

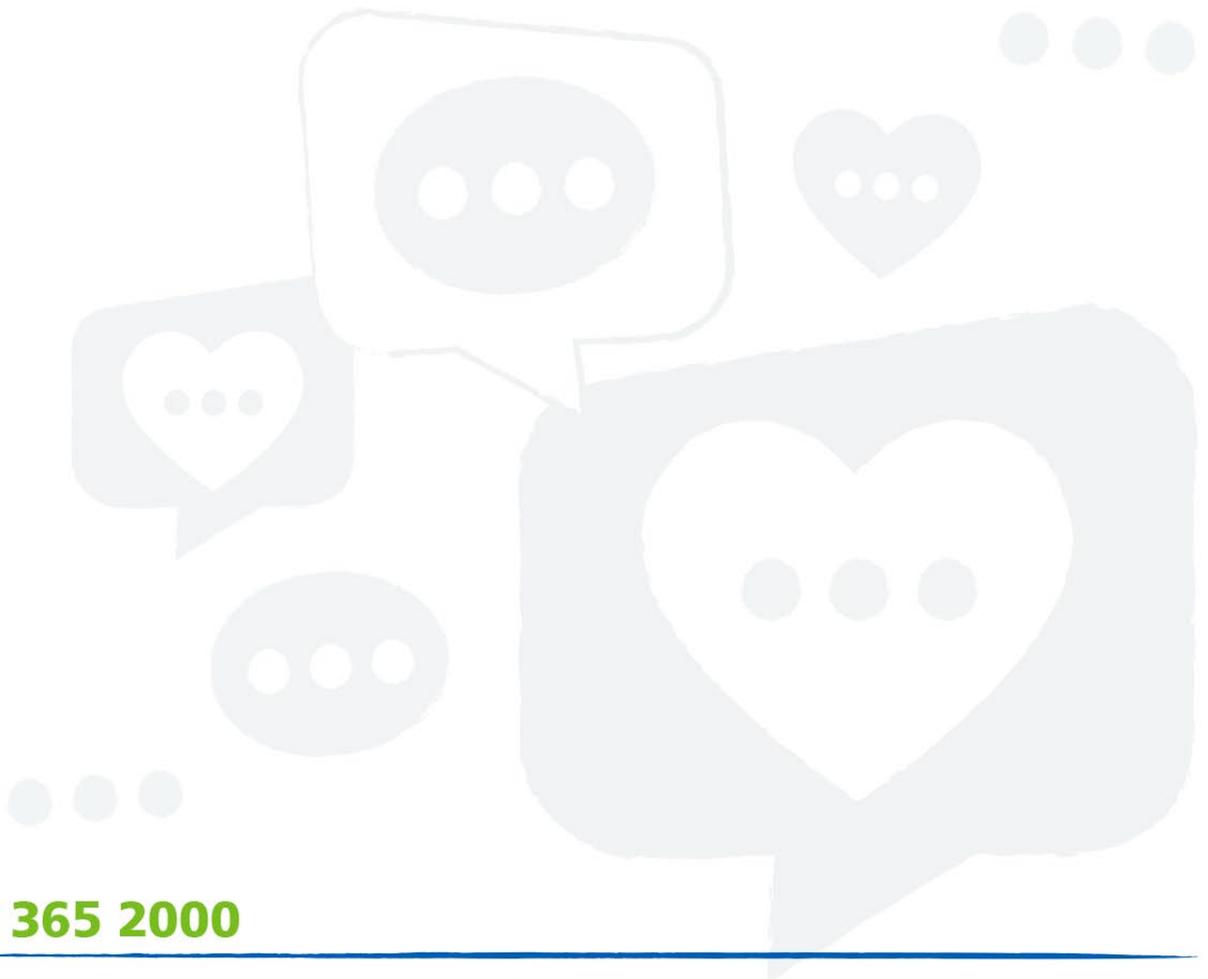


Talking Therapies
Workbook...

Workbook 1

CBT, anxiety and depression

Core workbook



 **0300 365 2000**

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Work through the above and tick once completed.

Introducing CBT

How can Cognitive Behavioural Therapy (CBT) help?

Cognitive Behavioural Therapy (CBT) is one form of psychological treatment that focuses on the 'here and now'.

Sometimes, when we feel low or anxious, we're more likely to see things in a negative way and our thoughts can become unhelpful.

Similarly, our behaviour can change and the things we do, or don't do, also become unhelpful or negative.

We can't directly change how we feel emotionally or physically, but by identifying, challenging and changing our unhelpful thoughts and behaviours, we can make changes indirectly.

Often, it is our response to a certain trigger or situation that causes us to feel the way we do.

It's not the trigger or situation itself that causes us to feel low or anxious, it's the way we interpret the situation or act because of it.

The ways we think and act are often our way of coping with the trigger or situation.

Although they can be helpful in the short-term, these coping mechanisms can end up being unhelpful in the long-term, especially if left unchanged.



Introducing CBT

Why use CBT?

CBT helps us to learn techniques to change our unhelpful coping mechanisms and gives us the tools to implement more helpful ways of coping.

For example, we can learn ways to restructure negative thoughts, manage worries and solve problems more effectively, and change our unhelpful behaviour.

CBT, as a self-help approach, has been proven to be one of the most effective ways of improving wellbeing, and has been endorsed by the National Institute of Clinical Excellence (NICE; www.nice.org.uk) as a recommended treatment option for anxiety and depression.

Reflect

- CBT does not tend to focus on the trigger or situation itself, as we want to focus on what we can control and change; our thoughts and behaviours.
- These are what maintain our cycles of low mood and/or anxiety in response to the trigger or situation.



Introducing CBT

What is treatment like?

CBT is different from other therapies in that it relies on the person engaging with it to complete tasks outside of the sessions in order to learn the skills and techniques required to make changes to how they think, feel and behave.

These skills and techniques give us a toolkit for use now, and in the future, the next time life gets difficult.

How do I get started?

Step 1

Identify the trigger or triggers (for examples see pages 6 and 7).

Step 2

Identify your symptoms under the following areas:

- Thoughts
- Feelings
- Physical
- Behaviour

Each of these different areas often affects the others.



Step 3

Use techniques learnt throughout your sessions with your therapist to help break these cycles.

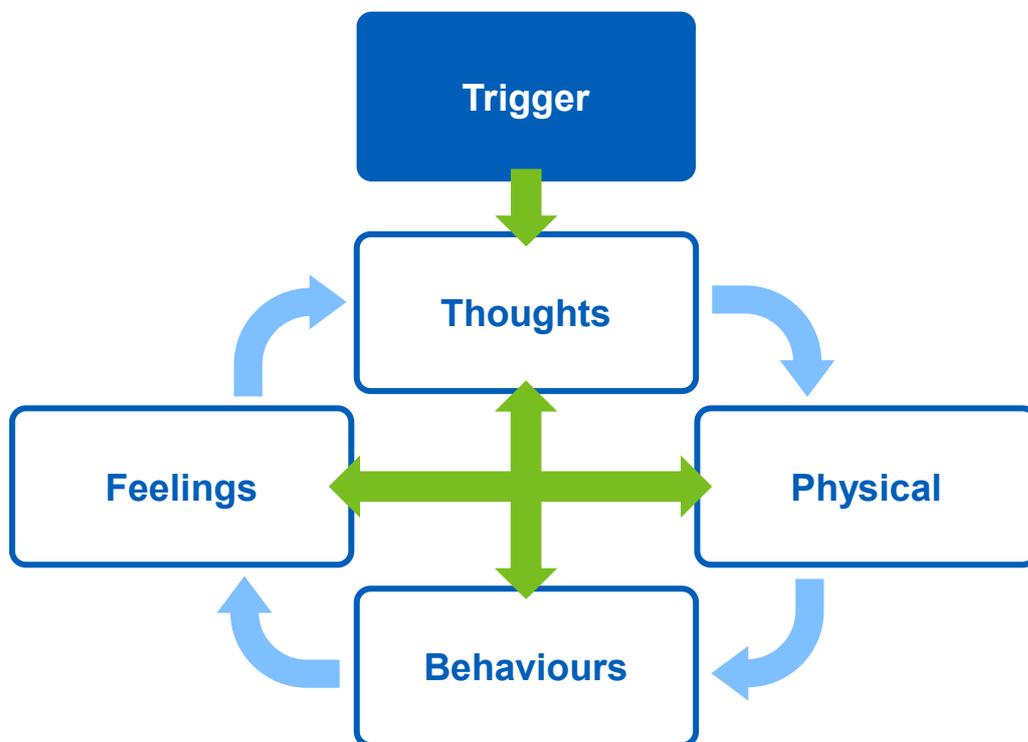


If you have any questions about how CBT works, please speak to your therapist.

Hot cross bun

The way you think about a problem (**thoughts**), can affect how your body reacts (**physically**) and emotionally (**feelings**). It can also alter how you might act in response to that trigger (**behaviour**).

A simple way of showing this process is in the 'hot cross bun' diagram below, which gets its name due to the cross in the middle and the round shape.



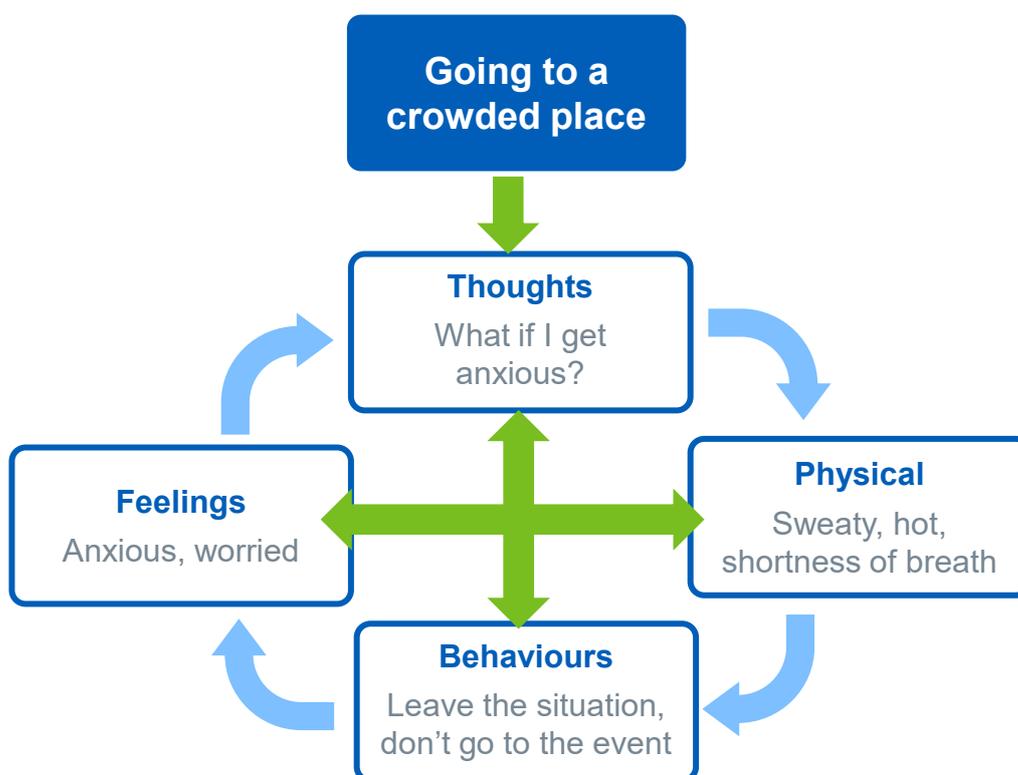
Try creating your own hot cross bun on page 13.

Anxiety

What is anxiety?

Anxiety is a normal and natural response to situations that we perceive as threatening. Everyone experiences anxiety, although the level of anxiety and the situations in which it presents itself can differ from person to person. For example, some people are terrified of speaking in front of a large audience, whereas other people are happy to do this.

Example:



What could maintain the anxiety cycle?

Avoidance

Gives us short-term relief, but in the long term reinforces our sense of not being able to cope as we do not learn that we would have been ok (safe) in the situation.

Misinterpretation

By not understanding the physical symptoms can lead us to think something else is happening (e.g. heart attack, physical illness etc.)

Why do we feel anxious?

Fight or flight

Anxiety serves a very important function – to protect us from danger. When we are faced with a threat our bodies produce a surge of adrenaline to prepare us to take action. This is commonly referred to as ‘fight or flight’.

When does fight or flight become a problem?

Anxiety becomes a problem when it starts to interfere with our ability to function in daily life. This can happen when we begin to perceive neutral, safe situations as threatening. People who suffer from anxiety tend to overestimate the threat in certain situations, and at the same time underestimate their ability to cope with that threat.

This leads to the person feeling overwhelmed or out of their depth.



Why do we feel anxious?

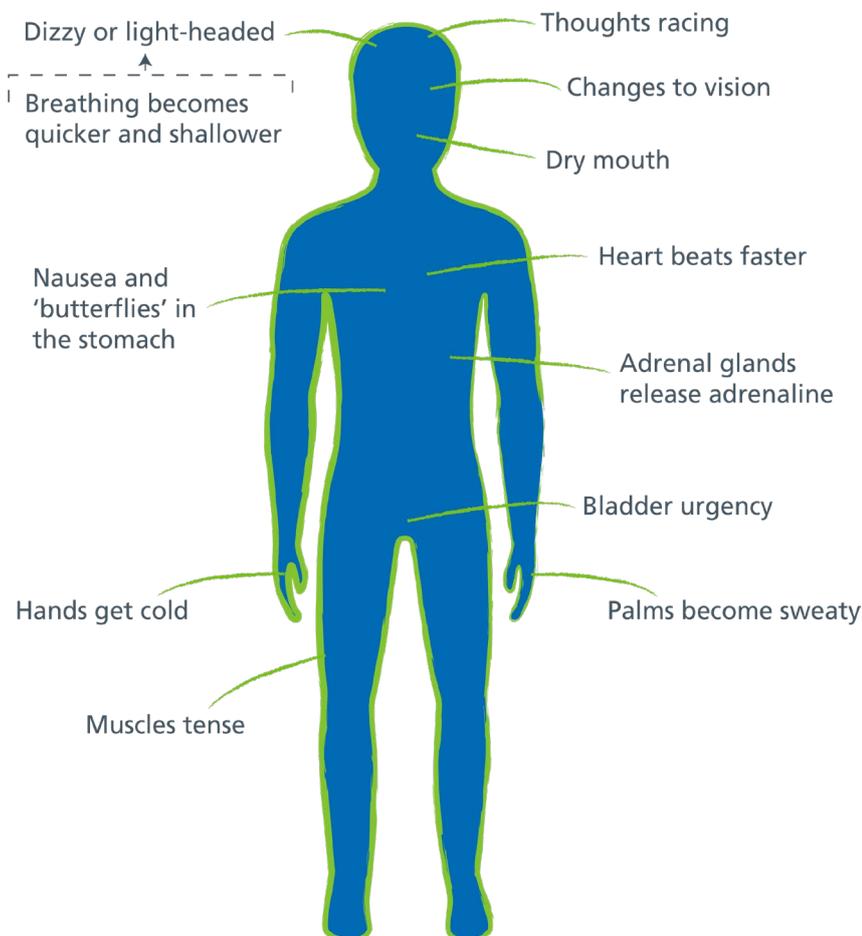
Imagine this scenario: Caveman v Tiger

A caveman is out hunting for his dinner when he is faced by a hungry tiger.

What does he need to do in order to survive? He needs to either fight the tiger off or run away.

In order to fight or flee, the body must prepare itself in a number of ways:

- The **brain** sends messages to the body to pump adrenaline into the bloodstream and large skeletal muscles of the arms and legs.
- The **heart** then pumps faster and needs more oxygen so our breathing rate increases.
- The **body** needs to cool down so it may sweat, causing clamminess or capillaries come to the surface of the skin, resulting in blushing.
- To be as light as possible, there may be a need for the bowels to empty or frequent urination to occur.



In our modern, daily lives, it is very unlikely that we will be faced with hungry tigers – but we are still exposed to real or imagined threats or stressors, and our bodies respond to these in the same way.

If the situation is not physically threatening (e.g. giving a presentation) this response is not helpful for coping with the situation, and can actually be quite frightening.

Left: Common physical symptoms of the 'fight or flight' response.

Depression

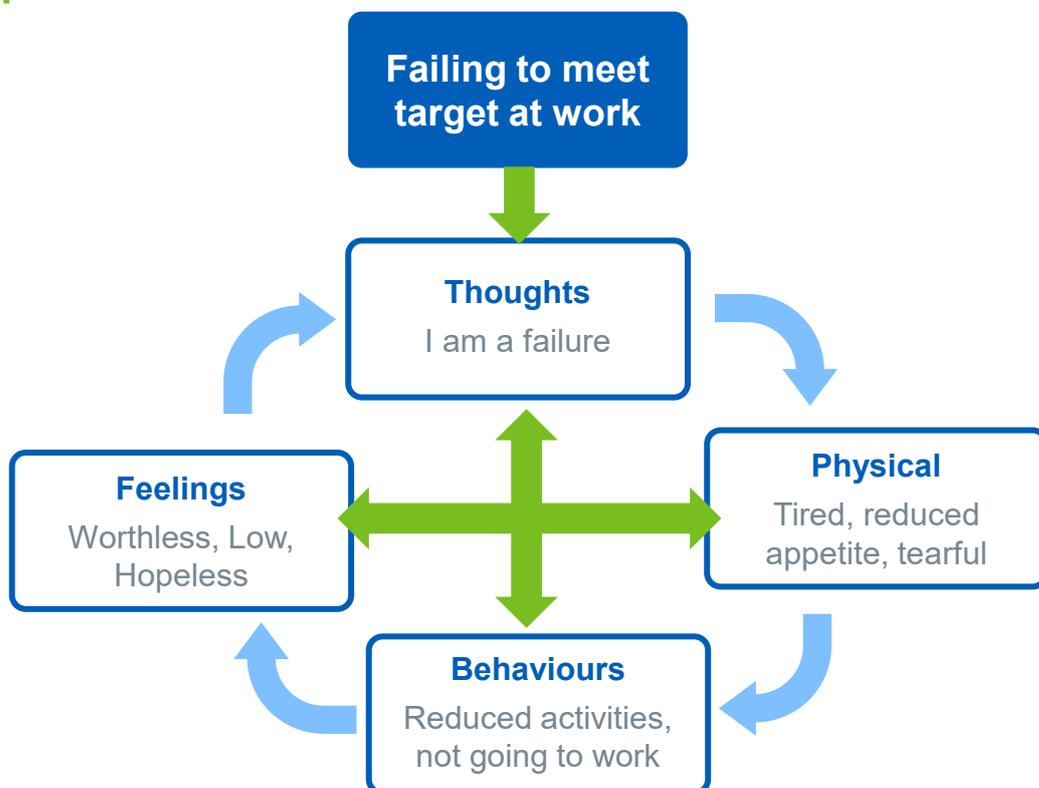
What is depression?

Feeling fed up and low in mood is a normal part of life. This is especially true when it's in response to an upsetting or difficult event or situation.

Usually, the reasons for us feeling low in mood are clear (e.g. a stressful situation, a relationship difficulty such as feeling let down by someone, or a practical problem) and the drop in our mood only lasts for a short period of time.

Occasionally a person's mood may seem to drop for little or no obvious reason, and it may be difficult to know why initially. In some cases, depression can worsen and completely dominate the person's life. When someone feels very low for more than two weeks, day after day, week after week, this is called a depressive illness. When depression occurs like this, it affects the person's mood and thinking. It can also lead to altered behaviour and cause a range of physical symptoms in their body.

Example:



Depression

What could maintain the depression cycle?

Reduced activity

Reduced activity is often experienced when a person is feeling depressed. Their activity levels may reduce due to a lack of energy, low motivation, and the fact it takes a lot more effort to do things.

Reduced activity can mean we struggle to keep on top of routine activities, such as household chores, necessary activities like paying bills or sorting out an important problem, and pleasurable activities such as seeing friends and engaging in hobbies.

By not engaging in these activities anymore, we lose the opportunity to experience a sense of pleasure, enjoyment and achievement that doing these activities normally gives us. Although avoiding activities gives us a short-term sense of relief, it impacts on our mood in the long-term by feeding into and maintaining it. The less we do, the lower we feel, the lower we feel, the less we do. It's a vicious cycle.

Rumination

Rumination is when you have constant and repetitive thoughts about something.

Sometimes we can find ourselves going over and over things in our mind that have happened in the past, or decisions we have made that have led to our current situation. This can feed into our low mood, cause us to struggle to engage in activities and be present in the moment, and lead to other negative thinking traps.

The more negative thoughts we have, the lower we feel and the lower we feel, the more negative thoughts we have. It's another vicious cycle.



Your first session

How do I prepare for my first session?

If you have arranged your first appointment with your therapist please complete the pages below.

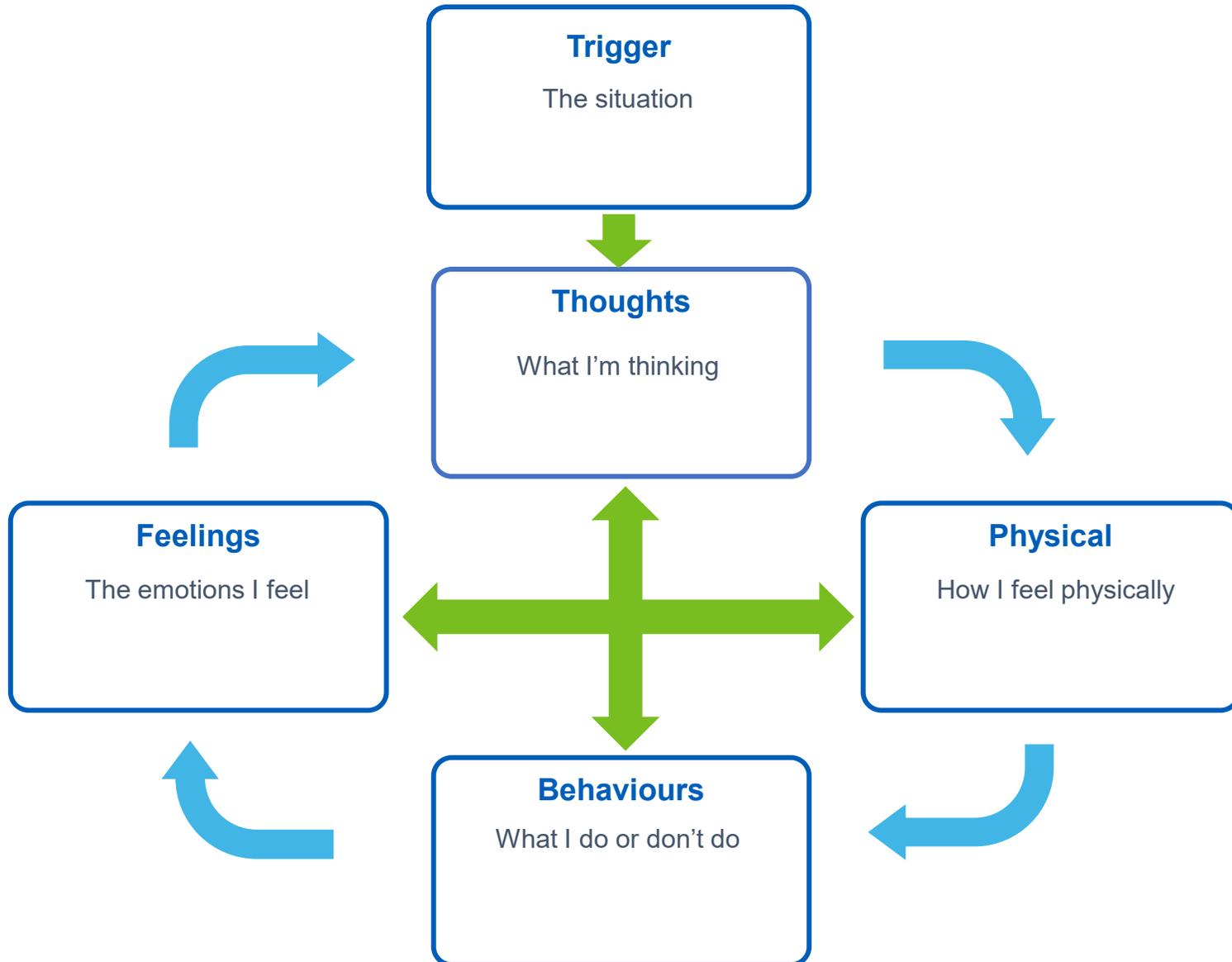
If your appointment is in person, it is important to bring these with you and share them with your therapist. If your appointment is over the phone or via video, please have these in front of you for the appointment.



Things to complete

- Hot cross bun** - Try creating your own hot cross bun considering trigger/s, how you feel physically and emotionally, what you do or don't do as a result and thoughts that cross your mind.
- Problem statement** - Summarise your main difficulties
- Goal setting** - What do you want to achieve in treatment?
- Questionnaires**

Hot cross bun



Problem statement

It can be helpful to reflect on what your current difficulties are in what we call a problem statement. Complete your problem statement below:

My Problem Statement	
My main problem is...	
This is triggered by...	
I think that...	
I have stopped/started...	
Physically, I feel...	
This has all impacted on...	

Goal setting

What are your treatment goals?

When planning your treatment goals, it is important to make sure they are **SMART**.

- **S**pecific – What, when, where, with who?
- **M**easurable – How will you know you have completed this activity?
- **A**chievable – Do you have everything you need to achieve this?
- **R**ealistic – Is it realistic?
- **T**ime-focused – What time, what day, for how long?

Example:

“Do exercise” becomes “To go swimming every Friday at 9am for 30 minutes, by myself”

My SMART Goals	
SMART Goal 1:	
SMART Goal 2:	
SMART Goal 3:	
SMART Goal 4:	

Questionnaires

What are the questionnaires?

As part of your treatment, you will be asked to complete the questionnaires for each session. You may recognise these from your initial assessment appointment. These look at the common symptoms of anxiety, depression, phobias and the impact of these. You may also receive additional questionnaires if there is one also relevant to your current difficulties. We do not use these to diagnose you with any mental health condition, but to help measure how you are feeling and whether there are any symptoms we should be aware of in treatment to be able to give you the best support we can.

How do I complete the questionnaires?

These are usually emailed to you to complete before the appointment if you have allowed web forms to be sent to you. It is helpful to complete these before each session.



Further resources



Workbooks

Centre for Clinical Interventions (CCI) – <https://www.cci.health.wa.gov.au/>

A range of detailed resources and PDF workbooks available to download for free focusing on a range of depression and anxiety related difficulties.

Northumberland, Tyne and Wear NHS – <https://web.ntw.nhs.uk/selfhelp/>

Self-help guides free to download by PDF and print on a range of difficulties including anxiety and depression.

Smartphone apps (found on Apple and Google Play store)

WRAP – Wellness recovery action app

Mood Tools – Depression aid

Fear Tools – Anxiety kit

Insight Timer – Meditation app

Websites

Mind – <https://www.mind.org.uk/>

Mental Health Foundation - <https://www.mentalhealth.org.uk/>

NHS - <https://www.nhs.uk/mental-health/>

Useful contacts...



Talking Therapies:

0300 365 2000

(Open 8am to 8pm Monday to Thursday
8am to 5pm Friday)

Email:

talkingtherapies@berkshire.nhs.uk

Other contacts:

Berkshire Crisis Team:

0800 129 9999

(24 hours, specialist service for
immediate mental health crisis)

Samaritans:

116 123

(24 hours, confidential listening service)

NHS Direct / out of hours:

111

(24 hours, physical and mental
health concerns)

In an emergency always call 999

