

SELF-CARE DEPRESSION PROGRAM

PATIENT GUIDE

Mheccu

Mental Health
Evaluation & Community
Consultation Unit



DEPARTMENT OF PSYCHIATRY
FACULTY OF MEDICINE
THE UNIVERSITY OF BRITISH COLUMBIA

We gratefully acknowledge support of this project by the Ministry
of Health, Government of British Columbia, Canada

2002

Authors:

RANDY PATERSON, PHD

DAN BILSKER, PHD

2250 Wesbrook Mall, Vancouver, BC V6T 1W6

Website: <http://www.mheccu.ubc.ca>

TABLE OF CONTENTS

Introduction	4
What is Depression?	5
How is Depression treated?	6
What causes Depression?	7
<u>Three ways to get control of Depression</u>	
1. Reactivating Your Life	13
2. Challenging Negative Thinking Habits	19
3. Solving Problems Effectively	26
The role of medication	32
The road ahead: Reducing the risk of relapse	33
The story of Margaret: A case example	36
Suggested reading on Depression & related topics	37
<u>Appendix</u>	
Diet	39
Physical activity	40
Sleep	41
Caffeine	42
Thought Monitoring Form	44

INTRODUCTION



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

But people *do* get better. Depression *does* end. Researchers have examined how depression operates, how it begins, and how it lifts. And we have some answers. We have a long way to go. The easy, simple, and instant cure for depression has yet to be found. But there are treatments, and they are effective. This guide is designed to help you to use some of the most effective strategies for managing depression.

The emphasis in this guide is on three steps: Reactivating your life, coping with negative thinking habits, and solving problems as they arise. In addition, some of the lifestyle choices associated with reduced depression are discussed in the Appendix at the back of the book. Although medication-based approaches are discussed briefly, most of the emphasis in this book is on these other approaches.

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

Take a moment now to settle back and ask yourself three questions. If you wish, you might write your answers on paper or in a journal.

- ❖ How much of an impact has my negative mood had on my life?
- ❖ How important is it to me to feel better?
- ❖ Am I really willing to make getting better a top priority in my life?

If you are not able to make change a priority right now, you might wish to set this guide aside and get to it another time. But if you are ready, if you've had enough, and if you can dedicate time each day to getting better, then turn the page. Let's get started.



WHAT IS DEPRESSION?

Depression comes in many forms and has many causes. There are several different subtypes of depression. Even people who seem to have the same type can experience it somewhat differently.

As well, depression is an everyday word that people use to describe the "Monday morning blues" and other passing periods of sadness. The result: People often think you are talking about "the blues" when you really mean clinical depression. This can be frustrating for someone with true depression.

In brief, here are some of the more common terms that are used to describe depression:

- ❖ **Major Depressive Episode.** A period of at least two weeks of feeling extremely low or disinterested most of the day, nearly every day, plus at least some of a long list of other symptoms (such as insomnia, significant weight loss, and feelings of worthlessness).
- ❖ **Major Depressive Disorder.** A history of one or more major depressive episodes without any manic or hypomanic episodes.
- ❖ **Dysthymia.** Generally a milder (but still serious) form of depression that has been present for at least two years.
- ❖ **Bipolar Disorder.** Formerly called manic-depressive disorder, Bipolar Disorder involves a history of both extreme lows and highs of mood.

A few observations about depression

- ❖ **Depression is hard to diagnose on your own.** Our moods affect our judgment of ourselves. So it's often hard to judge whether we are really depressed. Usually it takes a trained professional to make the diagnosis.
- ❖ **If you have depression, you are not alone.** More than 4% of adults are depressed at any given time, and more than 15% of adults will be depressed at some time in their lives.
- ❖ **Depression is not a sign of weakness.** Many capable, intelligent, and extremely accomplished people have been depressed. Being depressed does not mean that you have a "weak personality" or a character flaw.

HOW IS DEPRESSION TREATED?



A great deal of research has been done on how depression can be effectively treated. From this research, we know that there are two effective forms of treatment for depression:

- **Antidepressant medication** is effective for most people with serious depression, but: 1. some people have difficulty with medication side effects, and 2. some are reluctant to use medication.
- **Cognitive behavioural therapy (CBT)** is also effective for most people with serious depression. It can be difficult to find a mental health professional with training in this kind of treatment. Some health systems provide free or inexpensive CBT group treatment: an example of group CBT is a program called **Changeways**.¹ You can find out from your health provider whether CBT groups are available in your community.

In this self-care guide, we show you how to use cognitive-behavioural methods to make important changes in your thinking and actions that will help you to emerge from depression and make it less likely that depression will happen again. You can use these methods in combination with antidepressant medication, increasing the effectiveness of antidepressant treatment, or you can use them alone if you choose not to use antidepressant medication or CBT.

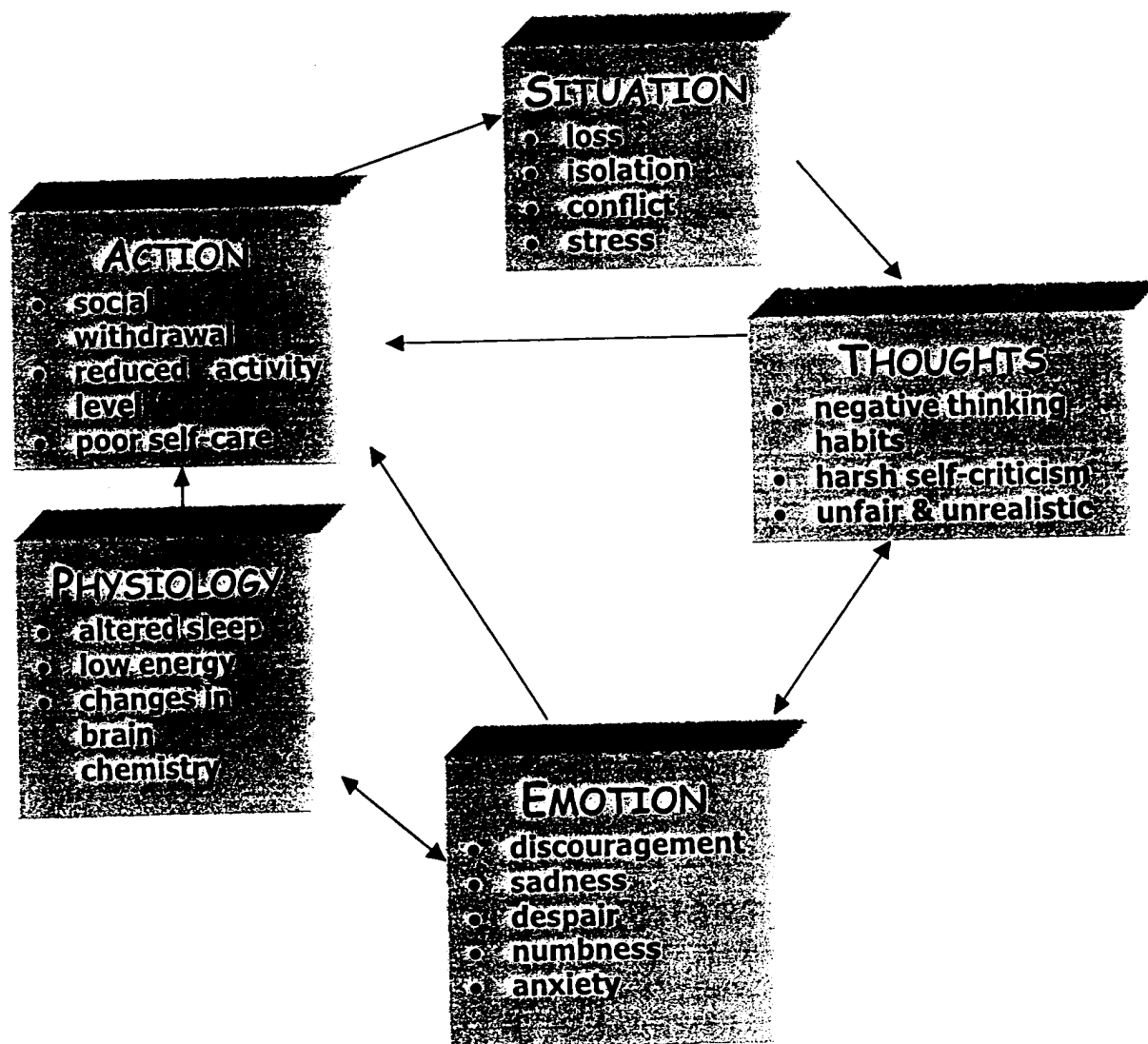
However, we must caution you that for most people with serious depression, use of this self-care guide alone will not be sufficient to resolve the depression. People with serious depression should obtain treatment with antidepressant medication or CBT.

¹ See the website www.changeways.com for more information.

WHAT CAUSES DEPRESSION?



People become depressed for a wide variety of reasons. Research has identified a number of factors associated with causing and continuing the depressed state. The diagram below shows the five major factors: situation, thoughts, emotion, physiology, and action. Each of these areas of your life can play a role in the development of depression, and depression itself can have an impact on all of them. On the following pages we consider each of these factors in more detail.



SITUATION

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

- ❖ **Major life events, particularly involving loss.** Events such as the death of a loved one, moving, divorce, financial setbacks, or job loss are major disruptions in one's life.
- ❖ **Lack of social contact.** Social isolation is a significant risk factor for depression.
- ❖ **Relationship conflict.** Periods of turbulence in personal relationships, whether marital or family, are extremely stressful and can contribute to the onset of depression.
- ❖ **Stress related to employment.** This can take the form of employment insecurity (not knowing whether one's position will continue), friction with supervisors and co-workers, or overwork (human beings were never designed to work 16 hours a day, either in an occupation or around home).
- ❖ **Stress related to physical health.** This is especially true for health problems that are chronic, cause substantial pain or disability, and have only a limited response to treatment. Note also that certain physical disorders or their treatments can trigger depression by their effects on the body. For example, hypothyroidism (a condition in which the thyroid gland secretes too little thyroid hormone) is often associated with fatigue and depression.

THOUGHTS

Each of us is affected differently by outside events, depending on how we think about those events. Imagine two people walking into a party. One person is naturally outgoing, anticipates enjoying herself a great deal, and interprets the group of partygoers as friendly and receptive. The other dreads social gatherings, anticipates feeling miserable, and experiences the other people as judgmental and rejecting. Each person's thoughts determine how the event is experienced. Clinical and research evidence has shown that depressed individuals have particular ways of thinking about the world that can trigger or worsen the experience of depression.

During depression, people usually have a biased way of interpreting events and situations. They often:

1. See the current situation in an unrealistically pessimistic way, emphasizing its negative or threatening aspects and ignoring more positive or promising aspects.
2. Think about themselves in a very critical fashion, judging themselves in a harsh and unfair manner.
3. Anticipate a future that is bleak and disappointing, exaggerating the likelihood of very negative outcomes.

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

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

Not surprisingly, these ways of thinking about the world increase the negative impact of difficult life situations and predispose people to emotional pain. Someone who sees events in this biased way can become discouraged or despondent even when things are going pretty well.

EMOTION

Depression often begins with feelings of discouragement and sadness triggered by unsuccessful attempts to cope with a difficult life situation. However, as the depression continues, these feelings of unhappiness give way to more severe and painful kinds of emotional experience. The depressed individual becomes overcome by a sense of despair, a pervasive mood of hopeless misery. An author who has suffered depression describes this emotional state as being "in the jaws of the black dogs". A profound feeling of anxiety (physical tension, worry, and a sense of impending doom) often accompanies these depressed feelings.

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

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

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

PHYSIOLOGY

Depression is accompanied by a variety of physical symptoms. Some of these may also contribute to the cause of the depression in the first place.

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

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

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

ACTION

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

- ❖ **Withdrawal from family and friends.** Social invitations are refused, phone calls are ignored, and habitual get-togethers with family or friends somehow just don't happen. Social isolation is a strong contributor to depressed mood, taking you away from the warmth and sense of connection to others, which are basic to all of us. Depressed people often believe that others have no interest in their company, given how miserable or emotionally flat they are feeling.
- ❖ **Reduced self-care.** Activities designed to maintain one's body and appearance are frequently neglected. Depressed individuals often take less care in personal grooming or dress than usual. In addition, exercise is often reduced, whether this involves formal fitness activities such as jogging or simply walking around the neighbourhood. Eliminating exercise contributes to depression by removing a powerful source of physical well-being and increased self-esteem. As well, the depressed person often has disrupted eating habits, whether this means inadequate intake ("forgetting to eat") related to a lack of appetite, or overeating as a form of self comfort. Many of these areas of self-care are discussed further in the Appendix.
- ❖ **Reduced involvement in rewarding activities.** Hobbies, crafts, sports, reading, and travel may all suffer. Depressed people often feel too tired or unmotivated to pursue these activities, and the less they participate in them, the less they feel able to do so. Most depressed people suffer from *anhedonia*, the inability

to have fun or get enjoyment from things. Why would you go to the movies, engage in hobbies, or do the things you used to enjoy if you didn't think you would enjoy them? Inactivity becomes a habit. As a result, the depressed person no longer receives the personal satisfaction provided by these activities, further contributing to the sense of discouragement.

- ❖ **Neglect of duties.** Finally, the depressed person tends to neglect or procrastinate over small necessary tasks, such as running errands, taking out the garbage, cleaning house, or caring for the garden. Failing to complete these tasks adds to the depressed person's sense of inadequacy and lack of control over life. It also creates friction with others and places further stress on relationships.

THREE WAYS TO GET CONTROL OF DEPRESSION

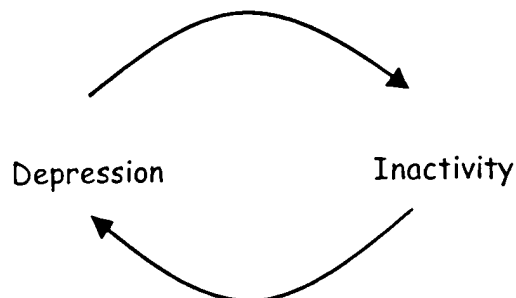
Depression involves all areas of your life: your emotions, thoughts, actions, physical functioning, and life situation (including social support, family relationships, employment status, finances, and so on).

Each of these areas is connected to all the others. As a result, changes in one area can produce changes in the others. When a depression first develops, negative changes in one can cause the others to get worse as well. When you are trying to get better, changing one area can lead to improvements in the others.

The best strategy is usually to target more than one of these areas at a time. Rather than just trying to change one thing, you can work on several at once. The goal of treatment is to get all areas of your life spiraling upward, each producing positive change that impacts on the others.

1. REACTIVATING YOUR LIFE

During depression, most people don't do the things that normally keep their mood positive. But if you stop taking care of yourself or doing the things you normally like, your life becomes more dull and depressing. Although it can feel as though you are comforting yourself by being less active, in fact you may be helping the depression get worse. In other words:



Depression leads to inactivity, but inactivity makes depression worse. What seems like a good coping strategy actually tends to maintain or intensify the depression. The solution: Don't wait until you feel like doing more. Waiting actually makes it *less* likely that you will get better. Instead, *gradually* get yourself moving even though you might not feel like it. Follow the steps below.

Step 1: What activities could be increased?

We've already talked about the four main areas in which depressed people often reduce their activity, eventually causing the depression to get worse. These areas are: Involvement with Family & Friends, Self-Care, Personally Rewarding Activities, and Small Duties.

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

Involvement with family and friends

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

Your ideas: _____

Self-Care

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

Your ideas: _____

Personally Rewarding Activities

Examples: Reading short stories. Walking in a natural setting. Doing crafts or hobbies. Planning travel. Seeing movies, plays, or games.

Your ideas: _____

Small Duties

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

Your ideas: _____

Step 2: Choose two of these activities

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

1. _____

2. _____

Step 3: Set realistic goals

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

For example, if you would like to start riding a bicycle again, your first goal might be to find your bicycle and see whether it needs any repairs. If you would

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

To succeed, your goals must be:

- ❖ **Specific:** Depression can make almost anything seem like a failure. You need to have a very clear idea of your goal so that you will know that you have succeeded.
- ❖ **Realistic:** You may find it tempting to set your goals based on how much you think you *should* be able to accomplish. Don't. Keep in mind that depression slows you down and makes things more difficult. Your goals should be easy enough to be achievable even if you feel very depressed in the coming week.
- ❖ **Scheduled:** You should have a clear idea when and how you are going to carry out your goal. *"Go swimming at the community centre pool this Thursday evening for ten minutes"* is much better than *"Go swimming."* Some people buy an appointment book to keep track of their goals.

Here's an example:

Frank started with the goal of getting his finances in order. Knowing that this was too much to try all at once, he pared it back to something he felt confident he could do that week: Spend 20 minutes one day gathering the information he needed to file last year's income tax. His goal wasn't to finish the job, just to spend 20 minutes doing it. He guessed that Wednesday evening would be the time to do the job.

Now try paring back your goals to something that would be realistic to do this week. Decide how often or for how long you will do the activity, and when you will do it.

ACTIVITY	HOW OFTEN?	DAY OF THE WEEK?
1.		
2.		

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

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

Step 4: Carry out your goals

As you complete each goal, check it off. At first you may not get much sense of achievement from doing these activities - except for the satisfaction of knowing that you're doing something positive to overcome depression. So check it off to demonstrate to yourself that you have done something (despite how hard it is to do anything when you are depressed).

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

If you didn't succeed, what got in the way? What can you do to make the goal easier? Recognize that your goal may have been too ambitious. Perhaps make it smaller for next week, or substitute a different goal. One of the main difficulties that most depressed people have is that they set their goals too high, fail to reach them, and become discouraged. The problem is not that you are lazy, but that you are too eager to get well! Scale back to something you are sure you can do, *even if you feel no better this week than you did last week*. Washing one dish, making one phone call, opening one bill, walking around one block, or spending five minutes at a hobby are all perfectly reasonable goals. As your energy comes back you may be able to do more. But for now, allow yourself to get started slowly.

Step 5: Review your goals

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

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

New Activity : _____

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

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

Are there any goals that were not getting done? What got in the way? Do you need to reduce or change the goal?

Keep going! Continue to set your three ongoing goals, and consider adding additional goals as your energy permits. If you complete a task (for example, if you have now finished cleaning your storage area), then switch to a new goal. Keep using the procedure:

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

Eventually you'll be working on 3-4 goal areas at a time. Don't get too carried away, though: More than 4 goals gets confusing for most people.

2. CHALLENGING NEGATIVE THINKING HABITS

When you are depressed, you are likely to think about your problems to the exclusion of anything else. In addition to dwelling on the serious problems you face, you may also magnify small problems. A form you have to fill out becomes an enormous burden. A broken cup becomes a symbol of the pointlessness and futility of life. A moment of awkwardness with a friend is taken as a sign of your utter worthlessness. Negative thinking is often:

- ❖ **Unfair.** Negative events are given much more significance than positive ones.
- ❖ **Unrealistic.** Issues become distorted or magnified.

As we discussed earlier, depression is associated with interpreting situations in a very negative way. Depression causes negative thinking and negative thinking helps maintain depression. As well, some people have a lifelong tendency to focus on the negative. This can be one of the primary causes of the depression. Whether negative thinking is a cause of your depression or just a symptom, it is very important to recognize it when it is happening and to interrupt it.

Remember the negative triad in depression:

1. **Harsh self-evaluation.** You see yourself very negatively. The negative things you have done are very obvious to you, but you have a hard time even remembering anything positive about yourself. You may use a much higher standard for yourself than for anyone else. As a result, you think you always look bad compared to other people.
2. **Negative bias about your situation.** You see the world around you in very negative terms. People are rejecting and critical, demands are everywhere, and life is an endless string of pointless tasks. You fail to see the positive things about your life.

3. **Negative expectations for the future.** The future looks very bad to you. All you see coming your way is an endless string of failures, disasters, and rejections. You overestimate the likelihood that negative events will occur (I'm 90% sure that this stomach cramp will turn out to be a fatal illness, and 99% sure that my family will desert me in the coming year).

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

No. Overcoming negative biases in our thinking does not mean replacing them with positive biases (*everyone loves me, nothing bad will ever happen, I will always get what I want*). The point is that thinking in an unrealistic way, whether positive or negative, causes us to react inappropriately to life. The aim is to evaluate our lives and ourselves in a realistic manner. Our goal is balanced, fair, and realistic thinking.

Step 1: Learn to identify negatively biased thoughts.

Biased thoughts are unfair and unrealistic. We call them *distorted* because they are inaccurate reflections of how the world is or how you are. The table below (and continued on the next page) describes some common forms of distorted thinking in depression²:

Filtering. Only looking at the bad, never the good. Because all you see is the negative, your whole life can appear to be negative.

Overgeneralization. One negative event is the start of a never-ending pattern. If one friend leaves you, they all will. If you fail the first time, you'll fail every time.

All or Nothing Thinking. You are either fat or thin, smart or stupid, tidy or a slob, depressed or happy, and so on. There is no in-between. Gradual progress is never enough because only a complete change will do. *"Who cares that I did half of it? It's still not finished!"*

Continued on next page...

² These types of distorted thinking are described in an excellent book, Feeling Good by David Burns (Avon, 1992).

Continued from previous page...

Catastrophizing. A small disappointment is a disaster. You were slightly late in completing a small project so your entire month is ruined. As a result, you react to the imagined catastrophe (a terrible month) rather than to the little event (a late project).

Labeling. You talk to yourself in a harsh way, calling yourself names like "idiot", "loser", or whatever the worst insults are for you. You talk to yourself in a way you would never talk to anyone else.

Mindreading. You know what others are thinking about you, and it's always negative. So you react to what you imagine they think without bothering to ask.

Fortune Telling. You know what the future will bring, and it's usually negative. Nothing will work out, so why bother trying? Result: You bring about the future you fear.

Perfectionism. It's only good enough if it's perfect. And because you can't make it perfect, you're never satisfied and can never take pride in anything.

Shoulds. You know how the world should be, and it isn't like that. You know what you should be like, and you aren't. Result: You are constantly disappointed and angry with yourself and with everyone around you.

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

Step 2: Recognize your own negative thoughts and how they trigger depressed mood.

Most thinking is so quick and so automatic that we don't even realize we are doing it. We must learn to become aware of negative thinking as it occurs. An excellent strategy is to carry around pencil and paper with you for a week. Although depression can seem like a constant dark cloud, it actually varies over the

course of the day. Every time your mood sinks just a little bit deeper, ask yourself this important question:

"What was going through my mind just then?"

What were you thinking about? What were you reacting to? Write this down. For example, perhaps getting on the bus one morning you suddenly felt a deepening of the gloom you've been feeling. What was going through your mind just then? Perhaps you noticed that everyone on the bus was facing you, and it occurred to you that they were probably judging you negatively. Excellent! Write it down.

Keep recording your thoughts until you notice that the same kinds of negative thinking come up again and again. Perhaps you will feel tempted to place a checkmark beside certain of the thoughts you wrote down earlier. *"Oh, that one again."* When this happens, you have probably identified the most common kinds of negative thinking you do.

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

When you become aware of distorted thinking you may feel tempted to attack yourself. *"How could I think such stupid thoughts?"* Depression causes you to be self-critical, and recognizing distorted thinking gives you one more way to beat up on yourself. Instead, remind yourself that distorted thoughts are the product of depression and of your personal history. You are not stupid for having them. They are *normal* during depression.

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

Challenging negative thoughts involves deliberately rethinking the situation that got you upset. To do this you can use a strategy called the Three-Column Technique. Take a piece of paper and divide it into three columns, like the example below. There's a sample of this form at the back of the manual. Feel free to photocopy it if you wish.

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

First, make a brief note of the situation. Some examples: "*Talking to daughter,*" "*Walking to work,*" "*Planning to make dinner.*" Next, write down the negative thoughts that seem related to how you feel. If you like, you can try to classify the type of distortion involved (as shown in the middle column above). Finally, think about the situation and try to come up with a more fair and realistic assessment of the situation. Hint: Distorted thinking often goes way beyond the facts. Often the fair and realistic thought is simply to remind yourself that you don't have enough information to know for certain what's happening. "*I don't know why she cancelled lunch; there might be hundreds of possible reasons.*"

Here are some additional strategies for coming up with fair and realistic thoughts:

- ❖ Take a look at the evidence you have. Would most people say that it supports your negative thought? If not, what conclusion could you draw instead?
- ❖ Can you get more information to use as evidence? Perhaps you need to ask someone what's going on, or find out if other people react the same way in similar situations.
- ❖ What would you say to a friend who was in the same situation with the same thoughts? We are often much more realistic about other people than about ourselves. What would be more realistic for your friend to say to herself or himself?
- ❖ What's a less extreme way of looking at the situation? Negative thinking tends to be extreme: I'll *always* be alone, I'll *never* succeed at *anything*, I'm a *complete* loser. If you did lose, does this really mean you're a *complete* loser? If you're alone right now, does this really mean you will *always* be alone?
- ❖ What are the results of thinking in this way? Is there another way of thinking about the situation that has better results? For example, calling yourself insulting names like "idiot" may have the result of causing you to feel more discouraged; as a result you may give up on a task. However, giving yourself encouragement and fair evaluation is likely to result in trying harder, which increases the odds of a successful outcome.

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

In order to get the greatest benefit from this approach, you must catch yourself in situations that normally trigger negative automatic thoughts. What are some of your most common trigger situations?

1. _____
2. _____
3. _____
4. _____
5. _____

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

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

3 SOLVING PROBLEMS EFFECTIVELY

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

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

- ❖ Solving problems takes energy. As depression worsens, the energy level declines.
- ❖ Everyday problems take a backseat to a bigger problem: The depression itself. Because the person becomes so concerned about the mood problem, other problems slide and get worse.
- ❖ Depression causes difficulties in concentration, memory, decision-making ability, and creativity. Most problem-solving requires all of these skills.
- ❖ Depression and anxiety often go hand in hand. The stress response (also called the "fight or flight response") pulls the person toward one of two problem-solving strategies: physical aggression (fight) or avoidance (flight). Neither is effective at solving most modern-day problems.

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

Step 1: Identify your problems

Before you can solve a problem, you have to know what it is. What are the problems facing you at the moment? Some of them are probably quite large ("*I have an eviction notice that comes up next week*") while others are smaller ("*I'm going to need carrots if I want to make that salad tonight*"). Others are

somewhere in between (*"There's a pile of mail and paperwork on my desk that I haven't had the courage to look at in over a month"*).

Make a list of your problems on the following page. Here are some tips:

- ❖ Don't spend too much time dwelling on each problem. Just list each one and move on.
- ❖ Use point form. You don't need to describe the problem completely.
- ❖ Don't worry whether the problems are solvable or not.
- ❖ Remember that you don't have to come up with the solution, just the problem.
- ❖ You don't have to finish your list in one sitting.

Problem Inventory

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Use additional paper if you wish.

Step 2: Pick a problem

Now select one problem from the list you have made. It should be a problem that you really want to solve, and one that seems reasonably solvable. Later on you can get to the ones that may seem more difficult. Which problem would you like to work on first?

Now answer the following questions about this problem.

Have you solved similar problems in the past? If so, how did you do it? What strengths or talents did you use?

Are there any people who may be able to support you in your efforts to solve this problem? Ideally, these should not be people who will solve the problem for you, but people who can help you solve it yourself. Who are they?

Next, think of the things that you could do that might help. Try using brainstorming: Write down as many actions as you can think of. Use the spaces on the following page. Don't worry whether the actions will solve the problem completely. Don't edit your ideas! Your goal is to come up with as many actions as you can, not to evaluate them. Use additional paper if necessary.

Step 3: Choose one

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

Which action do you choose?

Step 4: Make an action plan

There aren't very many problems that you will solve completely with just one action. But there might be many actions that will take you *part-way* toward a solution. If you have a financial problem, for example, then perhaps your first action should be to gather the paperwork together so that you can look at it. Just gathering the paper won't solve the problem, but it will take you closer to a solution than you were before. The important thing is to get started on a solution.

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

- ❖ **Manageable**. Even if you don't feel any better in the coming week than you did last week (even if you feel a little worse), you could do it anyway. It's better to accomplish a goal that is too small than to fail at an ambitious one. Here's a bad example: For my first time out, run a marathon. Better example: Walk one block.
- ❖ **Action-oriented**. Make a plan for what you will do, not how you will think or feel while you are doing it. You have a certain amount of control over what you do, but you have less control over your emotions and thoughts. Bad example: Spend a pleasant hour with my children. Better example: Spend one hour with my children.
- ❖ **Specific**. It should be very clear what you need to do. Bad example: Get in shape. Better example: Phone the community centre to find out whether they teach yoga.
- ❖ **Time-limited**. Your plan should take only a short time to carry out. Don't plan to change your style forever. Bad example: Keep finances in order for the rest of my life. Better example: Spend 20 minutes looking for income tax receipts.

What's the plan, exactly?

Carry out your plan in the coming week.

Step 5: Evaluate and Move On

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

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

Depressed mood will tempt you to dwell on failures and on the things you *haven't* done, rather than congratulating yourself on any progress you have made. If you succeeded at your goal, deliberately force yourself to think about that success (even though the problem still hasn't been solved).

Use this experience to plan your next step. You have three main options:

- ❖ **Keep going.** Example: Spend another 20 minutes finding the papers.
- ❖ **Revise your goal and try again.** Example: Cleaning the garage for three hours was too difficult, so plan to work on it for just one hour instead.
- ❖ **Take a new approach.** Perhaps you learned something useful from your first effort that suggests another way of handling the issue. Example: Talking face to face with Aunt Sarah didn't work, so write her a letter instead.

Based on your experience, what is the next step?

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

THE ROLE OF MEDICATION



Of course, problem-solving, cognitive challenging, and lifestyle change are not the only treatment options for mood disorders. Medication can also be quite helpful in a number of cases. Many of those who take antidepressant medication experience a lift in mood and a reduction in other symptoms (such as loss of appetite or difficulty concentrating). For people who experience extreme mood highs as well as lows, some medications act by evening out these mood swings.

Medication is seldom a complete treatment for mood problems. It may help, but it may also be important for you to make some changes in your life. Don't use medication as a way of helping you to keep living an unhealthy or unfulfilling lifestyle. Instead, medication is often a way of giving you the energy and mood lift you need in order to make changes to improve your life (such as starting a regular exercise program, learning assertiveness skills, or defining and working toward your life goals).

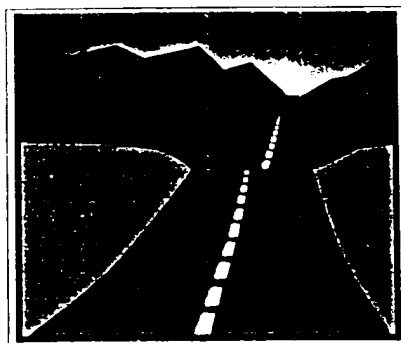
Here are some additional points about medication:

- ❖ Different medications work for different people. It can take time to find a medication (or a combination of medications) that works well for a person without too many side effects.
- ❖ Never stop taking medication suddenly. If you wish to stop a medication, consult with your prescribing physician. Usually you will stop in stages by gradually taking less over time.
- ❖ Certain people (including many who have bipolar disorder) benefit from taking a medication over the long term. Others take medication for a while in order to give them the strength to make positive changes in their lives. Eventually these individuals will gradually reduce and then stop taking the medication.
- ❖ It can be tempting to stop taking a medication as soon as you get the level of improvement you want. The result is often a rapid return of the problem. It is generally best to stay on the medication until the mood has been steady for a long while. Reductions in medication may then be done gradually while the mood is carefully monitored.

Some depressions can be adequately treated without medication. By getting more active, living a healthier life, exercising, dealing openly with problems, and intervening with negative thinking, the depression can be tamed in many cases.

THE ROAD AHEAD: REDUCING THE RISK OF RELAPSE

Major depressive episodes end. It often doesn't feel as though they will, but they do. Unfortunately, many people go on to have another episode months, years, or decades later. Is there anything you can do to reduce the risk of relapse? Yes. You may or may not be able to eliminate the possibility of having another episode. But you can make episodes less likely, less severe, and less frequent.



Keep up your efforts

When you feel terrible it's obvious that you need to make your mental health a real priority. When you feel better, it can be tempting to forget all about taking care of yourself. If you feel "good enough" you may want to stop working away at exercise, problem-solving, and challenging negative thoughts.

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

Plan ahead for stress

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

Some stressful events can't be predicted. Others can. Perhaps you know that on a certain date you will go back to work. Perhaps Christmas is always stressful for you, and December is coming. Perhaps a stressful family gathering is

scheduled. Perhaps you are expecting a baby, whose birth will bring many demands. You can plan ahead for these events to make them less difficult. Here are some strategies:

- ❖ **When possible, introduce the stress gradually.** If, for example, you are returning to work soon, you might check to see if you could go back part-time at first.
- ❖ **Lighten up on ongoing responsibilities.** If you are taking a night school course, for example, give yourself permission to eat out more often or have a slightly less tidy home.
- ❖ **Keep up your self-care.** How do you keep yourself balanced? Don't give these things up when you need them the most. If a weekly lunch with a close friend is important to you, keep doing it. If exercise helps a lot, do everything you can to keep exercising during stressful times.

Create a Mood Emergency Action Plan

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

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

- ❖ **Increase rewarding activities.** Use the steps in the section called "Reactivating Your Life".
- ❖ **Reduce your obligations.** How could you plan ahead to scale back the demands on your energy in the event of depression? For example, perhaps you could get an agreement in advance to reduce your work hours or to get help with childcare from a family member.

- ❖ **Get professional help.** Consider giving permission to a few friends or family members to tell you (or perhaps your doctor) when they notice your mood sliding.
- ❖ **Get support.** Who could help you and what kinds of help would you need? Perhaps you need someone to talk to, or maybe you would prefer practical help - like assistance with grocery shopping.
- ❖ **Manage your lifestyle.** A mood decline is no time to stop exercising, or getting out of the house, or eating properly, or keeping a good sleep schedule. What are the lifestyle factors that help your mood the most?

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

❖ ❖ ❖

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

THE STORY OF MARGARET: A CASE EXAMPLE



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

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

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

When she read through the section on *Reactivating your life*, she realized that she had been avoiding her friends since she took the job and especially since she became depressed. She set the goal of meeting a friend once a week for tea. Later on she increased this to include other social activities. After the first month, she added moderate exercise as a goal.

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

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

SUGGESTED READING ON DEPRESSION AND RELATED TOPICS



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

Catalano, Ellen Mohr (1990). Getting to Sleep. Oakland: New Harbinger Publications. An excellent book describing a variety of sleep problems and offering concrete suggestions for dealing with them.

Copeland, Mary Ellen (1992). The Depression Workbook. Oakland: New Harbinger Publications. Depression from someone who's been through it. A strong emphasis on education about the nature of the disorder and creating a sustainable lifestyle.

Copeland, Mary Ellen (1994). Living Without Depression and Manic Depression. Oakland: New Harbinger Publications. A followup to her earlier book, this time emphasizing being your own advocate, therapy issues, and preventing future episodes.

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

Seligman, Martin E. P. (1992). Learned optimism. New York: Simon and Schuster. An excellent recent book on overcoming a sense of helplessness in your life.

Styron, William (1992). Darkness Visible. New York: Random House. The author of *Sophie's Choice* describes his long battle with depression in depth. A good resource for family and friends of a depressed person who want to know what the experience of depression is like.

Appendix:

Lifestyle Information

and

Thought Monitoring Form

DIET



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

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

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

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

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

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

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

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

The Canada Food Guide

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

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

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

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

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

PHYSICAL ACTIVITY

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

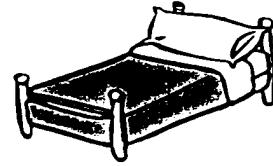
Exercise affects mood in four ways. First, it can produce a brief "runner's high" just after exercising in some people (during depression this effect may not occur). Second, after a few weeks of regular exercise (three to four times a week, at least 20 minutes at a time), a general improvement in mood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

Here are some tips for developing an exercise program:

- ❖ **Get a physical.** Before starting, ask your physician about any limitations on your activity.
- ❖ **Pick the right activities.** The biggest challenge is keeping at it. Pick activities that you really enjoy. Both aerobic (cardiovascular) exercise (in which your heart rate accelerates into a target range for 20 minutes or more) and anaerobic exercise (such as weight training or yoga) have shown positive effects on mood. Select the type that suits you best. Variety also helps: pick more than one activity and alternate them.
- ❖ **Stretch and warm up first.** Learn how to do stretching exercises properly, then make sure to do them before each exercise session. This can help reduce the likelihood of exercise-related pain or injury.
- ❖ **Frequency is more important than duration.** Regular short periods of exercise (three to four times a week) are better than irregular long periods.
- ❖ **Focus on enjoyment.** People who exercise for enjoyment and challenge seem to show bigger mood improvements than people who exercise mainly to look better. Try to put an emphasis on how you will *feel* rather than how you want to look.
- ❖ **Monitor if bipolar.** The effect of exercise on bipolar (manic-depressive) mood problems is less clear than for other forms of depression. Strenuous exercise during a manic episode or upswing in mood may aggravate the problem in some cases. Gentler exercise at these times may be preferable.
- ❖ **Nothing changes overnight.** Use goal-setting when developing a fitness program, and be sure to pick something achievable. For example, aim to swim once for five minutes rather than starting off by committing yourself to a daily 70 laps.

SLEEP

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



- ❖ **Avoid over-the-counter sleeping medication.** Although it may help you to fall asleep, the type of sleep you get will usually not be as helpful as normal sleep. Instead, take sleeping medication only as directed by your physician. If you do take sleep medication, remember that the mark of its success is how you feel during the day, not whether it actually puts you to sleep. Report the results to your physician.
- ❖ **Set a standard bed-time and rising time.** Your body operates on a 24-hour cycle that can be disrupted by going to bed and getting up at different times. This is what causes jet lag: not the air travel, but the change in sleeping hours. Having regular hours for going to bed and getting up can help to set your internal clock.
- ❖ **Don't go to bed too early.** If you never get to sleep before 1 a.m., don't go to bed before 12. Want to get to sleep earlier? Start by setting your bed-time between 30 minutes and an hour before the time you have normally been getting to sleep. Then gradually begin going to bed earlier (by, say, a half-hour a week).
- ❖ **Save your bedroom for sleep.** Avoid associating this area with activities that are inconsistent with sleep - like working, eating, arguing, exercising, using the telephone, watching television, and so on. Sex, though, is fine.
- ❖ **Create a good sleep environment.** The best bedroom temperature for most people is 18° to 21° (65°F to 70°F). If noise is a problem, some options include earplugs, soundproofing the room (cloth hangings can help a bit), and devices that emit white noise (e.g., fans or special noise machines). Eliminate hourly watch beepers or clocks that gong. If a restless bed partner is a problem, consider a larger bed, special mattress, or even twin beds for a time.
- ❖ **Avoid napping during the day.** Unless, that is, you are a great 20-minute napper. Longer daytime naps can disrupt your ability to get to sleep at night.
- ❖ **Prepare for sleep.** Avoid strenuous activity, exercise, heavy meals, and bright light for at least one hour before going to bed.
- ❖ **Practice breathing or distraction strategies when attempting to get to sleep.** Focusing on your worries or on how much you need to get to sleep will only keep you awake. Practice any mental exercise that takes your mind away from these topics.

CAFFEINE

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



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

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

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

If you decide to try reducing your caffeine intake, do so slowly to avoid the withdrawal symptoms. Drop your intake by about half for 4-6 days, then half of the remainder, then half again until you are drinking only $\frac{1}{2}$ cup per day. Then stop.

DRUGS AND ALCOHOL

One of the reasons that people take street drugs and drink alcohol is that these substances sometimes make them feel better - temporarily. In the long run they can make problems worse:

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



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

- ❖ Avoid recreational drug use.
- ❖ Avoid using alcohol at all during periods of depression or severe stress.
- ❖ Avoid using alcohol if you have a personal or family history of alcohol abuse.
- ❖ Even if you are feeling fine and have no history of abuse, adopt a personal policy to drink only in moderation.

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

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

THOUGHT MONITORING FORM

Situation	Negative thought	Fair & Realistic Thought