

# CAMEOS

Helping people  
who are on long term sickness absence  
and experiencing stress





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## **Section One:**

**What is this booklet about?**

# Introduction

This booklet has been written for people who are on long term sickness absence and are experiencing stress, depression or anxiety. People use many words to describe their feelings. Some people talk about 'feeling fed up'. Others say they are 'down in the dumps', 'stressed' or 'anxious' or that their mood is 'low'. Sometimes we use the word 'depressed' to describe how we feel. In this booklet, we have written about ways in which people can overcome these feelings. The booklet can help you whether your feelings are because of a medical illness, pain, bereavement or because other things in your life are causing you problems at the moment.

At this point we want to reassure you that you are not on your own. We don't want you to use the booklet without support from other people. Managing your feelings or the situations that are causing them is a team effort. So first of all, let's see what the programme of support is and meet the team.

## The programme

This booklet should be used with support from other people and we have developed a programme of support that will be offered to you.

You will be offered up to 6 sessions with a case manager over 12 weeks and a follow up session 1 and 3 months later. The first session will last 40-60 minutes and you and the case manager will talk about the things and feelings you have been experiencing recently. They will ask you about your feelings, your general health and returning to work.

The following sessions will last for about 30-40 minutes and can be either face-to-face or over the telephone – it's up to you. During these sessions the case manager will ask you about this booklet, whether you have noticed any changes since the last session and will discuss with you how you can further use the booklet.

Your case manager will also discuss your progress with your GP and their supervisor to ensure you get the most appropriate support.

Ok, we've mentioned a number of different people who will be involved, now let's find out a bit more about each of these people.

## Meet your team

**You:** you are the most important person in this team. Only you know what you feel like at the moment, and only you can take the steps that are needed to get back to the way you want to be. Actually, you are the only person that really knows what this feels like and the expert of the 'real' you. You are the 'team captain' and the person who knows what you want to feel like in the future.

Asking for help is hard to do. There is no shame in doing so and you must have had real courage to seek help. It's a tough decision to admit you need help. We all like to think that we are invincible but the bravest people are those who know when to call for assistance. Well done for getting this far.

**Your case manager:** your case manager knows a lot about helping people with stress, depression, anxiety, and difficulties such as pain and other long term conditions. Their role is to support you as your mood improves. They will help you understand your feelings and the impact it has on you. Most importantly, they will help you to choose the most useful exercises for you in the booklet.

Your case manager will see you over a three month period. They will be in contact with you fortnightly. They can get in touch with you face to face, or by telephone.

Your case manager is really important. Think of them like a personal fitness trainer. If you go to the gym or play sports, fitness trainers don't do the actual physical work of getting you fit. That's up to the individual. However, the trainer will help devise a fitness plan, monitor your progress and keep encouraging you to stay motivated when the going gets tough. Your case manager will act in the same way. They are there to support you.

Your case manager will also keep your GP up to date with how things are going and will talk to them directly, with your permission, if necessary. The case manager will also talk to their supervisor to ensure you receive the most appropriate support. The supervisor is a doctor or professor who is an expert in managing stress.

**Your GP:** your family doctor or GP and or your practice nurse are another important part of your team. Your GP will know about you and will be supportive of you.

If you are on medication your GP will be the person who prescribes your medication. Your case manager can talk to your GP (with your permission) so that everybody is working together to help you.

**Your friends and family:** for many of us, our friends and families are usually the people we are most close to. When we are experiencing difficulties they are often the first to notice. They see that the person they know is acting differently. Sometimes of course, we try to hide how we feel from those closest to us. We feel embarrassed or we might want to protect them from how we feel.

Often, we try and hide our feelings and put on a brave face. Sooner or later however, people that know us well do become aware of the changes in us. They see the tiredness; they experience the results of our irritability. Many of us don't want to admit to feeling low because we are embarrassed. However, if we do talk about how we are feeling with those closest to us we usually find they are concerned and supportive. Feelings of stress, depression and anxiety are so common that often we will find other people have had similar experiences. The old saying that a problem shared is a problem halved may not be exactly true. Even if we fear that people will not understand, telling others about our feelings can feel very supportive.

We believe that families and friends are very important. Everyone must make their own choices as to what they say to whom. In general, however, we would encourage you to discuss both the way you are feeling and the programme in this booklet with at least one person you are close to.

**Your Employer:** for some people working with their employer is important. We will only do this with your explicit permission. For example some people find it really difficult to go back to work after a prolonged absence, which might be about facing people again, a loss of confidence, feeling that they are 'not up to job' etc. – with your permission we can discuss your specific needs with your employer to help you get back to work. We may be able to negotiate workplace adjustments to help you feel more confident in returning to work.



## **A guide to the booklet**

This booklet will help you manage situations which you are finding difficult at the moment. We have tried to make the booklet as friendly as possible. It is divided into sections. The first section is about understanding the way you feel. The second section is finding out more about how you feel. Thirdly, we describe ways to help you improve your mood. Finally, we have written a section about staying well.

Sections one and two are important for everyone to read through. Section three is different. In it, we describe a range of ways to improve the way you are feeling. In this step you can make choices between the different things described to help you. When you are feeling better, section four looks at things you can do to keep well.

We have used stories to illustrate how you can use the different techniques we describe in the booklet. These stories are about people who have had long term sickness absence and feelings of stress, depression or anxiety and they show how people with real problems can overcome their difficulties.

## Tips to help you to manage your mood

To help you with your programme, here are some tips that have helped many people manage low mood and depression.

**Keeping notes:** it is a really good idea to write things down. Keep a record of what you are doing, the exercises and plans you have made. When you begin to feel better, you can look back at these and see just what progress you are making.

**Make a step by step plan:** at first it can seem very daunting to work on your problems. Step by step plans towards a goal break large things into more manageable chunks.

**Do something every day:** just like trying to get physically fit, the best programmes are regular. Try to do something from your recovery programme each day, even if it is just one thing. But remember, if you have a bad day it is not the end of the world. Tomorrow is an opportunity to try again.

**Talk to friends, family and your case manager:** support from friends, family and your case manager is vital. Keep talking to them. Let them know how you are doing.

**If something is not working, try another thing:** this booklet is full of different ideas and exercises. Some may not work for you. If this is the case, try another one. Make sure you discuss this with your case manager. She or he will help you make the right choices.

## **Section Two:**

### **Understanding the way I feel**

## **Long term sickness absence and stress, depression and or anxiety.**

This booklet has been written for people who are on long term sickness absence and are experiencing stress, depression or anxiety.

Experiencing ups and downs in the way we feel is part of everyday life. Usually, how happy or sad we feel, and how long this feeling lasts depends on how good or bad life is at any particular time.

Sometimes, however, things can really get on top of us and we spend most of our time feeling depressed and lacking motivation for many things. Problems with money, work, relationships, or the stresses we have because of health problems, are the sort of things that can lead to feeling stressed, depressed and or anxious. These feelings can lead to tiredness and irritability and enjoying life less. Difficulty concentrating is a common problem and basic bodily functions can be disturbed, such as sleeping. Everything can seem an effort and we might avoid social contact. It is quite common for people to say that they have lost interest in sex. Feeling like this means we enjoy life less and it is a struggle to do all of our usual daily tasks, such as going to work, looking after the children or even looking after ourselves.

The reasons for people getting stressed, depressed and or anxious vary from person to person but often include difficulties in important areas of life, such as health, work, money or relationships. Having a health problem can lead to depression. Sometimes this is because of pain, excessive tiredness, and chest pain, breathlessness in heart disease or maybe repeated infections in diabetes or sometimes because of unpleasant side effects of medication. Whatever the problem it often interferes with important areas in our life, e.g. stopping us working and causing financial difficulties.

What most people who are seeking help want is help to cope with their everyday lives. An important step in recovery is to have knowledge about what is happening to us. There is no specific way a person who is stressed, depressed or anxious feels. It is an individual experience. Nonetheless, there are many common symptoms which people experience.

## How are your feelings affecting you?

Stress, depression and anxiety can affect people in a number of different ways. People can experience aches and pains that can cause them to worry that something else might be going on with their health. They may notice changes to their diet or appetite. Sleep can also be affected with poor sleep or sleeping during the day often being experienced. They may worry about their life, themselves or the future.

Before you and your case manager decide what may help with your mood we need to understand 1) how your feelings affect you, 2) what triggered these feelings and 3) the impact your mood and health are having on you.

Firstly let us look at how we make sense of the way we feel. Feelings can be broken down into 3 areas:

- **Things we feel physically**
- **Things we do or stop doing (our behaviour)**
- **Things we think**

**Things we feel physically** include not being able to get to sleep and frequent waking, particularly early in the morning. Other physical symptoms include poor appetite, weight loss, comfort eating, feeling tense and anxious, tearfulness, exhaustion and poor concentration.

**Things we do or stop doing (our behaviour)** include avoiding things because we feel they might be too difficult, because nothing we do seems to work, because we have lost interest in them or because they might make us feel worse. We end up not doing things that we previously enjoyed.

**Things we think** include unhelpful thoughts which make us feel less confident. For example some people may worry that they are a burden or that things will not get better or can't change or they feel stuck in a rut with no way out. They may think that their life experiences or circumstances are overwhelming. Some people have thoughts that life is not worth living, whilst others may have definite thoughts of killing themselves.

We will now look at how these three areas create a 'vicious circle'.

## The 'vicious circle'

The things we feel, how we behave and think are all related to each other. For example, our physical feelings can lead to changes in our behaviour and the way we think. If we stop doing things we can feel worse physically and have very unhelpful thoughts. Unhelpful thoughts can mean that we stop doing things and feel physically unwell.

This 'vicious circle' of unhelpful thoughts, changes in behaviour and physical symptoms can keep your mood low or make you feel stressed. An example can help show this:

Sofia is 46 and works for a manufacturing company. In the past year she has had a number of life events including the death of one of her sisters and has recently divorced. Understandably she was very unhappy, she felt so bad that she went to her GP who signed her off sick from work. She has been off sick for 6 months and feels that she will never be able to go back to work. She had lost her confidence and her sleep and concentration was poor. She had thoughts that she was no good and could do nothing right. She felt tired all the time, had lost interest in hobbies and interests, and her concentration was poor. She was no longer motivated and had stopped going out, meeting friends and doing the things she used to enjoy. She had lost many of her friends as a result of the divorce. She had become more and more withdrawn. The more of these thoughts, physical symptoms and behaviour she experiences, the more 'down' she felt.

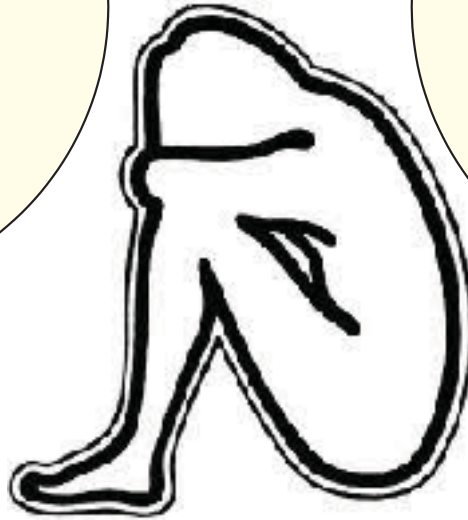
## Sofia's vicious circle

### Physical Feelings

Poor sleep  
Poor concentration  
Loss of interest  
Tired all the time

### Behaviours

Stopped going out  
Stopped meeting friends  
Stopped activities  
Stopped working



### Thoughts

“I feel I have lost my purpose in life”,  
“I’m no good”  
“I can’t do right for doing wrong”  
“What’s the point – nothing seems to work”

# Your own personal feelings, behaviours and thoughts

Now let's think about you. How do you feel, behave and think? Below is a copy of a sheet which you can use to write down how your depression is affecting you. Just jot down your physical feelings, the things you do or have stopped doing and the way you think.

It can be quite difficult to write these things down. It is like bringing everything out into the open. This is an area where your case manager can help you. Have a go now.

## My physical feelings:

.....  
.....  
.....  
.....  
.....  
.....  
.....

## My behaviours (things I do more or less of):

.....  
.....  
.....  
.....  
.....  
.....  
.....

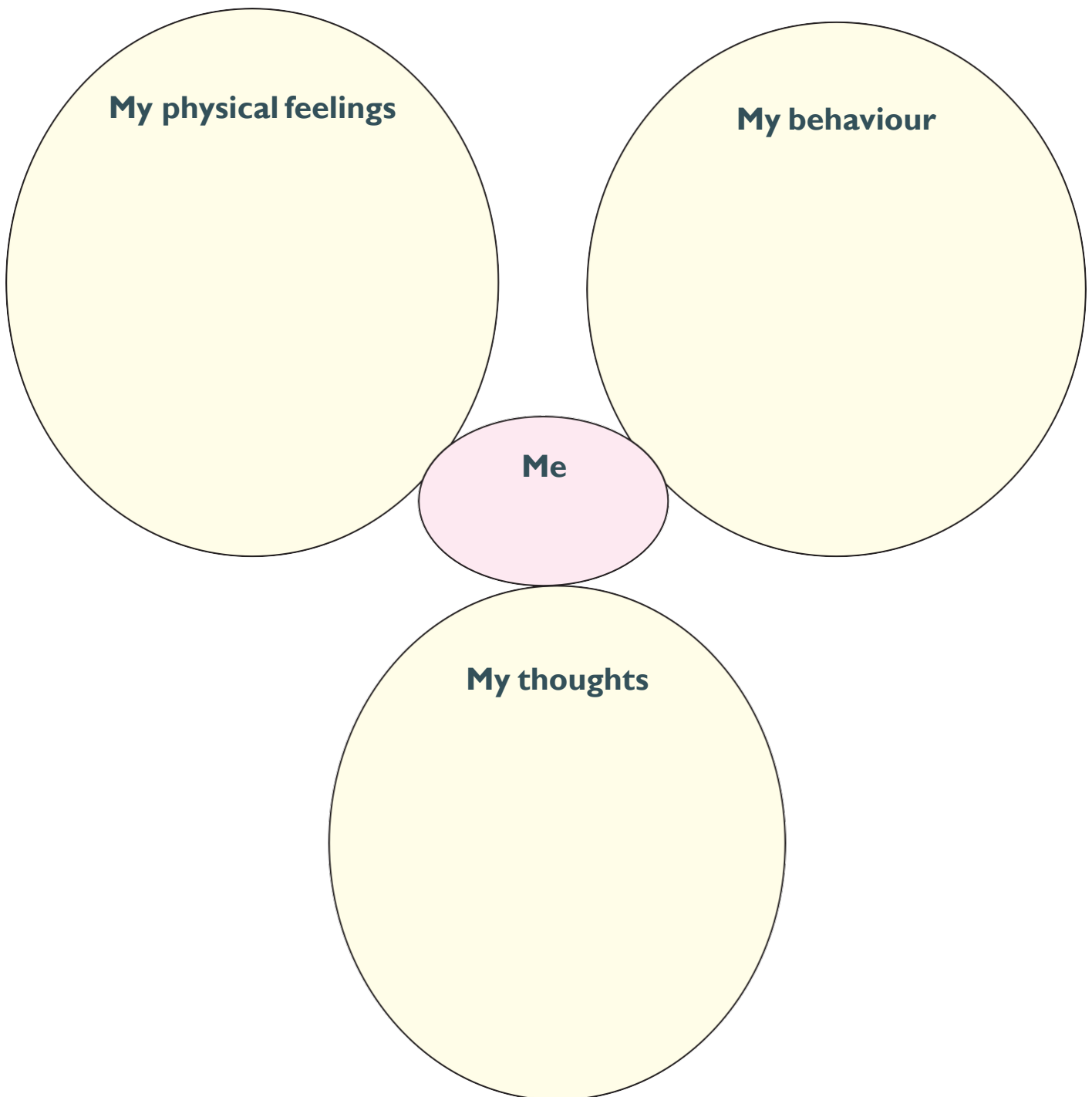
## My thoughts:

.....  
.....  
.....  
.....  
.....  
.....  
.....



Have a look at your lists above. Can you identify how the three areas are linked? Write this in the 'vicious circle' below. Once again, your case manager can help you with this.

## My vicious circle



## Identifying triggers

Next it is useful to identify the things that may have led to you feeling like you do – the triggers. Work with your case manager to complete the box below. There may be just one thing or a number of things and it is important to try and list them all.

The things that triggered my feelings:

.....

.....

.....

.....

.....

.....

.....

## What is the impact of my feelings on my life?

Many people find that writing down the impact of their problems on their life is the first step towards changing. Although it can be quite distressing to list all these things, writing them down can give us something to aim for and can help to put things in perspective.

Your low mood may affect your home life, your social life, your work, personal relationships with partners, families and friends, and the way you look after yourself.

Here is a copy of the IMPACT SHEET to help you decide what to write. Your case manager will help you to use this sheet to choose exercises to help deal with your feelings and circumstances.

IMPACT SHEET

**Home** – things around your house such as housework, cooking etc.

*The things to do with home that I find difficult are:*

.....  
.....  
.....  
.....

**Work** – paid, self-employment, home working or caring for others

*The things to do with working that I find difficult are:*

.....  
.....  
.....  
.....

**Health** – taking up healthy activities such as exercise and diet, dropping less healthy activities, such as smoking and drinking alcohol, taking medication etc.

*The things to do with my health that I find difficult are:*

.....  
.....  
.....  
.....

**Relationships** – family and close relationships with others

*The things to do with relationships with others that I find difficult are:*

.....  
.....  
.....  
.....

**Social activities** – being with other people

*The things to do with being with other people that I find difficult are:*

.....  
.....  
.....  
.....

**Personal activities** – doing things alone which you enjoy such as reading

*The things to do with personal activities that I find difficult are:*

.....  
.....  
.....  
.....

## Breaking the vicious circle and setting some goals

Now you understand how your physical feelings, behaviours and thoughts fit together you can use this to choose some treatments and activities from this booklet. You already know how your feelings affects your life. You wrote this down on the impact sheet.

Although some people want to get back to their everyday routines, other people want to or need to make new changes to their way of life. In other words, some people want to restore their old routines and others want to develop new ones. For example, some changes may be necessary following a recent diagnosis of a health condition such as arthritis or diabetes, or a worsening of symptoms, or pain, or because of life circumstances such as bereavement or a loss of relationship or accident. Some people might want to be able to enjoy previously enjoyed activities again. Others may want to feel less isolated and lonely. Another example might be someone who wants to be less irritable and sleep through the night.

Many people find it a really good idea to set themselves some goals to help them to start to manage their feelings. You should base these goals around the areas where your life is affected by your low mood.

Remember, you can work with your case manager who will help you with this if you need it.

## Goals in detail

You are the person who can decide what you want to achieve. Goals will help you to:

- be clear about what you want to achieve
- give you feedback on how you're doing

A goal is what you want to be able to do **at the end of the programme**. You should be as clear as you can. You may want 'to feel better', 'to feel less depressed', 'get back to work' or 'to feel more healthy' but ask yourself what 'feeling better', 'less depressed' or 'more healthy' means you will be able to do.

Examples of goals:

- to go and play badminton once a week and enjoy it
- to eat three regular meals a day
- to get to sleep in 30 minutes on six occasions weekly
- to go to work five days a week and concentrate while I am there
- to meet people twice a week and speak to them confidently

## Your own goals

What are your own goals? We have provided some sheets for you to write this down. Your case manager will give you some support here. Working with too many goals can be confusing. We would advise you to work with between one and three goals. Here is some advice for setting your goals:

- Ask yourself what you want to be able to do
- Be as specific as you can by stating how often you want to do something
- Set realistic goals, things you want to do in the future or used to do in the past
- State goals positively, start with 'to be able to...' rather than 'to stop .....
- Ask your case manager or a someone you know well and trust to help you

Goals are things to *aim* for. Pick things that your feelings are getting in the way of. Because of this, they should be things that you are struggling with at the moment. The techniques in this booklet are designed to help you reach your goals. So that you know how you are doing, we have written down a simple scale underneath each goal. Circle one of the numbers for each one. This will tell you how difficult you find each goal. You will rate these goals with your case manager on a regular basis which will give you both feedback on how you're doing.

# My Goals

today's date.....

Goal number 1

.....  
.....  
.....  
.....

I can do this now (circle a number):

0            1            2            3            4            5            6  
Not at all            Occasionally            Often            Anytime

Goal number 2

.....  
.....  
.....  
.....

I can do this now (circle a number):

0            1            2            3            4            5            6  
Not at all            Occasionally            Often            Anytime

Goal number 3

.....  
.....  
.....  
.....

I can do this now (circle a number):

0            1            2            3            4            5            6  
Not at all            Occasionally            Often            Anytime

## Goal summaries

Use this sheet to record your progress towards your goals over time.

### Goal 1:

Time 1

Time 2

Time 3

### Goal 2:

Time 1

Time 2

Time 3

### Goal 3:

Time 1

Time 2

Time 3



## **Section 3:**

### **My programme**

## Ways of improving the way you feel

There are a lot of different things you can do to improve the way you feel. Probably the last thing you want to do right now is make a choice from a great long list of options.

A few pages ago you looked at your problems in terms of your own personal feelings, behaviours and thoughts. You saw the way Sofia experienced depression. You also looked at the vicious circle of your feelings, behaviours and thoughts. There was a very good reason for this.

Treatments for changing or helping the way we feel can be focussed on improving our physical symptoms, changing our behaviours and helping us think differently. The idea is to get the vicious circle working in reverse. If our physical symptoms improve, our behaviours and thoughts can also change for the better. If we choose a way to change our behaviours, thoughts and physical symptoms can change. Changing thoughts can lead to different behaviours and improved physical symptoms. Your vicious circle can be turned into a 'recovery circle'.

Now is the time to step into your recovery circle. In the following pages we describe a number of very useful ways of improving the way you feel. They are not in any particular order of helpfulness. Some people use one technique; other people like to try a number of them.

Your case manager will help you decide which way might be the best place to start. However, to help you make a choice, we have collected some recovery stories for you to read. They are stories about ordinary people who have used some of the ideas in this booklet to better cope with their feelings. You may wish to read some or all of these stories first. You can find them on pages 37-50.

## Improving the way I feel physically

In the next few pages we have listed some techniques that can help with the common physical symptoms experienced by many people feeling stressed depressed or anxious. If they sound like the kind of things that you would like to try, you should discuss them with your case manager.

### Improving your sleep

Our sleep is often disturbed when we are stressed. Sleep problems can take many forms. Some people have difficulty getting off to sleep. Some people wake early in the morning and are unable to get back to sleep. Some people wake frequently in the night whilst others sleep but wake up without feeling rested. Some people sleep too much, sleeping throughout the day. This can be because they feel so bad and they think that sleep will give them some relief from the unhappiness that they feel. Other people sleep a lot because they feel so tired or have a lot of pain and have lost energy.

If your sleep is disturbed here are some useful do's and don'ts about sleep which you could find helpful.

- Try not to sleep in the day. The problem with not sleeping at night is that we then feel down, tired and washed out. This tempts us to nap in the day. Unfortunately napping in the day just creates another vicious circle. The more we take daily naps, the harder it becomes to sleep at night.
- Ensure that you prepare yourself for sleep **before** going to bed. Try to relax for an hour or so before going to bed. Some people find it useful to have a warm bath or a milky drink.
- Eating a large meal in the evening may prevent sleep, so try to eat earlier.
- Don't drink tea or coffee before going to bed. Such drinks contain caffeine which is a stimulant and will keep you awake.
- Don't watch TV in bed as this can be stimulating at the wrong time.
- If you cannot get to sleep, try to relax your body and mind. Focus on resting rather than sleeping. For some people doing some mental relaxation exercises can help.
- Try to go to bed and get up at the same time each day. Keeping to the same routine every day is more likely to restore your sleeping pattern. Avoid those long lie-ins if at all possible.
- Try to do some exercise every day. This could just be a brief walk or doing some gardening. 'Little and often' and 'start small' are good pieces of advice. A ten minute walk every day is a great start.

- Keep a notebook and pen by your bed so if you are troubled by thoughts that won't go away you can jot them down and deal with them in the morning.

## **Improving your diet**

When people feel stressed or depressed they often lose their appetite. For other people, they find that they eat more. Another problem with eating is that when we are feeling low we sometimes find cooking too much effort. We stop bothering to cook, shop or prepare a meal. Even if we are tempted to eat, we tend to choose convenience or 'junk' foods. This kind of food makes us feel temporarily better but quickly leaves us craving for more.

If your stress levels or low mood is causing you a problem with eating here are some useful do's and don'ts which you may find helpful.

- Try to eat small meals regularly. It is often easier to face small amounts of food often rather than a huge meal all at once.
- If you don't want to make a lot of effort to prepare food, try to buy healthy food that doesn't need much preparation. Fruit, yoghurts, salad and fish are examples of foods which are easy to prepare.
- Try to avoid too much comfort eating – it rarely feels comforting in the end. It is easier not to buy it at all when you go shopping than to resist eating it when it is in the cupboard.

## **Dealing with feeling irritable**

Irritability is common for many people. We can end up being intolerant of people and snapping at them. We do this with our loved ones, our work colleagues and even people we don't know. Sometimes this can go beyond irritability and we can end up being quite angry with everyone. We can get angry with our employers for not understanding our situation, angry with our families for constantly bothering us, angry with our doctors for not helping.

If irritability or anger is one of your symptoms here are some useful do's and don'ts which you could find helpful.

- Try reminding yourself that the way you are feeling is because of your stress or depression. This is not the 'real' you. It is a symptom.
- Get your team on board. Explain to your family and friends you're your feel. You could ask them to read this booklet. The main idea is for you to help your family and friends understand that your irritability is a symptom of your feelings.

- Many people find they need help to relax. Some simple relaxation exercises might help here. Your case manager will be able to teach you some easy relaxation techniques that you can use at home on a regular basis. Listening to your favourite music is another good way to relax.
- From time to time, even the most placid person needs to take time out. Many people experiencing stress, depression and anxiety find that one thing that helps is to have some respite from their day to day lives. Respite can be anything. Mostly it will include something that you find pleasurable, something just for you. This could involve a simple activity such as having a relaxing bath or listening to some favourite music. Other people find that telephoning a friend or going out with friends or family a way to distract themselves from life's irritations.

## **Dealing with poor concentration**

Experiencing difficulties with concentration can be a very distressing symptom. Many people find that they cannot pick up a booklet or newspaper anymore. Even the thought of reading can be very off putting. Our memories seem to deteriorate and we forget what we have just read or heard. This can happen in conversation with people, not just when reading or watching the TV.

Actually, our concentration may not be as bad as we fear. In fact, when we are stressed, depressed or anxious we tend not to listen as carefully as we normally do. Because we don't listen clearly, we don't remember information properly. We then end up worrying about our concentration. Once we start to worry, our concentration gets even worse. It's another vicious circle.

If concentration is a problem for you here are a couple of useful ideas which you may find helpful to try.

- One useful suggestion is to write things down. It can be very helpful to keep a list of important things to do. Sometimes repeating what somebody has said either out loud or in our head can help with remembering things.
- Because our concentration can be affected we often simply stop doing things like reading. One solution is to read regularly but for small periods of time only. Alternatively, we could read something that is slightly easier to digest than the material we are used to.

## Dealing with loss of energy & poor motivation

Loss of energy is a key symptom and is closely linked to tiredness or fatigue. Energy loss is another vicious circle. The less we do, the less we want to do.

If loss of energy is a problem for you here is a useful idea which you may find helpful to try.

- Although it sounds very difficult to do at first, taking some exercise will actually help with loss of energy. The idea is to break the vicious circle of tiredness followed by inactivity and more tiredness. You should try and plan some exercise into your day every day. Set yourself small goals – this might be a walk, a slow swim or anything that involves even a small amount of movement. An important thing to remember is that exercise is unlikely to make you any more tired than you already feel. We have suggested some techniques in the next section which might help you plan some exercise into your daily routine.

## Medication

You may have been prescribed an antidepressant by your GP. If you are taking this medication it is important to take it as prescribed. If you have any questions or concerns about your medication you can speak to your GP, pharmacist or your case manager can provide you with some additional information. With your permission your case manager can talk to your GP.

## Changing the things I do

In this booklet we have discussed how the way you are feeling consists of feeling physically unwell, thinking unhelpful thoughts and changes in the way we behave. As we have shown, these feelings, thoughts and behaviours are all linked. We end up in a vicious circle.

- Some of the things we avoid are regular, **routine** activities such as cleaning the house, washing up, cooking a meal, etc. Our routines also become disrupted. We change the time we go to bed or get up, when we eat and how we cook and care for ourselves. Although we often moan about our daily routines they do make us comfortable in our surroundings.
- Other activities that get disrupted are the things we do for **pleasure**. These can include seeing friends, enjoying a day out with our families, reading or doing whatever interests we have. These are the things that in normal circumstances we find pleasurable. They are the necessary breaks from our routines.
- The third area is where we avoid important **necessary** things such as looking after our health, paying bills or confronting difficulties at work, home or in our close relationships. Although the consequences of not doing these things can be quite serious, when we feel down we often avoid doing them.

Behavioural activation is a technique where we focus on re-establishing or developing new daily routines, increase our pleasurable activities and do the things that are necessary for us. Basically, behavioural activation is about 'acting our way out of depression'. Another simple way of putting this is to 'Follow your plan not your mood'.

## How do I start to do this?

There are four stages to behavioural activation. If you choose to try it, your case manager will help you to make a start.

- **Stage 1** is to fill in a weekly diary of what you are doing now
- **Stage 2** is to think about activities that you would like to do or that you wish to start doing again. Some of these things will be routine things. Other things will be pleasurable activities such as going out and meeting people and some things will be important activities that may need to be dealt with quickly
- **Stage 3** is to make a list of many of these different activities. You write the most difficult things at the top of the list and the easiest activities at the bottom. When making these lists it is a good idea to make sure that you have some routine, some pleasurable and some necessary activities evenly spread throughout.

- **Stage 4** is using the behavioural activation diary to plan out how to start doing these things. You can do this by starting with the easiest activities first and adding activities from higher up your list as time goes on.

At each stage you will be able to discuss your plans and activities with your case manager. If you wish to read a story of someone who has chosen behavioural activation as part of their programme then go to page 41.

## Stage 1

Take a blank behavioural activation diary. Each day, write down what you do. Try to be specific and try to fill in each square. Even if you think that you have done nothing, make a note. This is all helpful information. When you record your activities write down some details about what exactly you have done. It can be helpful to record details such as where you were, when you did things and if you were with anyone.

## Behavioural Activation Diary

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Morning</b>	What Where When Who							
	What Where When Who							
<b>Afternoon</b>	What Where When Who							
	What Where When Who							
<b>Evening</b>	What Where When Who							
	What Where When Who							



## Stage 2

Think about the things that you want to do. Many of these things will be activities that you have stopped doing since you have felt stressed, depressed or anxious. Include routine activities such as shopping and cooking and pleasurable activities that you would normally enjoy. Finally think of things that are necessary such as paying bills, dealing with conflict etc.

Use **Worksheet A** to list all these activities. Put them down in any order you like.

### Behavioural Activation Worksheet A

Write down your routine activities here: e.g. cleaning, cooking, shopping etc

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

Write down your pleasurable activities here: e.g. going out/visiting friends or family

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

Write down your necessary activities here: e.g. paying bills, looking after your health etc

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

## Stage 3

Use Worksheet B to organise all these different things into a list, with the most difficult activities at the top of the list and some easier activities at the bottom. Try to make sure that you mix up **routine**, **pleasurable** and **necessary** activities in the bottom, middle and top of the list.

### Behavioural Activation Worksheet B

Now try to put your lists in order of difficulty

..... Most difficult  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

..... Medium difficulty  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

..... Easiest  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

## Stage 4

In this last stage you should take a blank diary sheet to plan out how to start doing some of your activities. Take some **routine, pleasurable** and **necessary** activities from near the bottom of your list and write in your diary when you would like to do them.

Being specific is helpful. Write down what the activity is, where it will be done, when it will be done, how it will be done and if it includes other people who it will be done with.

Try to schedule something at least once a day, more if you wish, but for most people it is best if they start small.

When you have tried to do some of the activities you have listed, discuss your progress with your case manager. Over time, you can move up your list to do other things. You can go at your own pace and your case manager will support and encourage you.

For many people even doing what were once pleasurable activities may not bring immediate pleasure. To start with, people often feel a sense of achievement rather than actual pleasure. As the weeks go on you should find that you get back to either your old routine or you develop new ones. The main thing with behavioural activation is to plan carefully and keep going.

## Changing the way I think

### Cognitive restructuring (or thinking about things differently)

Cognitive restructuring is a way of changing our unhelpful thoughts by looking at them and challenging them. When we are stressed, depressed or anxious we have many unhelpful thoughts such as “I am worthless”, “Everything I do is wrong”, “Why does nothing ever go right for me”. Sometimes these thoughts might take the form of worries or fears about bad things that might happen in the future, or unpleasant things that have happened in the past. Some people get angry thoughts that can be focused at family members, employers, health care professionals, themselves etc. These unhelpful thoughts often stop us doing things that we want to. The more unhelpful thoughts we have, the less confident we are and the lower our self-esteem and confidence becomes. It is another vicious circle.

Unhelpful thoughts:

- seem automatic. We don't think them on purpose, they just appear in our heads,
- seem believable and real at the time they appear,
- are the kind of thoughts that would upset anybody.

You can use cognitive restructuring to help you to put your thoughts in perspective. An example of how this is helpful is given in one of the stories on page p46 of this booklet. If you want to use this technique your case manager can give you some support.

## How do I do cognitive restructuring?

If you want to do some work with your thoughts you can use a thought diary to collect and write down your thoughts.

### Stage I

Each time you feel sad, depressed, worried or irritable:

- Write down in the first column of your thought diary a brief description of the situation where the thought occurred. You should write down where you were and what you were doing.
- In the second column write down the actual feeling you had. This may be sad, anxious or angry. Also record how bad that feeling was on a scale of 0–100%. 0% is not at all, 100% is the worst it could be.
- In the third column write down exactly what your thought was and how much you believe that thought to be true. Here 0% is “I do not believe this at all”, 100% is *I totally believe this thought*”. An example can be found on the thought diary below.
- For the time being, ignore the last two columns of the diary.

### Thought diary

<b>Situation</b>	<b>Feeling</b> <i>Rate how bad it was (0-100%)</i>	<b>Thought</b> <i>Rate how much you believe this thought (0 –100%)</i>	<b>Revised thought</b> <i>Rate how much you believe this thought (0 –100%)</i>	<b>Feeling</b> <i>How bad was it (0-100 %?)</i>
Eg Sitting doing nothing	Sad (70%)	Things will never get better (90%)		

We suggest that you should collect your thoughts for one to two weeks in this way. It is also helpful to talk to your case manager about what you have written in the diary.

## Stage 2

Stage two is all about collecting evidence to see if you're thought is true or not. There are many ways to collect evidence. In this booklet we have described one of the most common ways to do this. It is also one of the most straightforward to use yourself.

We suggest that you look at one thought at a time.

Write the thought down on top of the 'evidence table'. Add in your percentage rating of how much you believe it. In the evidence table, one column is labelled **evidence for** and one is labelled **evidence against**.

Next, imagine that you are the judge in a court where the evidence for and against the truth of your thought is being examined. Write down the evidence for and against the thought being true. Remember that you are the judge and you need to present the full picture so that a fair decision can be made.

My Thought	My % belief
Evidence for	Evidence against

Sometimes people find this quite difficult. To help you to give your thought a 'fair trial', use some of the following questions:

- *If my best friend or partner were giving evidence, what would they say for and against this thought?*
- *If you rate the belief in your thought as 75%, then there is 25% of the thought you do not believe to be true. Ask yourself what makes up that 25%.*

## Stage 3

Now you need to reconsider the thought in light of the evidence you have collected. You should be able to come up with a revised thought. Use the fourth column of the thought diary to write down this new thought. You should also rate how much you believe the revised thought.

In the final column rate your feelings again using the same 0-100% scale. Notice how by changing your thought, your mood may have changed. This is the way cognitive restructuring can really work to change the way you feel.

### Here are some tips to make cognitive restructuring easier

- Unhelpful thinking takes time to change. Often you will need to challenge your thoughts several times before change takes place.
- Ask a friend you trust to help you look for evidence for and against your unhelpful thoughts
- Practise cognitive restructuring with other thoughts. Use your evidence table to judge them.
- As you become more expert in this, try to catch the thoughts and judge them as they actually occur.
- Carry your diary with you so that you can catch and challenge your thoughts straight away.

# Stories

## Phil

Phil's story shows how he used some of the techniques to improve some of the physical symptoms he had for pain and depression

Phil is 52 and works as a lorry driver for a large haulage company. He has been suffering from low back pain for over a year but this became much worse 6 months ago. In addition his parents who are in their 80's have become increasingly frail and his father has recently been told he has dementia. This has caused Phil to feel 'stressed'. He went to see his GP 4 months ago who said that he was depressed and prescribed him an antidepressant but he did not feel that they had helped. Phil has been off work for depression and back pain.

Phil was feeling low in mood, he was arguing with his partner, and his sleep was disturbed. He had not been sleeping well and often went to bed in the early hours of the morning. He felt that his back pain would not improve and felt that he had lost his role in life as 'breadwinner, husband and son'.

Phil felt that his depression and pain were having a big impact on his life. He had stopped doing everyday things such as walking the dog, he was arguing with his partner because he felt that they were spending too much time together and got 'under her feet'. He was spending less time with his family and friends as he felt that he had nothing to 'talk' about anymore. Phil also felt his weight was a problem as he had put on more than 14lb in weight because he was snacking much more and exercising much less.

With the help of his case manager Phil set himself the following goals:



# My Goals

Today's date:

Goal number 1

*To loose 12lb and eat healthier*

I can do this now (circle a number):

0      1      2      3      4      5      6  
Not at all      Occasionally      Often      Anytime

---

Goal number 2

*To walk the dog every day for 30 minutes*

I can do this now (circle a number):

0      1      2      3      4      5      6  
Not at all      Occasionally      Often      Anytime

---

Goal number 3

*To go back work*

I can do this now (circle a number):

0      1      2      3      4      5      6  
Not at all      Occasionally      Often      Anytime

Phil read through some of the techniques in this booklet and wanted to stop snacking, start exercising and go back to work. His case manager suggested that he kept a food diary to see exactly what he was eating. Phil made a note of the following:

- what he ate
- what time he ate

Phil kept the food diary for a week:

<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
<b>Breakfast</b> Cereal, Toast with butter	<b>Breakfast</b> Cereal, Toast with butter	<b>Breakfast</b> Cereal, Toast with butter, chocolate bar (large)	<b>Breakfast</b> Cereal, Toast with cheese, coffee	<b>Breakfast</b> Cereal, Toast with butter, coffee	<b>Breakfast</b> Cereal, Toast with butter	<b>Breakfast</b> Cereal, Toast with butter
<b>Snack</b> Biscuits	<b>Snack</b> 2 chocolate bars	<b>Snack</b> 2 Sausage rolls	<b>Snack</b> Pastie	<b>Snack</b> Scones and butter	<b>Snack</b> Sausage rolls	<b>Snack</b> Scones and butter
<b>Lunch</b> Sandwich, crisps & coffee	<b>Lunch</b> Sandwich, crisps & coffee	<b>Lunch</b> Sandwich, crisps & coffee	<b>Lunch</b> Sandwich, crisps & coffee	<b>Lunch</b> Sandwich, crisps & coffee	<b>Lunch</b> No lunch	<b>Lunch</b> No lunch
<b>Tea</b> Pizza	<b>Tea</b> Lasagne	<b>Tea</b> Chilli	<b>Tea</b> Fish and chips	<b>Tea</b> Curry	<b>Tea</b> Indian take away	<b>Tea</b> Sunday roast
<b>Evening</b> Packet of crisps	<b>Evening</b> Chocolate bar	<b>Evening</b> Crisps	<b>Evening</b> Cheese sandwich and crisps	<b>Evening</b> Crisps	<b>Evening</b> Crisps and chocolate bar	<b>Evening</b> Cheese and biscuits

At the next session Phil discussed the diary with his case manager. Phil said that he could not believe how many snacks he was eating as he had never been much of a 'snacker'. He felt that prior to the onset of his depression he has only had a couple of bags of crisps a week.

Phil and his case manager agreed that he should reduce his snacking and agreed that he would not buy crisps and would eat fruit at the times that he was usually snacking. He also agreed to take his dog for a walk in the morning and again in the evening. With Phil's permission the case manager contacted Phil's GP. The GP requested Phil come to see her for a medication review – as a result the GP increased the dose of Phil's anti-depressants.

Over the next 3 months Phil reduced his snacking and got back into the routine of walking the dog. He felt much better and although his back pain had not completely improved it was much better. He was less irritable and consequently his relationship with his partner had improved. He had lost 6lb in weight and although he was disappointed that he had not lost more he was pleased that he had started to lose weight. His case manager had spoken to his employer and he was doing a staged return to work beginning with 2 days a week. He continued to be worried about his parents but felt that he could cope with the challenges that lay ahead. At the follow up sessions Phil was back at work full time, had stopped snacking, lost 12lb, his sleep had improved and although he had some back pain he felt he was 'back to his normal self'.

Phil scored his goal sheet again several times during his programme. His ratings went up as he started to feel better and achieve his goals. These are detailed below:

## Phil's Goal Summaries

**Goal 1** *To loose 12lb and eat healthier*

0

Time 1

3

Time 2

6

Time 3

**Goal 2** *To walk the dog every day for 30 minutes*

0

Time 1

5

Time 2

6

Time 3

**Goal 3** *To go back to work*

0

Time 1

3

Time 2

6

Time 3

## Nusrat

Nusrat's story shows how he used behavioural activation to improve his mood.

Nusrat is 39 years old and works for a manufacturing company. He had been signed off work for 3 months following a knee operation. He has just been signed off work for another 4 weeks due to continuing pain and depression.

Nusrat is 39 years old, married with 4 children. He has diabetes which he manages well; a few months ago he was signed off sick following a knee operation. Although there have been many times that Nusrat has felt depressed he has always managed this without external help, but following the operation he became increasingly depressed and went to his GP. He has been off work for 4 months and cannot face going back to work.

He was very ashamed about the way he felt and would not talk to anybody about it. Eventually Nusrat's wife persuaded him to attend an appointment with the case manager. Although reluctant he went to see the case manager. He told the case manager that he had been feeling low for more than 9 months but had become much worse after his operation. He described how difficult it was to face each day and spent most of the day dozing or asleep. He had lost interest in many things that he had previously enjoyed including watching and following various sports, particularly cricket. His depression was having a great impact on his life; he avoided meeting friends and socialising with his extended family. Before he became depressed Nusrat had rented an allotment to grow vegetables but had stopped tending it 4 months ago. He used to do a lot of DIY in the home but now avoided this. Nusrat wanted to get back to his normal self and thought he should be able to do this by himself as he felt ashamed asking for help. Nusrat wanted to feel 'better'.

With the help of the case manager Nusrat decided on the following goals:

## My Goals

Today's date:

Goal number 1

*To work on my allotment for 6 hours every week*

I can do this now (circle a number):

0 1 2 3 4 5 6  
Not at all Occasionally Often Anytime

---

Goal number 2

*To watch/ listen and enjoy the cricket or other sport for 1 hour a day*

I can do this now (circle a number):

0 1 2 3 4 5 6  
Not at all Occasionally Often Anytime

---

Goal number 3

*To visit my extended family and join in the conversation once a week*

I can do this now (circle a number):

0 1 2 3 4 5 6  
Not at all Occasionally Often Anytime

Nusrat read the booklet and decided that he wanted to try behavioural activation as this would help him to get ‘back to normal’.

First of all, Nusrat completed stage I of behavioural activation which involved completing a weekly diary of his current activities. Nusrat diary confirmed that he was doing very little with his day.

## Nusrat’s stage I diary

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Morning</b>	What Where When Who	Got up late	Got up at 11.00	Got up at 10.00	Stayed in bed until 11.30	Tired lay on couch all day	Stayed in bed until 11.00pm	Got up at 10.00
	What Where When Who	Just sat in chair		Helped wife prepare food			Went to market with my wife	Sat and did nothing
<b>Afternoon</b>	What Where When Who	Went with my wife to the doctors	Slept in chair		Slept in chair	Tired lay on couch all day	Slept in chair	Slept
	What Where When Who			Friends came round but I said I felt ill and went to bed	Slept in chair	Tired lay on couch all day	Slept in chair	Son visited
<b>Evening</b>	What Where When Who	Son visited me		Bed	Tried to watch sport but dozed off	Son visited	Family friends visited	Son visited
	What Where When Who	Sat in chair till I went to bed	Tired Went to bed	Bed		Bed	Family friends visited	Went to bed

Nusrat completed the worksheets. He made lists of routine, pleasurable and necessary activities. When he discussed these with his case manager Nusrat admitted that he had not been paying some important bills, although he had the money to pay for them they had piled up and had hid them in a drawer so that his family would not know.

### Behavioural Activation Worksheet (1)

**Write down your routine activities here: e.g. cleaning, cooking, shopping etc**

*Decorating a bedroom  
Going for a walk every day*

**Write down your pleasurable activities here: e.g. going out/visiting friends or family**

*Visiting extended family  
Watching/listening to sport  
Tending my allotment*

**Write down your necessary activities here: e.g. paying bills etc**

*Paying bills*

### Behavioural Activation Worksheet (2)

Now try to put your lists in order of difficulty

<i>Going for a walk every day.....</i>	<b>Easiest</b>
<i>Helping my wife prepare meals.....</i>	
<i>Paying bills.....</i>	<b>Medium difficulty</b>
<i>Decorating/DIY.....</i>	
<i>Tending the allotment .....</i>	<b>Most difficult</b>
<i>Meeting and visiting extended family .....</i>	

With the help of his case manager Nusrat planned some activities to do the following week including some of the tasks that he saw as the easiest and medium difficulty. Nusrat agreed to go for a 30 minute walk a day with his wife and to sort out his bills into piles and to pay at least 2 bills. He also agreed to walk to his allotment, not to do any work on it but just to see what needed to be done.

Nusrat's behavioural activation diary is shown here. It shows the range of activities that Nusrat agreed to including routine (red), pleasurable (purple) and blue (necessary).

## Nusrat's Behavioural Activation Diary

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Morning</b>	What Where When Who		Work	Go to allotment		Go for walk with wife	Go to allotment	
	What Where When Who						Go for walk with wife	
<b>Afternoon</b>	What Where When Who	Go for walk with wife	Go for walk with wife	Go for walk with wife				
	What Where When Who				Pay one bill			
<b>Evening</b>	What Where When Who		Sort bills					
	What Where When Who							

Nusrat did all the things he had agreed to. He had felt upset when he went to allotment because of the level of neglect but felt that just going had given him the motivation to start working on it. He was very pleased that he had sorted his bills out and planned to pay more the following week. His mood was still low but he felt pleased that he had done something. Over the following weeks and with support from his case manager Nusrat continued to set himself small but regular tasks. He started work on his allotment and decorated two bedrooms. As his mood improved he began to eat better, exercise more and socialised. He returned to work after 8 weeks and although he found it very tiring to start with, three months later Nusrat felt that he was almost back to his 'normal self'. At the follow up sessions Nusrat had continued to remain well.



## Kathy

Kathy's story is about someone who used cognitive restructuring to make her feel more confident

Kathy is aged 29, lives alone and works as an administrator. She was initially signed off work for 4 weeks with stress, she returned to work for a short time and has now been signed off for a further 4 weeks. She has no previous history of time off with stress. She described that her 'stress' had been caused after the break-up of a long term relationship. She had been with her partner for 9 years and they had planned to get married next year, but 3 months ago said that he wanted to end the relationship. Initially Kathy tried to go to work but kept crying and a couple of times her manager had suggested she go home. After 2-3 weeks she went to her GP who signed her off work. She expected that she would feel better after a couple of weeks but felt worse and has been signed off for a further 4 weeks.

When Kathy met her case manager she described how she was crying a lot of the time, had stopped going out with her friends, and had lots of unhelpful thoughts that she was 'unattractive' 'betrayed' and that 'friends and family thought badly of her'. She also felt that her work colleagues would feel she was weak as she knew that many of her colleagues had what she perceived as 'a lot worse problems than her'. She felt that it would be really difficult to face her work colleagues.

With the help of her case manager Kathy set the following goals:

## My Goals

Today's date: \_\_\_\_\_

Goal number 1

*To be able to go back to work and not feel that people are judging me*

I can do this now (circle a number):

0	1	2	3	4	5	6
Not at all		Occasionally		Often		Anytime

---

Goal number 2

*To start going out with my friends again*

I can do this now (circle a number):

0	1	2	3	4	5	6
Not at all		Occasionally		Often		Anytime

Kathy looked through the booklet and felt that dealing with her thoughts would help her most. She felt that if she could feel more confident in herself she would be able to start meeting her friends and go back to work.

With the help of her case manager Kathy learnt how to complete some thought diaries. These helped her identify the exact type of thoughts she was having, the situations where these thoughts were occurring and how much she believed the thoughts to be true. To start with Kathy completed the first three columns. An example of one of Kathy's diaries is shown below.

## Kathy's first thought diary

<b>Situation</b>	<b>Feeling</b> Rate how bad it was (0-100%)	<b>Thought</b> Rate how much you believe this thought (0 – 100%)	<b>Revised thought</b> Rate how much you believe this thought (0 – 100%)	<b>Feeling</b> How bad was it (0-100 %?)
Sitting at home	Sadness (80%)	<i>I am no good to anybody (80%)</i>		
Lying in bed	Sadness (90%)	<i>My life has absolutely no purpose (90%)</i>		
Talking to my aunt who said there was 'plenty of more fish in the sea'	Angry (95%)	<i>Nobody understands how I feel (100%)</i>		

Kathy wrote down her thoughts in the diary and discussed these at the next session with her case manager. It became clear over the next few weeks that the most common thought she had was that she was ‘no good’. She could see the link between her thoughts and her mood. She also understood that believing these thoughts led her to feeling unhappy, less confident and more likely to avoid doing things.

With help from her case manager, Kathy worked on the thought that she was “no good”. This was a distressing thought as she believed this to be 80% true. She looked at how true or how false this thought really was. She imagined that she was a judge in a court where the evidence for and against the truth of the thought was being examined. This is shown in Kathy’s evidence table.

### Kathy’s Evidence Table

<b>My Thought</b> <i>“I am no good to anybody”</i>	<b>My % belief</b> 80%
<b>Evidence for</b>	<b>Evidence against</b>
<p><i>I do nothing with my day now I am off sick</i></p> <p><i>I cry all the time</i></p> <p><i>Compared to what many people suffer and what is happening in the world today then what I have experienced is nothing – I am so weak</i></p> <p><i>I don’t know anybody else who has gone off sick because a relationship has broken up</i></p>	<p><i>My aunt is ill and I have popped in every day to see if she needed anything.</i></p> <p><i>I have a brilliant relationship with my parents and my sister and they think I am a good person – and I value what they say</i></p> <p><i>I have a good education and got a degree and have a good job</i></p> <p><i>In my last appraisal at work my manager said that I was a great ‘team player’ and well-liked by the people I work with</i></p>

When Kathy looked at the evidence it made her think differently. Instead of believing it to be 80% true, she decided that it was no more than 25% true. Because her belief was less, she felt less sad when she had this thought. Her new thought was “*I am of value to many people, particularly my family*”. This example is shown in Kathy’s second thought diary.

## Kathy's second thought diary

Situation	Feeling Rate how bad it was (0-100%)	Thought Rate how much you believe this thought (0 – 100%)	Revised thought Rate how much you believe this thought (0 – 100%)	Feeling Rate how bad it was (0-100%)
Sitting at home	Sadness (80%)	<i>I am no good to anybody (80%)</i>	<i>I am of value to many people, particularly my family (75%)</i>	Sadness (10%)

Kathy kept working on her unhelpful thoughts, the more she challenged them the more confident and less sad she became. Her case manager encouraged her to contact one of her work colleagues to meet up before she returned to work. She returned to work a month later and although she felt a bit awkward for a few days it was better than she thought.

Kathy's improvement was not immediate and she continued to have days where she was tearful but felt that she was on the 'right road'.

Kathy scored her goal sheet again several times during her programme. Her ratings went up as she started to feel better and achieve her goals.

## Kathy's goal summaries

**Goal 1** *To be able to go back to work and not feel that people are judging me*

0

Time 1

3

Time 2

6

Time 3

**Goal 2** *To start going out with my friends again*

1

Time 1

2

Time 2

5

Time 3

## Final Thoughts

Recovering from stress, depression and anxiety can be a difficult journey: it takes courage and often seems to involve quite a lot of hard work. We hope that this booklet has helped you in this journey. We particularly hope that the team approach made it easier.

We wish you well in your programme.

For further help in using this workbook or if you have any problems please contact your case manager who provided you with this manual.

Alternatively you can contact the research team at the University of Manchester:  
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