thing you need is a chemical that makes the stress response system more active. Caffeine can also aggravate tension headache, irritable bowel syndrome, chronic pain, and other physical problems.

Caffeine is an addictive drug. Heavy users can become psychologically dependent on it, develop tolerance (meaning that more caffeine is needed to get the same effects), and undergo withdrawal if they don't get it. Withdrawal symptoms include headache, drowsiness, irritability, and difficulty concentrating. Many people discover that they are dependent on caffeine when they go for a day or two without coffee and develop splitting headaches.

How much caffeine does it take to become dependent on it? Estimates vary, but 450 milligrams per day is about average. Some people are more sensitive, others less. Use the table below to calculate your average daily consumption. Notice the small serving sizes. Your coffee cup may hold three or four of these!

If you decide to try reducing your caffeine intake, do so slowly to avoid the withdrawal symptoms. Drop your intake by about half for 4-6 days, then half of the remainder, then half again until you are drinking no more than 2 cups per day.

Substance	Amount in mg		# per day		Total
Coffee					
Drip (5 oz.)	130	x	_____	=	_____
Instant freeze-dried (5 oz.)	70	x	_____	=	_____
Decaffeinated (5 oz.)	3	x	_____	=	_____
Espresso drinks (1 shot)	90	x	_____	=	_____
Tea					
5-minute steep (5 oz.)	60	x	_____	=	_____
3-minute steep (5 oz.)	35	x	_____	=	_____
Other					
Hot cocoa (5 oz.)	10	x	_____	=	_____
Regular or diet cola (12 oz.)	45	x	_____	=	_____
Most other soft drinks (12 oz.)	0	x	_____	=	_____
Small chocolate bar	25	x	_____	=	_____
Total				=	_____



DRUGS AND ALCOHOL

One of the reasons that depressed people use recreational drugs and drink alcohol is that these substances can make them feel better in the short run. But, in the long run, they can make depression worse:

- Problems are avoided rather than dealt with.
- Performance at work, at home, and in social situations is impaired.
- Psychological and/or physical dependence can develop.
- Physical health can be impaired.

During periods of depression, alcohol and drug use may seem particularly tempting. But, at these times, using such substances is a bad idea. Your tolerance for their effects and your ability to control your use may both be lower than usual. The situation usually requires concrete, constructive action rather than a retreat into substance use. As well, drugs and alcohol interact with many prescription medications, including most of the medications prescribed for anxiety and depression. In general, then, it is best to follow these guidelines for a sustaining and sustainable lifestyle:

- Avoid using alcohol or recreational drugs during periods of depression or severe stress.
- Avoid using alcohol or recreational drugs if you have a personal or family history of substance abuse.
- Even if you are feeling fine and have no history of abuse, adopt a personal policy to use these substances only in moderation.

The prospect of eliminating alcohol and drug use from your life can be a daunting one. Remember that while using none is best for some people, reducing your intake is better than becoming overwhelmed and giving up. Use the principles of goal-setting to help you examine the problem and overcome it a bit at a time.

If your use of drugs or alcohol is altogether out of your control, you are in good company: many people have had this problem. A number of organizations exist that can help you to regain control. Ask your physician for more information.

COMING UP WITH REALISTIC THOUGHTS

Depressive Thought:

Can I get more evidence, like asking someone about the situation?

Would most people agree with this thought? If not, what would be a more realistic thought?

We are often much more realistic about other people than about ourselves.
What would I say to a friend in a similar situation?

What is a less extreme way of looking at the situation?

What will happen if I continue to think this way?

What is another way of thinking that is more encouraging or useful?

PROBLEM SOLVING

ACTION	ADVANTAGES	DISADVANTAGES
1.		
2.		
3.		



Illustration

Christy Hill (CHILL)
Illustrator
Chill Factor Communications
Vancouver, BC

Design & Production

Karen Cowl
Designer
Stripe Graphics Ltd.
Vancouver, BC

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