Cognitive Behavioural Therapy (CBT) Skills Workbook

Learn more about depression, low mood, anxiety, worry, stress or panic and how CBT can help you.

Hertfordshire Wellbeing Services

The organisations within this pack are not currently recommended by this service and are for information only. This booklet is copyrighted by Hertfordshire Partnership University NHS Foundation Trust ©
Sometimes it is common to experience thoughts of very low mood or suicide. If you feel that your mood has deteriorated, and you are unable to manage how you are feeling, please contact the Mental Health Helpline on (01438) 843322, see your GP for an urgent appointment, call 111 or attend your nearest A&E. You can also call the Samaritans on 116 123.

Please be reassured by contacting the above services you will be able to talk through how you feel and what your options for support are.

Samaritans website: www.samaritans.org
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Introduction

The Wellbeing Service offers support for people who are experiencing difficulties with depression, low mood, anxiety, worry, stress or panic. This workbook has been designed to be used whilst attending one of our Cognitive Behavioural Therapy (CBT) Skills workshops or with support from your Psychological Wellbeing Practitioner (PWP).

Low mood, anxiety, worry, stress and panic can affect many people at different times in their lives. It may be a one-off occurrence or may reoccur on several occasions. It can be a very frightening, unbearable and lonely experience. It can feel as if it will never get any better. It may have taken some time to realise that you are struggling with your mood.

The aim of this workbook is to introduce you to a number of tools that will help you build up your own ‘toolkit’ to help manage your current symptoms of depression or anxiety and maintain progress towards long-term recovery. The tools covered in this workbook are based on the principles of evidence based Cognitive Behavioural Therapy.

CBT looks at how your thoughts, physical feelings, emotions and behaviours are all interlinked and have an impact on each other. CBT uses practical strategies to help you make changes which are more positive and realistic. It is very important for you to put these strategies into practice as the more you put in, the more you get out of CBT.

You will notice as you read through the workbook that there are a number of exercises for you to complete. Try and work through these activities spending more time on those that seem more useful to you and your current problems. Speak with your PWP if you experience any difficulties with the techniques.
Tool 1: Understanding Depression

What is depression or low mood?

Depression is a distressing experience. Physical symptoms of low mood can affect the way that we think, what we do and how we feel. This can then spiral into a vicious cycle, making it harder to cope, to do the things that we used to do, our thinking continues to be negative or unhelpful. This then reinforces how low we feel physically and mentally.

Our thoughts can be very negative when we’re depressed. We can be unkind and critical of ourselves. We might overgeneralise or catastrophize, we might jump to conclusions, we might think that we know what other people are thinking (mind reading). We can find it very difficult to see anything positive in our situation, only the bad. We might even think that our feelings are indeed facts. We can feel quite hopeless about the future.

Research has shown that the main causes for low mood can be linked to genetics, biology, early difficult experiences in life, ongoing stress or life events. Different factors contribute to people’s depression but the symptoms are very common to all. It is thought that a combination of low serotonin (a chemical within the brain), inactivity and unhelpful thoughts all lead to depression. Some say it is the body’s way of saying we need to do something about this.

We tend to default to negative thinking when we are depressed. We may think that other people do not like us. We may withdraw from work or social activities. In the short term is easier to cope with not seeing people or going out. On top of that we may have difficulties sleeping, or eating well. We may feel guilty if we are irritable or grumpy towards our friends and family or if we overeat. Thoughts such as ‘what’s the point’ may make it difficult to motivate ourselves to get up and dressed.

When experiencing depression we can also have thoughts about harming ourselves or others. We can think that life is not worth living, wishing that we did not wake up or may have fleeting thoughts about harming or killing ourselves. These kinds of thoughts are a quite common symptom of depression and it can be frightening. If these thoughts become unmanageable and you feel suicidal please see your GP urgently, call 111, call the Mental Health helpline on 01438 843322, or attend your nearest A&E. Contacting these services will enable you to receive the more immediate support needed to help you overcome this.

Your GP may have prescribed you antidepressants to help you feel better by reducing some of the symptoms of depression. Talk to your GP or PWP if you have any questions about how to manage your medication. By using the CBT techniques within this booklet we hope to help you make those life changes to enable recovery.
**What is low mood?**

![Diagram of depression symptoms]

**Activity**

Take a look at the lists below for some symptoms of low mood.

**How does low mood affect you?**

<table>
<thead>
<tr>
<th>Thoughts</th>
<th>Emotions</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;I'm a failure&quot;</td>
<td>Depressed</td>
</tr>
<tr>
<td>&quot;People think I'm stupid&quot;</td>
<td>Sad</td>
</tr>
<tr>
<td>&quot;Nobody likes me&quot;</td>
<td>Lethargic</td>
</tr>
<tr>
<td>&quot;There's no point, I won't enjoy it&quot;</td>
<td>Irritable</td>
</tr>
<tr>
<td>&quot;I might as well not be here&quot;</td>
<td>Suicidal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical symptoms</th>
<th>Behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulties sleeping</td>
<td>Social withdrawal</td>
</tr>
<tr>
<td>Poor appetite or over eating</td>
<td>Increased smoking or drinking</td>
</tr>
<tr>
<td>Tearful</td>
<td>Decrease in activities</td>
</tr>
<tr>
<td>Loss of sex drive</td>
<td>Sleeping during the day</td>
</tr>
</tbody>
</table>
Tool 1: Understanding Anxiety

What is anxiety?

Anxiety is a range of normal though unpleasant emotions. We can feel worried, nervous, uneasy, or we can feel extreme fear, panic or terror. Appropriate levels of anxiety are actually a helpful survival mechanism. Anxiety is designed to alert us to a situation that we need to respond to, if we do not respond there are usually negative consequences, we could be in danger or under threat.

These situations might include feeling anxious about an exam or presentation at work, for which we can respond to by preparing and practicing for. Anxiety also can be more sudden and acute in some circumstances such as when we are about to cross the road and we hear the beeping of a car before we step out. Our response is to jump out of the way to safety.

These examples highlight how anxiety provides the driving force behind motivation and keeps us safe from harmful situations. In this way anxiety is similar to physical pain. Pain keeps us safe from harm by telling us to remove our hand from a hot flame. Anxiety keeps us safe by ensuring we appropriately respond to dangerous, difficult or threatening situations. If we did not experience physical pain or anxiety how safe would we be?

The fight or flight response

The biological process that underpins anxiety is called ‘the fight or flight response’. This response comes from the time our prehistoric ancestors when we relied heavily on our ability to fight or run away to survive (when confronted with a dangerous animal for example). In today’s world we rely on anxiety less for these reasons, there aren’t many sabre tooth tigers wandering around Hemel Hempstead or St Albans, but the response still remains.

The fight or flight response is triggered when we perceive danger and the body prepares by releasing a chemical called adrenaline. See the table below for how adrenaline affects us.
## Physical symptoms of anxiety

<table>
<thead>
<tr>
<th>Physical symptoms of anxiety</th>
<th>Reasons why we experience this</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dizziness, breathlessness, tightness in chest</td>
<td>Breathing gets quicker, so more oxygen can reach muscles</td>
</tr>
<tr>
<td>Heart pounding, palpitations,</td>
<td>Heart beats faster, blood pressure up to pump blood to the muscles</td>
</tr>
<tr>
<td>Visual disturbance</td>
<td>Vision sharpens</td>
</tr>
<tr>
<td>Muscle tension, wobbly legs, shaky</td>
<td>Muscles ready for action</td>
</tr>
<tr>
<td>Sweating more</td>
<td>To maintain effective body temperature,</td>
</tr>
<tr>
<td>Tingling or numbness, pins and needles</td>
<td>Calcium discharged</td>
</tr>
<tr>
<td>Feeling sick, dry mouth, butterflies in stomach, feelings of choking</td>
<td>Blood is diverted to major muscles so digestive and saliva production is reduced.</td>
</tr>
<tr>
<td>Unable to concentrate,</td>
<td>As mind focuses on threat – alert to danger, filters out other non-threat factors</td>
</tr>
<tr>
<td>Feeling like you need to go to the toilet</td>
<td>Sphincter muscles tighten – close the opening of our bladder and bowels</td>
</tr>
</tbody>
</table>

### What is anxiety?

![Anxiety diagram](image)
Activity

Take a look at the lists below for some symptoms of anxiety.

How does anxiety affect you?

<table>
<thead>
<tr>
<th>Thoughts</th>
<th>Emotions</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Something awful is going to happen&quot;</td>
<td>Anxious</td>
</tr>
<tr>
<td>&quot;I will not be able to cope&quot;</td>
<td>Scared</td>
</tr>
<tr>
<td>&quot;What if I don’t do it right&quot;</td>
<td>Nervous</td>
</tr>
<tr>
<td>&quot;What will people think of me&quot;</td>
<td>Irritable</td>
</tr>
<tr>
<td>&quot;I need to escape&quot;</td>
<td>Depressed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical symptoms</th>
<th>Behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faster heart beat</td>
<td>Avoiding situations</td>
</tr>
<tr>
<td>Physical tension</td>
<td>Increased smoking or drinking</td>
</tr>
<tr>
<td>Dizziness</td>
<td>Arguing</td>
</tr>
<tr>
<td>Hot and sweaty</td>
<td>Talking or doing things faster</td>
</tr>
<tr>
<td>Tunnel vision</td>
<td>Under or over eating</td>
</tr>
</tbody>
</table>
Tool 1: Understanding Panic

What is panic?

Panic attacks are an extreme form of anxiety. It is not harmful but it is incredibly unpleasant, usually as they are unexpected. Many people have been so terrified by having a panic attack that they call an ambulance as they have felt and feared that they were ‘losing control’, ‘having a heart attack’, ‘going to suffocate’ or ‘going to die’. Panic attack can be even more frightening if you have a long-term health condition such as asthma or COPD.

We often recognise panic as a problem when we are having recurrent attacks and are concerned about any further attacks. For others panic can seem to occur ‘out of the blue’. We can also have night time panics which affect our sleep. We may also avoid certain situations where we feel the panic attacks occur, such as busy places.

Physical symptoms include an accelerated, sometimes doubled, heart rate, shortness of breath, sweating, and nausea. These symptoms usually peak within 5 to 10 minutes (as our bodies cannot maintain these symptoms for very long). However this feels prolonged, and it can be a repetitive cycle occurring many times during the day or night. We are exhausted afterwards as our bodies recover.

We overestimate the physical symptoms of the anxiety we are experiencing in that moment and feel that it can harm us and is extremely dangerous. We call this catastrophic misinterpretation. The vicious cycle of panic can then spiral as we focus on symptoms and our thoughts become more distressed, we feel as though we cannot cope and our worse fears will happen.

See below for some common symptoms and fears when experiencing panic.

<table>
<thead>
<tr>
<th>Physical symptoms of panic or extreme anxiety</th>
<th>Possible catastrophic misinterpretation or fear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dizziness, breathlessness</td>
<td>I’m going to faint</td>
</tr>
<tr>
<td>Heart pounding, palpitations, tightness in chest</td>
<td>I’m having a heart attack</td>
</tr>
<tr>
<td>Visual disturbance</td>
<td>I’m losing it, I’m going blind, I have brain tumour</td>
</tr>
<tr>
<td>Wobbly legs</td>
<td>I’m going to faint</td>
</tr>
<tr>
<td>Tingling or numbness</td>
<td>I’m having a stroke or I have a brain tumour.</td>
</tr>
<tr>
<td>Feeling sick, dry mouth, butterflies in stomach</td>
<td>I’m going to be sick</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Unable to concentrate</td>
<td>I’m losing it</td>
</tr>
<tr>
<td>Feeling like you need to go to the toilet</td>
<td>I’m going to have an accident, lose control of my bowels and bladder</td>
</tr>
<tr>
<td>Shortness of breath, trembling</td>
<td>I’m going to suffocate, I can’t breathe</td>
</tr>
</tbody>
</table>

This type of anxiety can also cause us to become more hypervigilant, which can lead to further misinterpretation of bodily symptoms and cause further anxiety, and panic.

**The Vicious Cycle of Panic:**

- **Threat**
  - Thought: “I’m going to die and no one will help me”
  - Notice: Physical feeling - e.g. heart beating faster
- **Feel too hot**
  - Thought: “That’s odd, I don’t feel well”
  - Notice: Physical symptoms worsen
- **Physical symptoms worsen**
  - Thought: “I’m in real trouble now”
  - Notice: Heart rate soaring
- **Behaviour: Call friend, call Gp, dial 999**

This cycle can be disrupted by recognising the thoughts and challenging them.
We may also find ourselves engaging in ‘safety seeking behaviours’. These are usually short-term solutions which artificially reduce anxiety and continue to maintain the problem and can lead to continued avoidance. These behaviours also mean that we do not give ourselves an opportunity to see we would be able to cope without them.

Some safety seeking behaviours include: Carrying a water bottle, a paper bag, medication, taking someone with you, having headphones on listening to music all the time.

Some people have been told to carry a paper bag or when feeling anxious concentrate on breathing, this is not helpful when learning to overcome panic.

**How does panic affect you?**

<table>
<thead>
<tr>
<th>Thoughts</th>
<th>Emotions</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ &quot;Something awful is going to happen&quot;</td>
<td>□ Anxious</td>
</tr>
<tr>
<td>□ &quot;I will not be able to cope&quot;</td>
<td>□ Scared</td>
</tr>
<tr>
<td>□ &quot;What if I don't do it right&quot;</td>
<td>□ Nervous</td>
</tr>
<tr>
<td>□ &quot;What will people think of me&quot;</td>
<td>□ Irritable</td>
</tr>
<tr>
<td>□ &quot;I need to escape&quot;</td>
<td>□ Depressed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical symptoms</th>
<th>Behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Racing heart beat</td>
<td>□ Avoiding situations</td>
</tr>
<tr>
<td>□ Feeling sick and dizzy</td>
<td>□ Needing to escape</td>
</tr>
<tr>
<td>□ Short of breath</td>
<td>□ Carrying medicine, bottled water, a paper bag, with us</td>
</tr>
<tr>
<td>□ Hot and sweaty</td>
<td>□ Not wanting to sleep</td>
</tr>
<tr>
<td>□ Urgently needing to the toilet</td>
<td>□ Drinking more alcohol</td>
</tr>
</tbody>
</table>
Tool 1: Understanding Worry

What is Worry?

We all experience worry from time to time. This can sometimes be helpful for us as it can help us to get a job done, for example, worrying about an interview can help us to prepare for the interview (this is referred to as productive worry). However, sometimes our worry can “take over” and stop us from getting things done (this is referred to as unproductive worry). We may also notice that our worries “jump around” and so we worry about lots of things, including minor concerns. This may mean that we rarely solve our worries but keep moving onto our next worry. It is quite exhausting.

Worry can be unhelpful for us when we worry about things that are:

- **Uncertain** – Nothing in life is certain. So if we search for something that is certain we will have to keep searching or accept that we will not find it.
  
  An example of this can be when trying to be certain that we will be healthy. We may continuously worry about our health and check our body to make sure we are ok.

- **Unpredictable** – We do not know what will happen in the future. Worrying about this can stop us from enjoying the present.
  
  An example of this can be worrying about our family’s safety.

- **Uncontrollable** – We cannot always control the situation and the people around us. Worrying about this can also stop us from experiencing the present.
  
  An example of this can be worrying about how someone will react to you at work/pub/home; this may stop you from doing a particular activity.

When our worry jumps around and when we are worrying about something that is uncertain, unpredictable, and/ or uncontrollable we may then notice feelings of anxiety. When this happens, it is common that we experience worry about worrying. When we have been worrying for a long time, this may also lead us to feel less confident and may reduce our self-esteem, affect our sleep and have an impact on our jobs, relationships and health.

We also experience: tension headaches, irritability, fatigue, difficulty concentrating, muscle aches, and sleep problems. We can then start worrying about our health, the health and wellbeing of our friends and family, this is then very tiring, affects our sleep and makes us tearful and sad. This is the vicious cycle of worry.

Please continue to work through the workbook as we will build on the knowledge you have learnt. By practicing some of the techniques in your own time as well as in session, you will overcome the difficulties that you are presently experiencing.
Tool 2: The ABC
A Cognitive Behavioural Therapy Based Approach

What is CBT?

Cognitive Behavioural Therapy (CBT) can help people look at the different situations that they find themselves in, and to understand their thoughts, physical sensations and behaviours. The idea is that our thoughts, physical symptoms and behaviour can all influence one another and therefore contribute in maintaining unhelpful moods such as low mood and anxiety. Take a look at the diagram below.

CBT emphasises that it is not necessarily the situation that causes the emotional distress that an individual experiences, but rather it is the individual’s interpretation or view of that situation that leads to this. CBT works by learning how to challenge negative thoughts and learning how to change unhelpful behaviours.

When feeling low or anxious, it is common to have Negative Automatic Thoughts (NATs). These are unhelpful thoughts that pop into our minds without any effort. With anxiety, NATs are often about overestimating threat and underestimating an individual’s ability to cope, which can maintain anxiety. Sometimes people find coping mechanisms which help them deal with the situation. This may involve avoiding the situation, or doing something differently to help control their anxiety. Although this may lower their anxiety in the short term, it can actually maintain and reinforce it in the long term. Breaking this vicious cycle may cause an increase in anxiety to begin with but ultimately help reduce it.
The example below is of Lynda, who experiences anxiety when going to the shops. She notices her heart pounding, breathing difficulties and feeling hot. She thinks “I’m having a heart attack,” which further contributes to her physical symptoms. As a result, she is now avoiding going to the shops, or escaping from them as quickly as she can. This can cause Lynda to feel even more anxious when next faced with this situation and will also strengthen her unhelpful thoughts. Her thoughts, physical symptoms and behaviours are all influenced by each other.

**Lynda’s ABC**

**Situation: Going to the shops**

<table>
<thead>
<tr>
<th>Situation: Going to the shops</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cognitions</strong></td>
</tr>
<tr>
<td>“I’m having a heart attack”</td>
</tr>
<tr>
<td><strong>Autonomic</strong></td>
</tr>
<tr>
<td>Heart pounding, difficulty</td>
</tr>
<tr>
<td>breathing, hot and</td>
</tr>
<tr>
<td>pains in chest</td>
</tr>
<tr>
<td><strong>Behaviours</strong></td>
</tr>
<tr>
<td>Escapes from the Shops or</td>
</tr>
<tr>
<td>avoids going altogether</td>
</tr>
</tbody>
</table>

With low mood, people tend to think about themselves, the world and the future in a very negative way. For example, someone may think “I am useless” and “It is pointless trying, as there is no point”. The lower a person feels, the more NATs they will have. Naturally, the more NATs, the lower a person will feel. This forms a vicious circle that needs to be broken.

Look at the example below of Mike. Mike has been having problems at work and over the last few months has been feeling very low. As a result, Mike has been withdrawn and not spending as much time with others, especially his family. He recently received a phone call from his mum, who Mike thought was not being sympathetic. This left Mike thinking ‘No-one cares about me’. Again, notice how his thoughts, behaviours and physical sensations are all influenced by each other.
Mike’s ABC

Situation: Received a call from mum

Autonomic
Always tired
Irritable

Cognitions
“No one’s bothered about me”

Behaviours
Withdrawn – Not spending time with family or others
Can you think of particular situations where you have felt anxious or low? What was the situation? What were you thinking?

What did you notice in your body? How did you behave in the situation? Can you fill in your own vicious circle?

Can you think of particular situations where you have felt anxious or low? What was the situation? What were you thinking?

My ABC
Tool 3: Setting a Goal

In order for any self-help to be effective, it is important to set some SMART goals. They are important as they help us monitor our progress which helps further motivate and energize. They are also a reminder of what you are working towards which means you are more likely to stay on track.

**Specific**

**Measurable**

**Achievable**

**Relevant**

**Time Limited**

Self-Help is like a Road Map

Imagine you’re planning a journey and you are looking for directions. Is it possible to get directions to a destination that you do not know yet?

In the same way if you do not have any goals, how do we know what techniques to use to help you reach your goals?

Self-help goals can be either short term, medium term or long term. Long term goals may take years to achieve whereas short term goals may be achievable in a matter of weeks. When thinking of self-help goals, it may be a good idea to start breaking down the steps in order to create some short or medium term goals.

Once you have created your goals, you start your journey towards recovery. It can be useful getting help deciding on the destination and which route you are taking. Once the journey has started, it’s up to you to practice working through the new techniques learnt to reach your destination.
Let’s look at some examples of SMART goals:

Whilst I am looking for a job, I would like to call 3 prospective employers each week and ask them about any vacancies. I would like to be able to do this within the next 3 weeks.

I would like to meet a friend for a drink 2 times a week and spend 30 minutes with them. I would like to achieve this within the next 3 months.

I would like to learn how to better control my worrying so that I do not always jump to negative conclusions. Instead of worrying about things all day, I would like to allocate 20 minutes a day to worry. Throughout the day I will write down all my worries then refocus and worry about them at the allocated time. I would like to achieve this by the end of the month.

Let’s look at some examples of goals which are NOT SMART:

I would like to feel less anxious.

I would like to stop avoiding things.

I would like to do the things I used to do.
Activity
Start by identify your goals and triggers.

• Triggers refer to the situations that normally cause you any anxiety or low mood.

• By identifying what you are unhappy with now (triggers) you can identify what needs to change for you to feel better (Goals).

Triggers
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Creating Goals

• What do you hope to gain or achieve?

• What will be different for you?

• What can you do to make those changes happen?

Take some time thinking about your individual goals and write these below. Remember to make these goals as SMART as possible.

SMART Goals:
Specific Measurable Achievable Relevant Time Limited
Goals

Common obstacles that people may face:

1. Worries about getting things ‘right’ may lead to people not attempting or completing these tasks.
2. Feeling low or unmotivated may make it seem more difficult to do the work.
3. Feeling demoralised when improvement is not immediate can sometimes lead to people dropping out of treatment without giving it enough of a chance.
4. Being very busy and not prioritising the content and techniques contained in this book.

Overcoming Obstacles

What do you think could prevent you from being able to achieve these goals? (Potential problems)

What could you do to ensure that these obstacles do not prevent you from regularly achieving your goals? (Solutions)

By identifying potential problems and ways to overcome them it can be easier to deal with if they occur.
<table>
<thead>
<tr>
<th>Potential problem</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>I only know how I would like to feel different</td>
<td>Think about what you might do differently if you felt like that</td>
</tr>
<tr>
<td>It’s too soon to do that</td>
<td>Break it down into smaller steps</td>
</tr>
<tr>
<td>There is too much that needs to change</td>
<td>Pick one thing, focus on that first</td>
</tr>
<tr>
<td>I still can’t set a SMART goal</td>
<td>Get help from a friend, family member or your case manager</td>
</tr>
</tbody>
</table>

**Review**

Taking time to review goals at regular periods can help determine how helpful they are and if they are producing results.

**Things to consider:**

- Are you managing to meet your goals?
- Do the goals need to be adjusted if they aren’t regularly completed?
- Are your goals helping in the ways you thought they would?
- Are there other potential problems and solutions you need to consider?
- Have your problems or triggers changed?
For example:

1. Remember that there is not one ‘correct’ way to complete tasks.

2. Remind yourself that improvement can be gradual, which is normal and to be expected.

3. Prioritise time to practice the techniques and complete tasks so that you can get as much benefit as possible.

4. Discuss any concerns with a qualified professional if you are receiving help and support from one.
Tool 4: Lifestyle Changes

Healthy Eating

Everyone should aim to have a healthy and balanced diet. There are many advantages to healthy eating, including a reduced risk of obesity, heart disease and diabetes.

Many of us consume more calories than we need to. If we are consuming more calories than we burn we are likely to put on weight. The amount of calories we need to consume depends on how active we are.

The average adult male needs around 2,500 calories per day and the average adult female needs around 2,000 per day.

In order to have a balanced diet it’s important to eat a wide variety of foods so that you are receiving all the nutrients you need. Check out below, some tips which can help you achieve a healthy, balanced diet.

Don’t skip Breakfast

It is often stated that breakfast is the most important meal of the day, and it’s understandable why! Eating breakfast can help with weight control and is an important part of a balanced diet. Wholemeal cereal is often recommended (with sliced fruit) as a nutritious start to the day.

Five portions of Fruit and Vegetables

At least five portions of fruit and vegetables are recommended each day. Things such as unsweetened fruit juice and vegetables cooked into meals also count. Consider having fruit in the morning with your breakfast or some fruit for a healthier snack option.

Eat more fish

Try to have two portions of fish (such as cod, haddock or tinned tuna) a week. Fish contains proteins, vitamins and minerals which are helpful in maintaining a healthy diet. Oily fish (such as salmon, mackerel, sardines and fresh tuna) have omega-3 fats can help to prevent heart disease, so try to include this at least once a week.
Include starchy foods

Foods such as potatoes, pasta, bread, rice and cereals should make up around on third of your diet. Try to incorporate this into your main meal if you can. Also try to choose wholegrain options when available, as these contain fibre which can help you to feel full for longer.

Reduce fat and sugar intake

Try not to eat foods that are too high in saturated fats. These types of fats can increase the risk of heart disease. Where possible use vegetable oil or reduced-fat spread rather than butter or lard. Also try to have lean cuts of meat, and cut off any visible fat where possible.

Where possible, instead of saturated fats, eat food such as oily fish and avocados which contain unsaturated fats.

Try to reduce sugar intake. Watch out for drinks which are high in sugar (including alcoholic drinks) as these can often be contributing to weight gain.

Whilst there are naturally found sugars in foods such as fruit and milk, it’s helpful to limit foods such as cakes, pastries, fizzy drinks and biscuits which have added sugars. Check packaging to make sure that you limit these types of foods as much as possible.

Reduce salt intake

Too much salt can raise blood pressure, so make sure that you don’t add too much salt to your food. Make sure to check food labels, as salt is already in a lot of food we regularly consume. Some foods such as bacon, cheese and salty fish are more obviously high in salt. However many are not as aware that foods such as breakfast cereals, condiments, soup and bread that contain varying levels of salt also.

When checking labels if there is more than 1.5g of salt per 100g, this means it is high in salt. Try not to have over 6g of salt each day.

Be active

Regular physical activity can be helpful in trying to lose, or maintain healthy weight. You can achieve regular activity through regular exercise, or utilising other ways of incorporating regular activity. This includes making sure that if you find yourself sedentary for long periods of the day, try making sure you are active when possible. This could be using the stairs instead of taking the lift, or parking your car further away than usual and walking to your destination.
Around 30 minutes of exercise five days a week is often recommended, so get this in when you can. You can read further information on being active and exercising later on in the workbook.

**Make sure to drink plenty of fluids**

Try to drink around 1.2 litres of water, milk or fruit juice each day. Where possible, avoid fizzy drinks that are high in sugar. Make sure to increase fluid intake during warmer periods of weather or when undertaking physical exercise.
Tool 4: Lifestyle Changes

Exercise

Increasing physical activity has a number of health benefits. Not only can it help to lose, or maintain a healthy weight, but it can also help to reduce the risk of heart disease, stroke and type-2 diabetes.

Being healthy and increasing our health levels can be achieved by introducing or increasing levels of physical activity and muscle-strengthening activity.

The Department of health recommends 150 minutes (2 hours and 30 minutes) of moderate-intensity activity each week, or alternatively, 75 minutes of vigorously intensity activity.

Examples of Moderate-intensity activities include:
- Fast walking
- Hiking
- Cycling
- Skateboarding
- Volleyball
- Basketball

These types of activities will increase your heart rate, breathing and make you feel hotter. The 150 minutes can be broken up into 30 minutes of activity 5 days a week.

Examples of vigorous-intensity activities include:
- Jogging or running
- Swimming fast
- Sports such as football, tennis or rugby
- Football
- Fast cycling (or cycling around hills)
- Tennis
- Aerobics and gymnastics
- Martial arts

These types of vigorous activity will leave you breathing hard and fast. Your heart rate will have increased and you may find it difficult to say more than a few words without catching your breath.

Examples of muscle-strengthening activities:
- Lifting weights
- Push-ups and sit-ups
- Yoga
- Heavy gardening

Muscle-strengthening activities are in repetitions and sets. One push-up counts as a repetition and 8-12 of these are recommended to complete a set. Try to do 2-3 sets if possible. Muscle-strengthening activities are most beneficial if completed to the point where you struggle to complete another repetition.
Tool 4: Lifestyle Changes

Getting a Better Night Sleep

Here are some tips for how you can improve your sleep

- Don’t go to bed unless you are sleepy. Read a book, listen to soft music or browse through a magazine. Find something relaxing, but not stimulating.

- Watching TV or using electronic devices (tablets, computers or mobile phones) is best avoided at bed time. Not only can the light they emit delay the onset of sleep, but it can also be too stimulating.

- If you’re not asleep after 15 minutes then get out of bed. Find something else to do which will make you feel more relaxed. Once you feel sleepy again, go back to bed.

- Begin a routine that helps you relax each night before bed. This could be a warm bath, getting into your pyjamas or reading away from your bedroom.

- Go to bed and get up at the same time. This helps the body to recognise a routine for sleep. Do this on weekends and holidays.

- Avoid taking naps. If you must take a nap, try to limit this (less than half an hour). Otherwise this reduces our need for sleep when it comes to our evening routine.

- Keep a regular schedule. Regular times for meals, medications, chores and other activities help to keep the inner body clock running smoothly.

- Only use your bedroom for sleep and sex. Don’t read, write, eat, watch TV, or use any electronic devices in bed.

- Try to limit caffeine as much as possible and at least 4 hours before bedtime (this includes tea, coffee and even chocolate).

- Do not have a cigarette or any other source of nicotine before bed as this is a stimulant.

- Do not use alcohol to help with sleep problems. A common myth is that alcohol helps you to sleep, but in fact it actually has a detrimental impact. Whilst it might help us get to sleep initially, it often disrupts sleep later in the night.

- Don’t go to bed hungry, but don’t eat a big meal near bedtime either

- Sleeping pills are a short-term solution only. They’re not usually prescribed for long-term use due to side effects. If you are considering stopping the use of sleep medication, consult your GP first.
• Have a pen and paper or worry diary next to the bed. You can then write down anything making you feel anxious, so it can be dealt with the next day.

• Make sure your bedroom is dark, quiet, cool and that your mattress is comfy.

• Avoid having clocks on display

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### “Get up if you can’t sleep”

• If you are in bed for 15 minutes and can’t get to sleep, then get up and do something quiet in a different room. Choose an activity that’s not too stimulating and also make sure the lights are low.

• During this time avoid any activities which might be too stimulating. Try not to use any electronic devices such as smartphones, tablets, computers or TV.

• Do this until you feel sleepy, then go back to bed.

• Repeat this cycle until you fall asleep in bed. This helps us to associate our bed with sleep.
Tool 5 - Increasing Activity Levels for Low Mood

Behavioural Activation

Low mood can affect people in different ways. It leads us to think more negatively, can affect us physically and even reduce our typical behaviours.

When we’re feeling low or depressed, any type of activity seems more difficult to do, so it’s common for people to become less active and stop doing some of the things they would normally do. We may find ourselves stop going out with friends, withdraw from family, put off housework and reduce engagement at work. Even activities that we usually enjoy can become a chore and these pleasurable activities are often the first we stop doing. Tasks that are important, or more difficult to accomplish like applying for a job, can become even harder to accomplish.

By putting off these activities we get relief from not having to do them, and this relief negatively reinforces this unhelpful behaviour, as it encourages us to continue avoiding and reducing activities, maintaining our low mood.

Avoiding these types of activities may seem helpful in the short-term, as we experience relief from not having to complete them. However, this avoidance means we may miss out on the positive experiences that may have occurred from doing the activity, such as seeing our friends, doing something we enjoy, getting something important completed or spending time with loved ones. This can also have a secondary impact on other areas of our life, such as increased work absences, reduced productivity, or not getting something important completed on time.

By not doing the activities that may have bought us pleasure or a sense of achievement, we miss out on possible positive reinforcement of these activities, leading to further reduction in helpful activities.

Therefore, what is maintaining low mood is a circle of reduced activity. The technique of Behavioural Activation focuses on increasing the reinforcement of helpful behaviours and reducing the effects of unhelpful behaviours. Behavioural Activation aims to break this vicious circle by slowly integrating structured activities that will encourage us to continue to incorporate helpful behaviours in the future. It works by scheduling different types of activities and making sure that we follow the plan and not our mood so that we complete the activities, thus breaking the circle which can maintain low mood. Let’s look at these types of activities:
**Routine Activities**: These are regular types of activities we do often or every day, such as, waking up, general hygiene, cleaning the house, cooking etc.

**Pleasurable Activities**: These are the types of activities which we get enjoyment from, including hobbies, spending time with friends or family, going for walks, playing sport, going to the cinema etc.

**Necessary Activities**: These are the types of activities that are often time limited, and if are not carried out might lead to adverse consequences, such as paying bills, completing an important form, arranging car insurance etc.

There is some overlap between these routine, necessary and pleasurable activities. Please try not to spend too much time trying to decide which category the task falls under, as long as it is included. The aim is to create a balanced increase in activities.

**5 steps of Behavioural Activation**

1. **Create a list** of Routine, Necessary and Pleasurable activities – things you would like to be doing, things you may have stopped doing since you felt low.

2. **Create a hierarchy** of the list you just made in step one – slot each activity in either easy, medium, or difficult in the hierarchy. Make sure you include each type of activity – routine, necessary and pleasurable.

3. **Schedule the activities** using a blank activity diary – put in a mixture of activities. Start with the easiest activities first. Small and regular activities can be best to start with and then you can build in other activities over time. Use SMART goals to make your activities detailed, for instance, to go for a ten minute walk with the dog every morning around 10 a.m.

4. **Do them!** - do the activity. Remember, follow the plan and not the mood.

5. **Review the week** – review what activities you managed to include during the week. How did completing these activities impact your mood? What other activities could you schedule in for the next week? If it was difficult to complete some activities, think about why this was the case; were they too difficult? What could you do next time? Break them down? Could you get a friend or partner to help you?

Remember
List Activities

Now have a go at filling in the following forms to start to work through the 5 steps of Behavioural Activation.

Remember that it may be quite difficult at first to increase your activity levels and there’s no such thing as failure. Every ‘failed’ task is actually an opportunity to learn from mistakes in order to improve the next time.

Step 1 - Activities List

Routine

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Pleasurable

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Necessary

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Step 2 - Activities Hierarchy

Use a mixture of routine, necessary and pleasurable activities.

- Hard
- Medium
- Easy
### Step 3: Activity Diary for week commencing: ____________

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<th>Monday</th>
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#### Afternoon

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#### Evening

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Step 4 – Complete the Activities. Make sure to follow the plan and not the mood! Do the activities you have scheduled even if you don’t feel like doing them.

Step 5 – Review the Week

Write down what activities you completed and what you learnt

Ask yourself the following questions:

What impact did increased activity have on your mood?

Were any activities more helpful in making you feel better?

What will you include in next week’s activity schedule? (You may want to add some new more difficult activities, or you may want to increase some of the existing activities)

Final Behavioural Activation Notes

Do not wait until you feel like completing an activity. When we’re feeling low it may take quite some time before we feel encouraged to do an activity, especially one which is quite burdensome. As a result, the behavioural activation technique encourages us to do the activity even if we do not feel like doing it.

It may take some time for the effects of the behavioural activation technique to become apparent. This can be difficult, as the effects of relief received from reduced activity are more immediate. However, bear in mind the increase of unhelpful behaviours can have a secondary impact on our lives which can reduce our mood further.

With continued use of the behavioural activation technique, you should see an improvement in your mood. Make sure to plan, do and review your activities and continue to use the technique for as long as you need.
How will behavioural activation help me?

Planning and sticking to activities will increase my motivation to do more and break the vicious cycle of depression.

**Barriers or blocks and possible solutions**

<table>
<thead>
<tr>
<th>Barriers or Blocks</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>I don’t feel motivated</td>
<td>Go with the plan not the mood</td>
</tr>
<tr>
<td>I didn’t enjoy it</td>
<td>Keep going, the enjoyment will come back</td>
</tr>
<tr>
<td>Everything seems to difficult</td>
<td>Start small and build up</td>
</tr>
<tr>
<td>I just can’t do it</td>
<td>Use support</td>
</tr>
<tr>
<td>I didn’t do something I’d planned</td>
<td>Re-schedule, don’t be hard on yourself</td>
</tr>
</tbody>
</table>
Tool 6: Facing Your Fears

Graded Exposure

It makes sense for us to avoid the situations we fear as our anxiety quickly reduces. Whilst this may be helpful in the short-term, by avoiding situations that we are anxious about the level of anxiety will remain or increase around that situation. As we continue avoiding these types of situations, it makes it even harder for us to face these situations in the long-term.

There are two elements involved in anxiety; we overestimate the threat (for instance going on a rollercoaster, feeling dizzy and you think, ‘I will faint.’) The other component to anxiety is that we underestimate our ability to cope with the threat (for example, ‘it will be awful and I won’t be able to cope’).

Our bodies have over learnt to keep monitoring and scanning for potential treats or triggers. These can be external, for example seeing a spider, and internal, noticing our heart beating faster. Whenever the body recognises a threat the fight or flight response is activated, and our body becomes physically prepared to respond to this threat.

As a result, we need to help the body learn that the stimulus is not such a threat, by helping to cancel out when it’s not needed. The CBT technique we use is **Graded Exposure**. We will teach our bodies to overcome our fear by becoming habituated to the trigger or threat. For example when we get into a cold swimming pool on a hot day our bodies eventually adjust and it feels warmer even though the water temperature is the same. So we become habituated to the temperature of the pool if we stay in there for long enough.

Graded Exposure helps to break this cycle of avoidance in manageable steps. By gradually, repeatedly, over time exposing you to these fearful situations without avoiding or escaping from them, or staying in the situation with our safety seeking behaviours.

Look at this graph (right) which helps to demonstrate this;
The graph shows that by avoiding or escaping the situation, anxiety levels drop considerably. However, the next time the individual is put in the same situation, anxiety returns at the same level and will continue to do so if they continue to escape and avoid the situation. However, we can see that through using Graded Exposure, the anxiety will eventually reduce.

There are a few rules that come with the Graded Exposure technique.

**Exposure: The Four Rules**

For Graded Exposure to be effective it needs to be graded, prolonged, repeated and done without distraction.

**Graded**

Overcoming a fear is best achieved by gradually confronting the fear. The steps must go from the least anxiety provoking to the most. You need to gradually confront the feared stimuli. This might be starting with situations that may create less fear than others, or objects which would create less anxiety. It may include starting off by imagining a scenario, looking at a photograph or watching videos rather than going into the situation at the early stages.

**Prolonged**

In order for Exposure to be effective, it must be prolonged. This means that each time we allow ourselves the time needed in order to experience the anxiety levels reducing naturally. This means staying in the situation for as long as it takes for the anxiety to reduce by at least half. For example, if someone stated that their levels of anxiety at the start of the exercise were 60% then they would need to stay in the situation until the anxiety reduced to at least 30%.

**Repeated**

In order to maintain progress, further exposure is needed. An exposure task should be repeated around four to five times a week if possible for maximum benefit. Each step will need to be repeated before moving on to the next step on the hierarchy.

**Without distraction**

When doing exposure it is important that people can experience some anxiety to see that it will reduce naturally. Therefore, it is important that people do not do other things, or distract themselves with safety behaviors. This is also so your body learns it can cope without them.
How will graded exposure help me?

To gradually face situations that you are currently avoiding due to feelings of anxiety or fear.

**Barriers or blocks and possible solutions**

<table>
<thead>
<tr>
<th>Barriers or Blocks</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’m too anxious</td>
<td>Make your step easier</td>
</tr>
<tr>
<td>I couldn’t stay in the situation</td>
<td>Make the step easier or use support for the first time</td>
</tr>
<tr>
<td>I didn’t feel anxious at all</td>
<td>Is the step too easy? Are you using distraction techniques?</td>
</tr>
<tr>
<td>I’m too busy</td>
<td>Is this the right time</td>
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</table>
Here is an example with Lynda.

**Lynda’s Exposure Ladder**

**Most Feared**

6. Go to a large busy supermarket (100%)

5. Go to a large quiet supermarket (85%)

4. Go to a small busy shop (75%)

3. Go to the local corner shop alone (65%)

2. Go to the local corner shop with a friend (55%)

1. Imagine going shopping on my own (40%)

**Least Feared**
If you are finding that you have a phobia of an object or activity or are avoiding something, then complete your own anxiety ladder:
Steps for Exposure

Step 1: Make a list of the objects or situations which cause you anxiety.

Step 2: Rank this list in order of difficulty from the least anxiety provoking to the most.

Step 3: Use this list to create your graded ladder for exposure.

Step 4: Use your exposure diary to record your progress.

Start with the first step, and make sure that it’s not too difficult.

Each time you face a situation you will need to stay in it until your anxiety levels have reduced by at least half of what they were originally.

You will repeat each step at least four or five times in the same week if possible. Once you are able to better cope in each of these situations, or your anxiety before the exercise has reduced, you can move on to the next step on your anxiety ladder.

Remember expose without using distraction, relaxation or breathing exercises so you can feel the anxiety peak and reduce. We call these ‘safety behaviours’.

When completing any exposure tasks, it may be helpful to keep an anxiety diary. This can allow you to rate your levels of anxiety before, during and after your exposure exercise. You can also make notes or write down any of your thoughts at the time. Please use the blank anxiety diary on the next page.
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<thead>
<tr>
<th></th>
<th>%0%</th>
<th>%50%</th>
<th>%100%</th>
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<tbody>
<tr>
<td><strong>Anxiety Diary</strong></td>
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<tr>
<td><strong>Anxiety Rating 0 - 100%</strong></td>
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<td><strong>Date and Time</strong></td>
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<td><strong>Duration</strong></td>
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<tr>
<td><strong>Thoughts or Comments</strong></td>
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</tr>
</tbody>
</table>
Tool 7: Containing Worry

Although a certain amount of worrying is normal, sometimes it can feel like our worry is becoming unmanageable. Containing Worry is about allowing yourself to worry as much as you like, but only at a specific time of the day that you will choose yourself. By following these steps you should notice an improvement in the amount of time you spend worrying and feeling more in control of your worry.

The first thing we need to look at with worry is uncertainty. It is often these types of worries we need to contain. If we find ourselves focusing on worries where the outcome is uncertain, we will soon find ourselves feeling overwhelmed, that things are out of control and this can have an impact on our lives. These worries can usually start with “what if…?”

On the other hand, some of the things we might find ourselves worrying about are the types of things we could deal with in the ‘here and now’. These are the types of things we should try to deal with there and then.

As a result, when looking at worries, we’re looking at either hypothetical worries, which are based on uncertainty, or practical worries which we can deal with in the here and now.

So when you have a worry, write it down and ask yourself the following;

- Can I deal with this worry now?
  - Yes
    - Do it!
  - No
    - Write it down and contain it – Then worry about it later!

So, we’ve written the worry down, but what do we do now? Well follow these simple steps to try to contain your worry.
Step One: Make an appointment to contain your worry

Plan a short time for yourself to worry in (i.e. 8pm) and for how long for (i.e. 20 minutes).

This time will vary, and perhaps be longer at the beginning, reducing the more you practice the technique.

During this time you will not do anything else aside from worrying!

Don’t do this just before bed, or in the bedroom. Try and find a place where you can worry and where you will not be disturbed.

Try not to be distracted, make sure others are aware not to disturb you.

Step Two: Write down your worries

When worrying outside your planned worry appointment, write down your hypothetical worries in a worry diary.

If it’s a practical worry, you can deal with it there and then, or plan a suitable time to deal with this

Until you get used to identifying the difference between a hypothetical and a practical worry, use this worry diary to distinguish the two.

When a worry occurs write these worries down knowing you can worry about it as much as you want during the scheduled worry appointment.

Step Three: Refocusing on the Present

Once you have written down your worry, refocus on the present moment. Focus on what is going on around you and tune your attention onto it. It is harder to worry when you are really focused in the moment. Perhaps consider your five senses and focus on those.

It may be focusing on the smell of the cooking, taste of the food you’re eating, the sound of the rain, the touch of a steering wheel and sight of a car in front of you.

This is not about distracting ourselves; it’s about bringing us back into the present moment.

If the same worry comes back, or new ones enter your mind, write them all down knowing that you can worry about them as much as you want during your worry appointment. Writing down the activity that you are going to focus on using the worry diary also helps you to ensure you refocus.
Repeat this process for any other worries that occur. If you find yourself slipping, make sure to remind yourself you will worry about these later on at the time you’ve designated and get back to focusing on your current activity.

Regular practice of worry time really helps you to manage your worries during the day.

**Step Four: Scheduled appointment – Now Worry!**

During the appointment you have allotted yourself, you can worry as much as you like about the worries you’ve written down.

Choose one you would like to start with and work from there.

You may find that these worries are no longer as strong as they initially seemed.

The urgency of the worries may have reduced.

We often find the worries are not as important or applicable as when they first occurred. You can spend time reflecting on worries that are no longer an issue but this is not compulsory.

You may find that you can happily reduce your worry time as you become more practiced at the technique.

Make sure you only worry about the worries you have wrote down that day in the worry diary. Any new worries will need to be written down and included in the next day’s worry appointment.

At the end of your appointment, you stop your worry. Some people like to throw away their worry list for that day, each day starting with a fresh worry diary.

This technique takes practice and repetition. The more we practice this, the more our worries will reduce and this will help us to manage our worry better.

Continued practice of this technique may help you to find that you worry less outside of your designated worry appointment and feeling more able to manage your worries. If so, great!
How will containing worry help me?

To waste less time worrying about things you have no control over.

**Barriers or blocks and possible solutions**

<table>
<thead>
<tr>
<th>Barriers or Blocks</th>
<th>Solutions</th>
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<tbody>
<tr>
<td>I don’t know if it’s a hypothetical or practical worry</td>
<td>Use the chart. Really consider if there is anything you can do about it right now</td>
</tr>
<tr>
<td>I can’t refocus</td>
<td>It takes time, keep practicing. Use your senses</td>
</tr>
<tr>
<td>I’m worrying what if I worry.</td>
<td>Use the technique, this is a hypothetical worry.</td>
</tr>
<tr>
<td>I can’t stop worrying at the end of worry time</td>
<td>Plan in an activity after worry time so you have something to refocus on.</td>
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<td>Date and Time</td>
<td>Situation</td>
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Tool 8: Problem Solving

Although people who experience low mood or anxiety may worry about lots of things in general, sometimes what they are worrying about is a current, realistic worry and there may actually be a need to deal with this problem in a practical way. A problem solving approach can be used to help identify the problem and then try to find a way to manage it.

The following 7 steps can be used to solve a current problem:

1. Identify the problem
2. Identify all possible solutions
3. Evaluate pros and cons
4. Select a solution
5. Plan
6. Do (put the plan into action)
7. Review

Top Tip
It is essential to write down your problem solving rather than just doing it in your head!
Problem Solving in Action

Imran was offered a job interview for next Thursday at 4pm but he was due to pick up his son from nursery at the same time. He started worrying about this and became anxious. He decided to try and use a problem solving approach to help with his situation.

1. **Identify the problem** – I have to be in two different places at the same time. I need to pick up my son and also attend a job interview.

2. **Identify all possible solutions** –
   - I could ask my wife to pick up our son
   - I could ask if any of my friends are free
   - I could call the employer and ask if the interview time could be changed

3. **Evaluate pros and cons** –
   - I could ask my wife to pick up our son – My wife might get angry, but she might be free and available.
   - I could ask if any of my friends are free – More chance of someone being free, but they might feel compelled to say yes.
   - I could call the employer and ask if the interview time could be changed – It might be possible to change the interview time but I don’t think it looks good to the prospective employer

4. **Select a solution** – After thinking about the pros and cons, Imran ranked his solutions in the following order:
   - I could ask my wife to pick up our son
   - I could ask if any of my friends are free
   - I could call the employer and ask if the interview time could be changed

5. **Plan** – I can ask her when she comes home from work, after she has had something to eat.

6. **Do (put the plan into action)** – Imran asked his wife if she could pick up their son next week.

7. **Review** – Unfortunately Imran’s wife was not free to pick their son next week. She said that she may have been able to if she had been given more notice. Imran learnt that he may have to give people more notice in future. He decided to go to his next solution and called a few friends to see if they were free. One of them was and agreed to pick up his son. Imran attended the job interview but unfortunately did not get the job. However using this tool he feels he can cope if this situation arises again.
Activity

If you have a problem you would like to work through, try and complete the following worksheet to help you simplify and manage it:

Problem Solving Worksheet

Identify the problem

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Identify all possible solutions (use additional sheets if necessary)

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Evaluate pros and cons (use additional sheets if necessary)

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Select a solution

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Plan (write down the steps you will take to apply your chosen solution – use additional sheets if necessary)

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Do (put the plan into action) – make a note of when you did it, note the date, time and place

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Review (write down how the plan went)

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Tool 9: Cognitive Restructuring

Thought Challenging

Learning how to manage negative thoughts can help to manage your anxiety and low mood. When people are feeling low or anxious, their thoughts can often be extreme or unrealistic. Cognitive Behavioural Therapy (CBT) calls these types of thoughts *Negative Automatic Thoughts* or ‘NATs’.

These NATs are the types of thoughts that would upset anyone. Although some people understand that their negative thoughts may not be true, it can be very difficult for people with anxiety or low mood to do this and they often take their negative thoughts as fact. Therefore, this type of unhelpful thinking can continue to maintain our low mood or anxiety.

**How can challenging thoughts help me?**

The idea of this technique is not to just look at the positive side of things but to look at thoughts in a more balanced and realistic way.

More balanced thoughts will improve your mood and enable you to function better, which will result in enjoying your life again.

Initially you will need to write things down and follow the steps but through practice you can use this technique at the time of a difficult experience and hopefully improve your mood in the moment.

**How this technique works**

Our thoughts are often based on our personal opinion and experiences and not necessarily grounded in fact. There is also a negative bias to our thoughts when we are low or anxious. This can lead to us jumping to conclusions or thinking the worst about situations without any evidence for these thoughts being true.

When challenging negative thoughts, we need to practice collecting evidence to see how accurate the thoughts really are. Factual evidence is much stronger than opinion as there isn’t any element of doubt.

The idea is that we work with the thought which causes the most emotional distress, and identify to see how much truth there is to this thought. We then create a new alternative thought which is based on the evidence.
**What is the difference between a thought and an emotion?**

Thoughts are usually a sentence or statement, about something or someone. An emotion is one word which describes how we feel.

Examples of *thoughts* include:

- “Nobody likes me”
- “Everything always goes wrong for me”
- “If I am late for work, I will lose my job”
- “They think I’m stupid”

Examples of *emotions* include: angry, happy, anxious, depressed, etc.

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**There are 3 Steps in Cognitive Restructuring:**

- **Step 1:** Catching Thoughts
- **Step 2:** Looking for the Evidence
- **Step 3:** Finding an Evidence Based/Alternative Thought

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**Step One: Catching Thoughts**

Start by identifying a situation that has caused you to experience a strong negative emotion.

- First write details about that situation. It might not be the situation that caused the negative thoughts or emotions but by writing down details it will help you remember better what was going on.

- Then write down all the different emotions and thoughts you were experiencing. For the each emotions rate how strongly you felt it, 0 (barely felt it) to 100% (very strongly experienced it). For each thought rate how much you believe it, 0 (don’t believe it at all) to 100% (very strongly believe it).

- Next try and identify the “hot thought” in the situation. This thought is often rated the highest and most likely to be the cause of the negative emotion. It will have a rating of 60% or higher and match the negative emotion.

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Catching negative thoughts can be difficult as it is often something that we are not used to doing. For that reason, you might need to practice this first stage a few times.
In order to help you catch your thoughts, ask yourself the following sorts of questions:

What were you doing? What were you telling yourself?

Who were you with? What does it say about you if it’s true?

Where were you? What is the worst thing that went through your mind?

Some points to bear in mind when you are trying to catch your NATs:

- They are short and specific
- They occur extremely quickly after the event
- They can occur as words or images
- They seem reasonable at the time
- They do not arise from careful thought or in a logical series of steps

Step Two: Looking for the Evidence

After catching your NATs, the next stage is to challenge the ‘Hot Thought’.
- Write down the evidence for and against the hot thought

You are looking just for facts not opinions.

Think of this a little like being a prosecution and defence counsel in a court hearing. Evidence will be given from both sides to find the truth.

To help you when you are looking for evidence, you might want to ask questions such as:

- If my friend or someone else was having this type of thought, what would I say to them?
- If I wasn’t anxious or low, how would I look at the situation?
- Is there any other way of looking at the situation?
- What is certain about this situation?
- If I believe this thought to be 80% true, what is the 20% that suggests I don’t believe the thought to be completely true?
- Are there any similar previous experiences, which I can learn from?
Court Case Drama

Imagine you are a judge in a court case. The defendant is on trial for shoplifting. He seems very convincing stating his innocence that “I didn’t do it”. The prosecution has CCTV footage of the defendant stealing an item of clothing from the shop.

What evidence do you think the judge will use to make their decision, and what do you think the outcome will be?

Thought challenging is also like being the judge in your own court case. The defendant is your negative automatic thought, for example “everyone hates me”. When presenting the evidence that supports this, how reliable and robust is it? “Everyone hates me, I just know it” is that good, strong enough evidence? Consider all the evidence and create your own verdict by using an evidence based alternative thought.

Step Three: Finding an Evidence Based/Alternative Thought

Finally you need to create a new alternative thought, based on the evidence created at Stage 2.

This is not about creating a positive thought, rather it is about creating a more balanced thought which takes into consider both sides of the evidence.

To create an evidence based thought write a sentence to summarise the “evidence for” and another sentence to summarise the “evidence against” the hot thought. You can use words such as ‘or’, ‘and’ or ‘but’ to link the evidence together to create the revised (balanced) thought.

i.e. - I failed this one job interview but I have got several jobs in the past I have gone for.
• Rate belief in the new revised (balanced) thought

• Re-rate the original emotions in light of revised (balanced) thought

The aim of this technique is to reduce the strength of the negative emotion. The more you practice it the more automatic it becomes and you should be able to use it in the moment.

Summary of the technique

Step One:

Identify a specific situation when you felt a certain negative emotional state (e.g. anxiety, depression).

Label the emotion (e.g. depressed, anxious, low, sad).

Rate the intensity of the emotion – 0-100%.

Identify the NATs that were running through your mind at the time.

Rate your belief in the thoughts (when you were in the situation) 0-100%.

Identify your ‘hot thought’. The only thought we will challenge - the one which causes the most emotional distress for you, normally with a belief rating of 60% or more.

Step Two:

Identify evidence (facts) for the ‘hot’ thought.

Identify evidence (facts) against the ‘hot’ thought.

Stage Three:

Once the evidence for and against has been collected, reconsider your thought in light of the evidence.

Use the facts gathered in stage 3 and combine them with ‘and’, ‘or’, ‘but’ to come up with a more revised, balanced thought.

Rate belief in the new revised (balanced) thought.

Re-rate the emotion in light of revised (balanced) thought.
How will thought challenging help me?

To recognise and put into perspective our negative automatic thoughts (NATs) in order to modify our thinking and reduce the intensity of our emotions.

Barriers or blocks and possible solutions

<table>
<thead>
<tr>
<th>Barriers or Blocks</th>
<th>Solutions</th>
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<tbody>
<tr>
<td>I have too many negative thoughts</td>
<td>Use thoughts from one specific situation</td>
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<tr>
<td>My hot thought isn’t that emotive</td>
<td>Identify a ‘hotter’ thought</td>
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<tr>
<td>I can’t come up with a revised thought</td>
<td>Recognise enough evidence for and against the hot thought</td>
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<td>I don’t feel any different</td>
<td>Make sure your balanced thought is believable</td>
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<tr>
<td>I’m too emotional to find a revised (balanced) thought</td>
<td>Write down your NATs as soon as possible</td>
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<tr>
<td>Situation</td>
<td>Emotion</td>
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<td>Lying in bed, not wanting to get up</td>
<td>Low 100%</td>
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<td>Wrote feedback that pointed out ways I had impressed them.</td>
<td>60%</td>
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<td>They gave me feedback that pointed out ways I had impressed them.</td>
<td>50%</td>
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<tr>
<td>They gave me feedback that pointed out ways I impressed them.</td>
<td>40%</td>
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<td>I have no good.</td>
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<td>I should give up now</td>
<td>30%</td>
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<td>I can't get the job.</td>
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<td>I need a job!</td>
<td>10%</td>
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<td>I have got several jobs in the past</td>
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<td>I didn't get the job</td>
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<tr>
<td>I worked hard preparing for the interview.</td>
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<tr>
<td>I didn't get the job</td>
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<td>I worked hard preparing for the interview.</td>
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<td>Who with?</td>
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<td>Where?</td>
<td>What did you feel? (one word)</td>
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Tool 10: Create your own Wellbeing Blueprint

From time to time we may find ourselves going back to our old habits. For any change to be realistic, it takes time and effort to practice and develop our new skills. In order to prevent future relapse, it is a good idea to create a plan which can help you identify the situations which may cause difficulties in future, as well as thinking about how we can best manage these situations.

Please complete the following questions which will help create your own relapse prevention plan:

**My Wellbeing Blueprint**

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
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<tr>
<td>What have you found most helpful about the toolkit?</td>
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<tr>
<td>How will you continue to build on what you have learned?</td>
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<td>What are your goals for one year’s time?</td>
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How will you recognise your problems getting worse?

Situation:

- **Autonomic** (physical sensations)
- **Cognitions** (thoughts)
- **Behaviours**

How will you maintain your wellbeing if you notice the problems getting worse?

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Next Steps

We hope you have found this booklet helpful. Hopefully you will have learned some useful tools in order to help you manage the difficulties you are experiencing. Don’t forget that you will need to keep practicing these techniques in order to notice a difference.

However, if after using this booklet independently and you feel that you need some extra help in managing your mood, you can ask your GP to refer you to our service, or you can even make a self-referral. The number for all our referrals is given below:

| Single Point of Access (SPA) – to self refer or be used by professionals: |
| Tel: |
| 0300 777 0707 |
| Online: |
| www.hpft.nhs.uk/wellbeing-service |

Please note that we are not a crisis service. If you need help urgently, please contact your GP or NHS 111 or the Hertfordshire Mental Health Helpline 01438 843322.
Further Reading


Anxiety:  *Feel the Fear and do it anyway* - by Susan Jeffers (2007)  
*Overcoming Anxiety* - by Helen Kennelly (2009)  
*Overcoming Anxiety* - by Chris Williams (2003)  
*The Worry Cure* - by Robert Leahy (2006)

Health Anxiety:  *Introduction to Coping with Health Anxiety* - by Charles Young (2007)


Depression:  *Feeling good handbook* - by David Burns (1999)  


Phobias:  *Introduction to Coping with Phobias* - by Brenda Hogan (2007)


Social Anxiety:  *Overcoming Social Anxiety and Shyness* - by Gillian Butler (1999)

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www.hpft.nhs.uk
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