

Using the Overcoming Depression self-help materials:
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Session 1 overview: Total time: approximately 30-40 minutes.
Initial discussion/problem focused.

The self-help approach:

- Q. Have you used any self-help books before (e.g. to lose weight/stop smoking) etc. Did it help?
- We are offering *supported* self-help with written workbooks to use at home when convenient to you but with a health care practitioners available to support you

Aim of self-help:

- Understand why you feel as you do.
- Learn new ways of coping with your problems.
- Skills and workbooks can be used again in future. Your own personal resource pack.
- May prevent you cope with difficult times in future.

What you will learn:

- Practical approach – involve you using a number of self-help workbooks that are aimed at helping you tackle common problems caused by depression.
- Give you tools to use yourself. Help you turn the corner to recovery.
- The course uses the Overcoming Depression workbooks – these use an everyday language to tackle common difficulties seen in depression
- Based on a Cognitive Behaviour Therapy approach – evidence base for both depression and anxiety and the self-help approach.
- 10 workbooks – addressing common difficulties faced by people e.g. negative thinking, reduced activity, how to overcome practical problems etc
- Proved very useful for others e.g. at Drumchapel Resource Centre, pilot RCT in Glasgow

How we will work together:

- Here to work together with you.
- Can use with relatives/friends – educational for them. Need to choose someone whose opinion you trust.
- Important part is for you to work on the workbooks **between sessions** – putting into practice what you learn.
- We will meet on **3 occasions of 30-40 minutes** – weekly for 2 weeks, then again a fortnight after that for a final session
- Each session introduces you specific self-help materials that you can use between sessions.
- You can contact me with any questions between sessions
- If you feel worse at any stage, please contact your usual health care practitioner in the usual way.
- Check for suicidal ideas. Mention that confidentiality will be broken if there is evidence of active risk to self/others.

Overview of Workbook 1:

- Look through the opening few pages of workbook 1 (using the course/ how to get the most out of the workbooks)
- Understanding depression: **Five areas example on handout sheet or the walking down the street example in workbook 1**
- The purpose of Workbook 1 is to identify how depression might be affecting you in each of the five areas and then decide which other workbooks to use when we meet next week.
- **Briefly** flick through and point out a few of the **key elements** of the rest of the workbook
- *Optional content:* When you get to the unhelpful thinking styles text, illustrate these with the checklist i.e. *Lets have a look through the checklist. Read it through and see if you notice any of these sorts of thinking in your own life).*
- Use the **Putting into Practice sheet** to create a **clear plan** of *when* you will read the workbook.
- Arrange when to see them again

- Encourage to come back even if they are not sure about the self-help approach.

Evaluation: Mention that you would like them to continue to complete a brief evaluation after each session (the CORE-OM) and remind them that this information is being used as part of an audit.

Risk management: At any stage, referral should be made back to the team if the score on the BDI and CORE would exclude them from using self-help.

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Using the Overcoming Depression self-help materials: Session 2 overview.

Total time: approximately 30 minutes.

1). Introduction: focus on the first workbook

Briefly review their use of workbook 1 and how they have put it into practice (they were asked to complete a five areas assessment).

If they have read the workbook/at least part of it:

Ask the person to talk you through **two** or **three** key things they have discovered that seem relevant to them. E.g.:

- Unhelpful thinking styles
- Vicious circle of reduced activity
- Vicious circle of unhelpful behaviour
- **What have they identified in their five areas assessment?**
- **Which workbooks are possible one's to look at?**

If they haven't used the workbook:

Q. What stopped you?

- Internal (e.g. forgot, not enough time, put it off, concerns I couldn't do it, I couldn't see the point of it etc.).
- External things/people (events that happened, work/home issues, etc.).

How could you plan to tackle these blocks?

- Use this as an experiment – give it a chance/try it out.
- Switch to five areas assessment blank sheet and use this to choose a single next workbook for them to use – if they want to.

At some stage, always ask the patient if suicidal ideas are present using one of the CORE suicidal items: "I have thought it would be better if I were dead".

If answer Yes then ask the BDI item:

- I don't have any thoughts of killing yourself
- I have thoughts of killing myself, but I would not carry them out
- *I would like to kill myself*
- *I would kill myself if I had the chance score 3)*

If they answer a score of 2/3 (italicised), they should see their practitioner or a GP that day **before** leaving.

2). The next steps

- Introduce the **step-by-step approach** (staircase in Workbook 1.25)
- Describe the need for *short/medium and long-term goals* (short = things to do by the next session, medium = over the next few weeks and longer-term = after you stop seeing them i.e. they can continue to use the approach and move forwards).

They may well have identified several different problem areas in workbook 1. They:

- Need to **prioritise** and focus on changing just one or two areas to start with.
- This involves choosing which area (s) to focus on to start with and also choosing at first NOT to focus on other areas.

Intervention: If they want to tackle everything at once ask:

- What are the *advantages* and *disadvantages* of planning to change just one problem area at first?

3). Choosing which workbook to use next:

They have already started to change things by understanding how depression is affecting them.

- A **maximum of 2 workbooks** should be given out at session 2 – with clear instructions on how to use them (one section at a time etc).
- Leave time to put things into action before moving to the second workbook.

The first area tackled should be *realistic and achievable* - so it has a good chance of success over a week or so. It is essential to start with a first step that is successful. This may sometimes be different from tackling the “largest/most important/difficult” problem. Because each of the five areas affects each other, intervening in **any** of the areas is likely to have a helpful impact.

All things being equal, try to start with one of the more accessible workbooks summarised below if possible:

Most appropriate first workbooks:

- Problem solving
- Assertiveness
- Reduced activity
- Sleep
- Understanding medication
- Identifying extreme and unhelpful thoughts

Workbooks best used later:

- Unhelpful behaviours
- Challenging extreme and unhelpful thoughts

4). Briefly review the workbook

- Having chosen which workbook(s) to go through, spend some time (5 mins) briefly going through an overview of the workbook showing them the essential points that will be covered.

5). Ending.

- Use the **Putting into Practice sheet** to create a **clear plan** of *when* they will read the workbook.
- Arrange when to see them again.
- Encourage to come back even if they are not sure about the self-help approach.
- End session and record time taken with the patient on the evaluation sheets.

Using the Overcoming Depression self-help materials: Session 3 overview.

Total time: approximately 30 minutes.

1). Introduction: focus on the last workbook(s) used

Briefly review their use of the workbooks given out at the last session and how they have put it into practice.

If they have read the workbook/at least part of it:

- Ask the person to talk you through **two or three** key things they have discovered that seem relevant to them.
- What's gone well in using it/helpful?
- What's not gone so well in using it/unhelpful?
- Did you learn anything new?
- Did you put it into practice? If not – what blocked you?
- Did it make a difference to how you deal with the particular problem and how you feel?

If they haven't used the workbook:

Q. What stopped you?

- Internal (e.g. forgot, not enough time, put it off, concerns I couldn't do it, I couldn't see the point of it etc.).
- External things/people (events that happened, work/home issues, etc.).

How could you plan to tackle these blocks?

- Use this as an experiment – give it a chance/try it out.

At some stage, always ask the patient if suicidal ideas are present

2). The next steps

- Review the **step-by-step approach** (staircase in Workbook 1.25)
- Review *short/medium and long-term goals*.

3). Choosing which workbook to use next:

- Consider which workbooks will build upon the work they have started already. If more than one is given out, jointly agree an order for reading them – perhaps write on them an order to read them in. A **maximum of 3-4 workbooks** should be given out at session 3 – with a brief review on how to use them (i.e. work on only one workbook at once, and read this one section at a time etc).

4). Very briefly review the workbooks you will give out

- Having chosen which workbook(s) to go through, spend some time (5 mins) briefly going through the workbooks showing them the essential points that will be covered.
- Then, in most cases offer **workbook 10** ("Planning for the Future) as the final workbook to read. Remember, this can be something to read as a long-term goal – e.g. in 6-8 weeks. Advise to read when they are feeling better and that it covers hints and tips as to how to stay well.

5). Ending.

- Ask how they have found the sessions.
- Ask is there any way we could have made them more helpful?
- How well have they met your needs?

Discharge: Complete the Patient Health Questionnaire 9 – if a score of more than 14, then bring back to the team for discussion prior to discharge. Bring back to the team any patient with active suicidal ideas on the PHQ.