
Materials and worksheets

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Materials and worksheets

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1 Clinician prompt sheets

Clinician prompt sheet: engagement and goal setting

Aims

- 1 To obtain an understanding of the young person's current difficulties.
- 2 To identify areas of strength.
- 3 To define goals of therapy.

Tasks

1 Introduction of therapy

Acknowledge appreciation for the young person's participation.

Why are they there? Find out the young person's reasons for attendance and objectives for the therapy.

Set meeting days and times, and discuss how long the therapy is likely to take.

Explain about confidentiality.

Young people's handouts on CBT and on depression

2 Assessment of current difficulties

The goal is to get an overall picture of the present situation as the young person sees it. This involves pinpointing major problems, and gathering enough information to make a preliminary formulation.

Use the information already gathered, keeping in mind the following areas:

- symptoms e.g. sleep problems, worries, or other anxiety symptoms
- life problems e.g. contact with parents, educational problems
- interpersonal and social problems e.g. problems with friends
- associated negative thoughts e.g. 'nothing will change'
- onset/context of depression – 'was there a time when you felt OK?'
- hopelessness/suicidal thoughts – 'does life feel worth living?'

3 Drawing up a problem list

Draw up a list of problems identified by the young person. Help them to rate the severity of each problem using for instance a 1–10 scale.

4 Goal definition

Goals in relation to each problem area are then identified and recorded. Goals must be realistic and clearly defined so that it is clear when they are achieved; for example, 'How would you know if you were getting on better with your Mum?' Asking the young person to write down goals for themselves encourages ownership.

5 Summary of therapy

The young person is given information about practical matters such as number, duration of frequency of session, use of home practice and arrangements for making contact in case of need. The core principles of therapy can be repeated.

Clinician prompt sheet: emotional recognition

Aims

- 1 To clarify meaning of different emotions e.g. anger, sadness.
- 2 To help the young person distinguish between different emotional states and between feelings and thoughts.
- 3 To help the young person observe their own and other people's emotions.
- 4 To start linking emotions and mood with behaviour and thoughts.

Tasks

Young person uncovers emotional recognition cards, one at a time:

'During the sessions, we will be talking about the way you feel and about ways of helping you feel better in the future; people use different names to describe the way they feel. Therefore, it is important for me to check with you what you call different types of feelings. If you find it difficult to give a definition, you can use an example of how someone might be experiencing this feeling'.

Names of the following emotions can be written on separate coloured cards that are covered and put in front of the young person:

Ashamed	Hurt
Confused/mixed up	Left out
Excited	Lonely
Frustrated	Angry
Guilty	Sad/unhappy
Happy	Scared
	Upset

- 1 They are asked to describe the emotional state: 'How does it feel to be ...'
- 2 The young person is asked to give an example of recently feeling like this.
What were they doing and thinking at the time?
- 3 The young person is encouraged to make the link between their feelings and behaviour.

Home practice

What was happening/what I was doing	What I was feeling	What I was thinking

Practise by recalling two recent emotional states, for instance feeling happy and feeling sad. If the young person finds it difficult to complete any of the columns, they are encouraged to recall the appropriate mood/event/thought. The young person is asked to recognise when they are angry/sad/anxious/happy and write down what was happening, and what they were doing and thinking at the time.

The young person is reminded that it will be very important to complete the diary and bring it to the next session. Before closing the session, the therapist checks that the young person understood what they are supposed to do.

Clinician prompt sheet: activity scheduling (2 sessions)

Aims

- 1 To enable the young person to reinforce positive behaviour and gain a sense of control over their life.
- 2 To enable the young person to make a link about the positive effect of activity on mood.
- 3 To evaluate the level of boredom and inactivity and its interaction with depressed mood.

Tasks

- 1 Therapist elicits from the young person which activities they find pleasurable and whether this has changed. If the young person is no longer engaging in these activities the therapist explores possible reasons.
- 2 Therapist uses an activity diary to fill in examples of a recent day's activities with the young person at a level of detail that is briefly descriptive.

Home practice

Completing a diary for the following week is the homework task. Give handout on activity scheduling (see p. 185)

Following session: activity scheduling

Review diary in detail. Explain concepts of pleasure and achievement as important factors in improving mood.

- 1 The young person is asked to schedule an activity for each day that could be enjoyable or give a sense of achievement. If an activity for each day seems over-ambitious, the young person and therapist may choose two or three for the week. (Activity is likely to need a parent's permission and support.)
- 2 The young person can be asked to rate each new activity for pleasure and sense of achievement on 1–10 scales.
- 3 The young person can be asked to give a self-reward for completing the activity.

Include parents as appropriate.

Home practice

The young person is asked to continue to keep an activities diary. They should be encouraged to achieve at least one targeted activity each day.

Clinician prompt sheet: managing sleep problems

Aims

Take a detailed history.

Tasks

Use a sleep diary (see p. 184).

General strategies:

- bedtime routine
- relaxation, list of calming activities.

Agree times, process with young person and parent or carer.

Difficulties settling:

- relaxation tape
- reading or music
- checks from parents.

Night waking:

- personalised strategy for instance read for a fixed period, thought stopping, distraction.

Day–night reversal:

- use sleep diary
- activity schedules
- setting goals.

Clinician prompt sheet: eliciting and recording negative automatic thoughts (NATs)

Aims

- 1 Detection of automatic thoughts.
- 2 Recording NATs.
- 3 Continuing assessment/re-appraisal of functioning and risk.
- 4 Examine diary from previous week and identify material.

Explaining the rationale to the young person

The young person and therapist will act together as 'scientific collaborators' who will 'investigate' the young person's thinking. The therapist elicits the young person's ideas about the nature of their problems and uses an introduction such as: 'The ways in which we think about things affects our mood. Young people who are depressed often have ways of thinking which mean that they tend to look on the bad side of things. We are going to work together to identify these thoughts and challenge them. This is similar to the work we did at the beginning. Do you remember?'

Techniques

- 1 Direct questioning. Remind the young person of previous work about difference between feelings and thoughts.
- 2 Ask about pleasant and unpleasant events and examine diary. Look back through the diary to homework tasks, highlighting 'The thought detective'.

Check understanding.

Ask the young person about recent experiences:

- pleasant event
- unpleasant event
- thoughts prior to the appointment.

- 3 Ask about mental imagery.

If the young person is unclear the therapist can define a cognition as 'either a thought or a picture in your mind that you may not be aware of unless you focus your attention on it'.

Promote discussion of associated thoughts. If the young person has difficulty with the terminology, the therapist may use other terms to describe cognitive phenomena such as 'the things you say to yourself' or 'self-statements'.

Clinician prompt sheet: identifying beliefs and thinking errors

Aims

To develop previous work in identifying and recording negative automatic thoughts towards identifying beliefs and assumptions underlying the young person's depressive presentation.

Tasks

1 Use of questioning to elicit beliefs.

- Look for themes in thought records.
- Core beliefs concern oneself, others, the world.
- Take young person's descriptions to a deeper level by asking 'if that were true what would it mean to you?' (downward arrow technique)
- Re-frame statements to challenge the young person's beliefs. For example 'Can you explain how you consistently get top marks for your exams but believe that you are a failure at school?'
- Ask for more clarification 'I'm puzzled that you think that you are disliked yet you went out with friends three times last week?'

2 Identify faulty cognitive styles (use thinking errors fact sheet).

- All or nothing thinking (find a middle way).
- Over-generalisation (judge everything on its own merits).
- Discounting the positives (turning a compliment into an insult).
- Jumping to conclusions (mind reading, fortune telling).
- Magnification/minimisation (looking at the world through binoculars).
- Emotional reasoning (because you feel guilty you think that you have done something wrong).
- Should statements (beating yourself up).
- Labelling (one swallow doesn't make a summer).
- Personalisation (taking things personally).

3 Consider the involvement of family or carers if limited progress made with the young person alone.

Home practice

Completing a thought challenging sheet in the session can be very helpful. Agree diary task. Personalised charts must be salient to the session.

Clinician prompt sheet: challenging negative thinking

Aims

To support the young person in learning to challenge negative thinking.

Tasks

Cognitive restructuring techniques

1 Reality testing

Using information in the young person's diary ask them to find a recent event that they have found difficult.

- Rate believability (out of 100%). For instance: 'I have no friends. 80%'
- Examine evidence in favour of belief and write one sentence that summarises this. For instance: 'I used to enjoy going out with my friends but since my best friend got a boyfriend, another friend moved away and my sister changed schools I don't go out much.'
- Examine evidence not in support of the thought or belief. For instance, 'My friend still phones me a lot and asks me out. I'm planning to go to stay with my other friend soon.'
- If someone I know was in the situation what would I say to them?
- Create a balanced thought or belief. For instance 'At the moment my friendship group has changed. Various things have happened at once. My friends still care for me but I need to make new friends now'.

2 Design a behavioural experiment

- Operationalise beliefs. 'So how could we test out that that is true?'
- Design a simple experiment and record what happens. If the belief is that 'nothing I do improves my mood' you could use activity scheduling to test if this is true.

3 Challenging thinking styles (see handouts, pp. 188, 189)

- Monitor all or nothing thinking.
- Adopt the middle ground.

4 Repeated re-evaluation

- How much do you believe the thought?
- Remember that thinking negative thoughts in sessions can be difficult.
- Distraction techniques can be used if the young person is so distressed when thoughts arise:
 - focus on an object;
 - sensory awareness;
 - thought stopping.

Home practice (see handout, p. 190)

The young person is asked to act as a 'thought detective' for the next week. Each day, negative thoughts should be recorded in the diary. The young person is encouraged to weigh up the evidence that supports or rejects them. As cognitive techniques are introduced, diaries which build in cognitive restructuring techniques can be introduced.

Home practice review

Each week young person and therapist review entry to diary.

Clinician prompt sheet: communication and interpersonal skills

Aims

- 1 To elicit and work on communication difficulties.
- 2 To improve interpersonal skills.
- 3 To give the young person the message that the skills can be learnt.
- 4 To link improvement in social relationships with improved mood.

Communication skills

- 1 'Getting on well with people involves communication. Do you know what that means? Communication consists of *listening* to others as well as *talking* to others. To have a *conversation* you need to *start* one and be able to *continue* one. Before all of this you need to *get to know* new people. These are the skills which we are going to practise today.'
- 2 Look at stills on page 112 as a basis, go through the main features of listening and conversation skills.
- 3 Examples to generate discussion: Ask young person if they are a good listener or if they know someone who is, give examples. Ask for examples of recent conversations with problems. Break these down into the skills above and using role play, if appropriate, practise listening and conversation skills.
- 4 Share the information about skills of 'introducing myself'. Ask the young person when they last met somebody new, talk about difficulties with making new friends, meeting new people. As with listening and conversation skills, use role play where appropriate.

Interpersonal skills

'The next set of exercises involve working on talking to people and on thinking more about getting on with friends, parents, teachers better.'

Share the information in the handout and explore difficulties in each area. Use role play as appropriate.

- *Joining in*: explore current difficulties for example feeling left out, lonely.
- *Sharing*: explore difficulties for example with siblings, peers, jealousy, rivalry.
- *Complimenting*: experiences of complimenting others and being understood.

Home practice instructions

The home practice task will depend on the work covered in the session and on the young person's individual difficulties. The young person might be asked to initiate one conversation per day over the coming week and record these in their diary. In addition, the therapist explores the potential for the young person to meet new people, introduce themselves and use other interpersonal skills practised in the session. The young person is asked to pay attention to arguments over the week with parents, peers, teachers and to record these in the diary. The aim is to encourage the young person to monitor and record difficulties with social relationships.

Clinician prompt sheet: social problem-solving

Aims

- 1 To help the young person clarify specific ways of approaching social and interpersonal problems. It is important to highlight the notion of 'small everyday problems' rather than major crises or life events.
- 2 To link improvement in social relationships with mood.
- 3 To combine work on communication and interpersonal skills with interpersonal problem-solving.

Problem-solving

- 1 Share the handout 'seven steps to solving problems'.
- 2 Using the previous week's diary choose a problem situation. The young person is asked to clarify which particular aspect of this situation or interaction is most difficult and uses it to brainstorm options.

Examples of difficulties:

Initiating or keeping a conversation going with another young person
Joining in activities with other young people for instance, breaks at school
Asking for something in class or home
Arguments with parents or peers
Handling an argument
Standing up for oneself at school or home

- 3 The young person is asked to choose a social situation in which they encounter difficulties. The young person and therapist then work through the seven steps. Repeat with another problem if felt necessary. The examples may be useful if the young person is unable to think of one.

Home practice

A problem that the young person can work on outside of the session is identified or the young person has identified or the young person can put into action an agreed solution and feedback in the following session.

Clinician prompt sheet: ending therapy

Aims

- 1 To summarise treatment so far.
- 2 To review specific links between the initial symptoms and the work in different sessions, which implies that the themes of the therapy could be of further help in the future.
- 3 To compare the way the young person currently feels with their mood at the beginning of therapy, and recognise how they have tackled these symptoms.
- 4 To focus on particular aspects of the therapy that they found helpful.
- 5 To think of specific areas of remaining difficulties, which are yet to be resolved.
- 6 To help the young person identify how to work on these ideas after the end of therapy.
- 7 To reinforce the young person's belief in themselves as able to influence how they feel.
- 8 To identify any possible stresses that might lead to future difficulties, identify 'first signs' and discuss how and when to make contact again.

Tasks

1 General review.

The young person is asked to think back to the beginning of therapy. Specific goals identified can be referred to. Particular importance is paid to the young person's depressed mood at the outset of therapy. Diaries or records can help.

2 Review of the therapy.

The therapist defines and repeats the main themes of the treatment to the young person and links them to the formulation. Discuss what the young person has felt has been helpful. A therapy 'blueprint' may be used to describe what has been discussed.

3 Further actions.

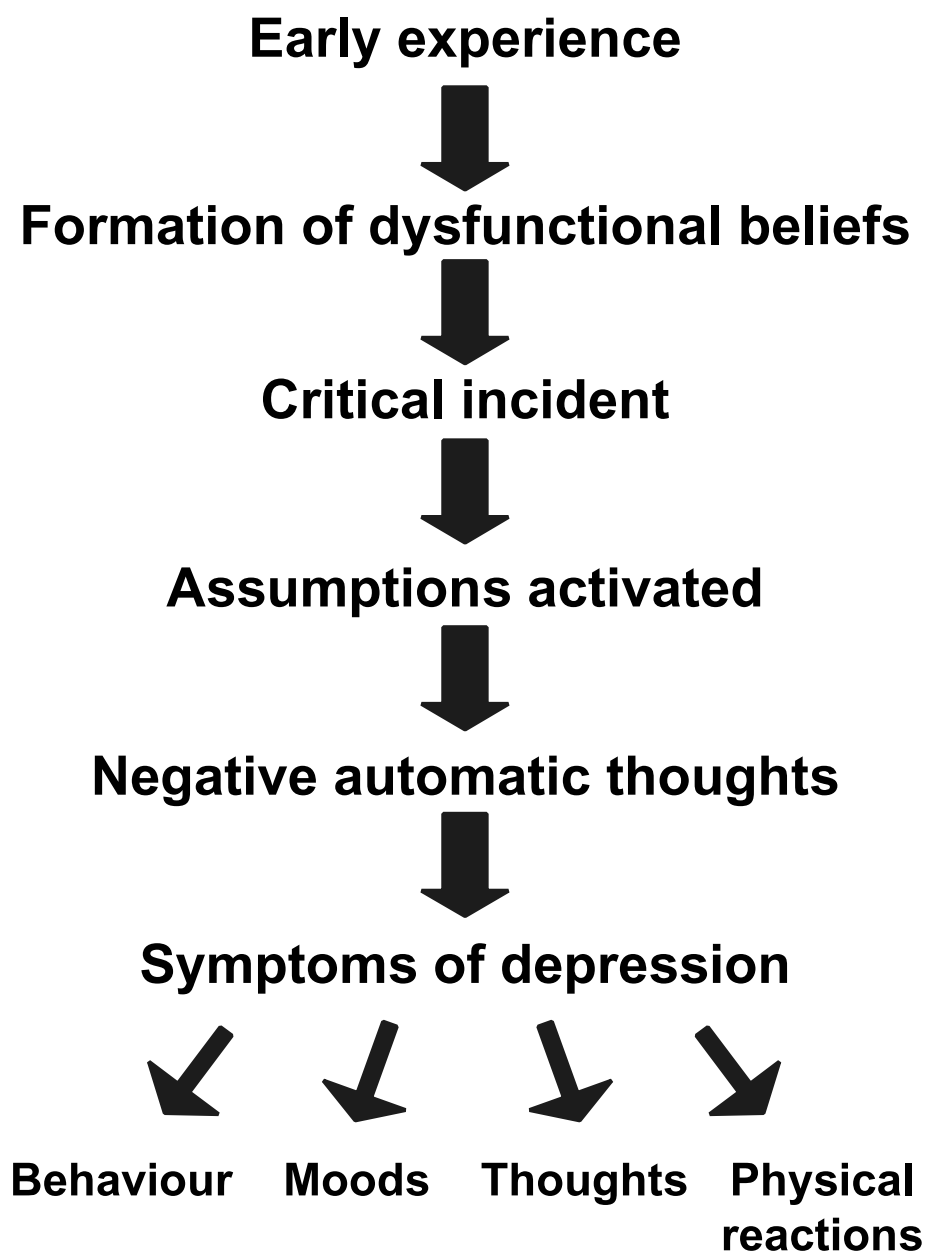
The therapist and young person can also discuss in more detail any remaining difficulties and appropriate actions.

The following *key messages* are given to the young person:

- plans from the service once the therapy sessions have come to an end, if further follow-up is planned
- the young person achieved changes through their own efforts
- if any problems arise, or the feelings of sadness return, or it is difficult to cope be clear about who they can tell, methods of further contact with the therapist or other options for help. Using diaries can be helpful.

2 Materials for use in CBT

CBT model of depression



Young person's fact sheet:

What is depression?

Anyone can get depressed. It is the most common psychological problem. It varies from person to person but often stressful and difficult things can trigger depression. We all feel sad from time to time but usually the feeling passes. With depression these feelings of sadness just seem to go on and on.

Main features of depression in teenagers

Depression can affect how you feel, how you think and things that you do.

- Negative styles of thinking may include:
 - low self-esteem/confidence
 - feeling things are hopeless and no one can help
 - feeling inadequate or that everyone else is better than you.
- Difficulties with friends may include:
 - reducing your social activities
 - falling out with people you used to get on with.
- Symptoms of depression may include:
 - feeling sad and crying easily
 - having trouble sleeping
 - becoming less active
 - loss of interest in things you use to enjoy
 - feeling like harming yourself
 - having no motivation and feeling tired most of the time
 - losing your appetite
 - it is hard to concentrate
 - losing your temper more easily
 - feeling guilty.

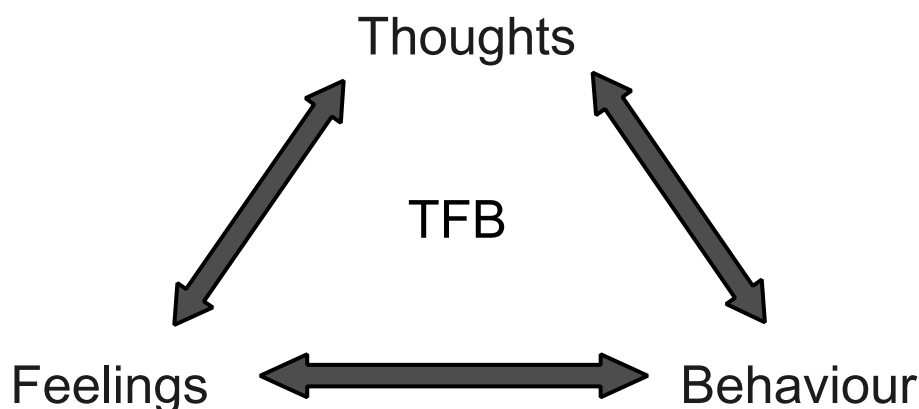
The problem with depression is that the symptoms can make you feel worse and worse. For instance, if you stop going out then you don't see your friends and it gets harder to be sociable. Depression can make you feel like there is no way out but help starts here.

Young person's fact sheet:

What is CBT?

CBT or cognitive behaviour therapy is a therapy that helps young people get over their depression and the problems related to the depression. There is a great deal of research that shows CBT helps.

A cycle occurs where the depression changes a person's thoughts, feelings and behaviour or TFB.



CBT sessions usually last for 6 to 12 weeks. The therapist and the young person work together to understand the problems and set goals. Then the therapist teaches new skills to make things better. When a young person is depressed it changes how they think and process information. CBT focuses on the links between **THOUGHTS**, **FEELINGS** and **BEHAVIOUR**. The aim of the CBT is to change some of the behaviours and thoughts and reduce the symptoms of depression. An important part of the therapy is the home practice where the new skills are practised.

CBT looks at identifying and challenging negative thinking styles. When you are depressed it feels that these thoughts are true but it is the depression. CBT will help you to change your thoughts. Negative styles of thinking can relate to childhood experiences, forming the basis of our beliefs about:

- **self** e.g. 'I am a bad person'
- **others** e.g. 'people can not be trusted'
- **the world** e.g. 'the world is not a safe place'.

CBT will also help to look at problems in relationships and other problems.

Severity rating scale

Severity rating scale



1 2 3 4 5 6 7 8 9 10
very low very high

Mood rating scale

Mood rating scale



1 2 3 4 5 6 7 8 9 10
very low very high

Self-monitoring diary

Pleasant event	Feelings	Thoughts
1		
2		

Unpleasant event	Feelings	Thoughts
1		
2		

Activating yourself fact sheet

The problem

When people feel depressed they tend to slow down both mentally and physically. Everything you do feels like an effort, so you do less, and then you feel bad about doing less. You then start to believe that you can do nothing and that you'll never feel better, or get over it. This makes you feel even more depressed, and it becomes even more difficult to do anything. This is what we call a vicious circle.

The way out

To make you feel better, we need to try and break this vicious circle. A good way to do this is to start by becoming more active.

- ☆ Activity makes you feel better. If nothing else, activity takes your mind off painful feelings. It can give you the sense of being more in control, and you may even find there are things you enjoy doing.
- ☆ Activity makes you feel less tired. Normally, when you are tired you need to rest. When you feel depressed, the opposite is true, and you need to do more. Doing nothing will only make you feel even more tired than you feel already.
- ☆ Activity makes you feel like doing more.
- ☆ Activity improves your ability to think. This means that putting problems into perspective will become easier.

Becoming more active will help you begin to overcome your depression, but getting started is not always easy. This is because when people are depressed they tend to think negatively of themselves, the world and the future, and therefore tend to find themselves thinking, 'I won't enjoy it', 'I'll only make a mess of it', 'It's too difficult', etc. These thoughts will make taking action even harder. It is important to start with small steps.

Later we will work directly on the thoughts that are stopping you from getting down to what you want to do. We will learn to notice and challenge them, so that they don't stand in your way.

Many depressed people firmly believe that they are doing nothing, achieving nothing, and enjoying nothing. A way to help you plan your day productively and enjoyably is to use an activity schedule. An activity schedule is an hour by hour record of what you do, and is a way of showing just how you are spending your time.

Self-monitoring

- 1 For the next few days, record exactly what you do, hour by hour.

- 2 Give each activity a rating of between 1 and 10 for PLEASURE (P) and for ACHIEVEMENT (A). Your pleasure score is how much you enjoyed doing the activity, and your achievement score is how well you thought you did the activity. You can use any number between 1 and 10 to indicate the degree of enjoyment or pleasure you experienced, and the sense of achievement you got from doing it. 10 is the most positive.
- 3 It is important to rate your activities for P and A when you have just completed the activity, not some time later. If you wait until later your negative thoughts and depressed feelings will make you devalue what you had done earlier. It is much easier to remember things that we don't like or enjoy than the good and positive things we do. Rating your activities immediately will help you to start to notice even small degrees of pleasure and achievement which might have gone unnoticed before.
- 4 Achievement should be rated according to how difficult the activity was for you now not how difficult it was for you before you got depressed, or how difficult everyone else would find it. When people feel depressed, things that used to be very easy, become difficult, so make sure you give yourself credit when you achieve them.

Your activity schedule will show you in detail exactly what you are doing and enjoying, which will help you to challenge the belief that nothing goes well for you. You may find that you are more active, achieving more, and getting more enjoyment out of things than you had thought. Even if this is not the case, your activity schedule will help you identify what it is that is getting in the way.

Planning ahead

Now that you know how you are spending your time, the next step is to plan each day in advance. You can plan to do the sort of activity that you enjoy and that makes you feel you are achieving something for each day.

- 1 Planning your time will allow you to feel that you are taking control of your life again, and give you a sense of purpose.
- 2 Having a set plan for your day will help you to keep focused and will also help you to keep going when you are feeling bad.
- 3 Once you have set out your day in writing it will seem more manageable. You will have your day broken down into manageable units rather than a long stretch of time that can sometimes feel like forever.

Hints to help you stick to your activity schedule

- 1 Set aside a particular time each evening to read over what you have done during the day and to plan for tomorrow. It is useful to do this at a time when you are not likely to be interrupted.

- 2 If you are finding it hard to get down to doing a particular task, for example, doing your homework, tell your muscles in detail what to do. Use specific instructions like 'Sit at desk', 'Pick up book', 'Now read'. As soon as you have told yourself what to do, do it. Don't allow any pause for doubts to creep in.
- 3 To help get yourself moving remove distractions, such as by turning the television off.
- 4 Avoid going to bed. Use your bed for sleeping in at night, and not for using during the day. If you feel you need to relax during the day, then do it some other way such as listening to music or reading.
- 5 Reward yourself for what you have done. For example, you could tell yourself that when you've completed an activity you will have a cup of coffee, a bar of chocolate, or watch TV with your Mum.
- 6 Give yourself cues for action. You could set an alarm to signal the time to start or end an activity. Put signs up around the house to remind you of what you are supposed to be doing. You could tell someone in your family that say 7:30 is your time for planning the next day, and get them to remind you if you get distracted.
- 7 Give yourself encouragement. Start the day with an activity that will give you a sense of achievement and that you have a good chance of completing successfully.
- 8 Try to fill your day with an equal number of things that you enjoy doing and things that give you a sense of achievement.
- 9 Stick to the pattern of activities that you have found most rewarding and fulfilling in the past, there's a good chance that once you get going you will enjoy it again.
- 10 Watch out for negative thoughts that tell you you can't do things. Write them down and answer them at once, then act on the answers.

Activity schedule

Name: _____ Week Beginning: _____

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8-9							
9-10							
10-11							
11-12							
12-1							
1-2							
2-3							
3-4							
4-5							
5-6							
6-7							
7-8							
8-9							
9-10							

Your activity diary

Each day write down what you have been doing and give a score out of 10 for how much you enjoyed it or felt that you had achieved something by doing it.

1 out of 10 means that you didn't enjoy it or feel that you had achieved anything at all by doing it.

10 out of 10 means that you really enjoyed it or felt that you had achieved something by doing it.

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

List of rewards

Complete this list on your own or with a parent or friend.

People

Name 2 people that you would like to see more of

- 1
- 2

Things

Write down two things that you would really like to have (make sure that they are things such as a magazine or CD that you might afford).

- 1
- 2

What are your favourite things to eat?

- 1
- 2

What are your favourite drinks (non-alcoholic)?

- 1
- 2

What activities have you enjoyed in the past?

- 1
- 2

What places have you enjoyed going to in the past?

- 1
- 2

Are there other things that you would like to do, have or see that you haven't written above above?

- 1
- 2
- 3
- 4

I am going to reward myself for:

.....

.....

.....

.....

SLEEP DIARY

(-2 = bad/poor; +2 = good)

Name: _____ Remember to complete this diary each morning approximately 15–20 minutes after awakening

YESTERDAY

Fill in date
under
each day

THIS MORNING

	Went to sleep last night, felt (circle one)	Went to bed at: (time)	Fell asleep in: (minutes)	During the night awoke at: (time)	And stayed awake for: (minutes)	During the night awoke at: (time)	Slept a total of: (hours)	When got up this morning felt: (circle one)	Overall, sleep last night was: (circle one)	Use an alarm (yes/no)
Monday	-2 -1 0 +1 +2							-2 -1 0 +1 +2	-2 -1 0 +1 +2	
Tuesday	-2 -1 0 +1 +2							-2 -1 0 +1 +2	-2 -1 0 +1 +2	
Wednesday	-2 -1 0 +1 +2							-2 -1 0 +1 +2	-2 -1 0 +1 +2	
Thursday	-2 -1 0 +1 +2							-2 -1 0 +1 +2	-2 -1 0 +1 +2	
Friday	-2 -1 0 +1 +2							-2 -1 0 +1 +2	-2 -1 0 +1 +2	
Saturday	-2 -1 0 +1 +2							-2 -1 0 +1 +2	-2 -1 0 +1 +2	
Sunday	-2 -1 0 +1 +2							-2 -1 0 +1 +2	-2 -1 0 +1 +2	

Negative automatic thoughts (NATs) fact sheet

What are NATs?

We all have lots of thoughts that go through our minds everyday. When people get depressed however, some of these thoughts can be unhelpful and make them feel bad.

We call these types of thoughts negative automatic thoughts, or **NATs**.

It is really important to be able to spot **NATs** so that they can be challenged.

NATs are:

AUTOMATIC – they just come into your mind without any effort. Unless you are looking out for them you might not realise that they're there. **NATs** come when they want to, without giving you a choice, and they can be difficult to stop. It takes lots of practice.

TWISTED – **NATs** present themselves as facts but if you examine them closely, you will usually find that there is little or no evidence for them. They have built themselves on scraps of evidence. This is good because it means they aren't as strong as they might at first seem.

BELIEVABLE – to you that is . . . **NATs** are smart but sneaky. They make sure that you accept them without question. Other people might question them but the **NATs** have brainwashed you into believing whatever they say.

UNHELPFUL – they get you feeling down and then they keep you there. They make it difficult to change.

Here are some examples of **negative automatic thoughts**:

- bad things are always my fault
- everyone thinks I'm boring
- I'll never have any friends
- I'm a failure
- I'm bad
- I'm going to get this wrong
- I'm stupid
- I'm ugly
- my problems will never go away
- no one cares what happens to me
- nobody likes me
- nothing will ever work out for me
- there is nothing to look forward to
- I always have bad luck
- I can't do anything right.

It's important to remember that these sorts of thoughts can seem true when you are depressed, but in reality, they are not true, and you can learn how to change them.

Thinking errors fact sheet

Thinking errors are unhelpful ways of thinking that make you feel bad. We all make these errors from time to time. It only becomes a problem when they happen regularly and stop you from making real choices about what you can and can't do.

There are five main thinking errors to look out for.

1 All or nothing thinking.

This is when you see everything in terms of extremes. Things are either brilliant or terrible, a total success or a complete failure.

For example: Jack made a small mistake and didn't get top marks for his assignment. He thought 'my work is rubbish; I might just as well have failed'. This is an example of all or nothing thinking.

2 Jumping to conclusions.

This can happen in two ways:

Mind reading. Thinking that you know what someone else is thinking or feeling.

For example: Mandy and Tanya were friends. Then Mandy walked past Tanya at school and didn't say hello. Tanya thought 'She ignored me because she doesn't like me. She thinks I'm boring'.

Tanya was mind reading. She guessed that Mandy didn't speak to her because she doesn't like her, rather than thinking that perhaps Mandy didn't see her. She might have been in a rush or had something on her mind.

Predicting the worst. Expecting things to turn out bad.

For example: Ben decided not to go to his geography exam because he thought it would be too hard and he wouldn't be able to answer any of the questions.

Ben was predicting the worst. His thinking error did not fit the facts. He had done lots of revision for the geography exam and so there was no reason why he shouldn't have been able to answer at least some of these questions.

3 Over-generalising or catastrophising

This is thinking that because one thing has gone wrong, everything's going to go wrong and nothing will ever work out well for you.

For example: Stuart had an argument with his dad. He thought 'Dad doesn't understand me, no one understands me or cares about me and they never will'.

4 Shoulds, musts and oughts

This is giving yourself a hard time by using ultimatum words like should, must and ought: 'I should be getting better quicker than this; I must try harder; I ought to have known better'. These sorts of thoughts are likely to make you feel guilty and angry all the time.

5 Blaming yourself

This is feeling responsible for things that aren't your fault.

For example: Sarah's parents were always arguing. She thought 'Mum and Dad keep arguing because I do things that annoy them and put them in a bad mood'.

Mood diary

Please give a rating out of 10 for your feelings and thoughts. The stronger the feeling or thought the higher the rating.

The event or situation What was happening or what was I doing?	Feelings How was I feeling? (1–10)	Thoughts What was I thinking? (1–10)	Feelings after thought challenging Copy the feelings from column two into this column and rate them again (1–10)	Thoughts after thought challenging Copy the thoughts from column three into this column and rate them again (1–10)

Thought challenging worksheet

The NAT that I am going to challenge:

Question 1

What is the evidence for this NAT:

What is the evidence against this NAT:

Question 2

What is an alternative, more balanced thought?

Question 3

Am I making any thinking errors?

- all or nothing thinking
 - jumping to conclusions: mind reading or predicting the worst
 - over-generalising or catastrophising
 - shoulds, musts and oughts
 - blaming yourself.
-

Problem-solving handout

We all have choices of how we behave towards other people. The responses we choose can produce different outcomes. We can therefore think of ourselves as Detectives trying to solve social problems – just as police detectives try to solve crimes.

Step 1: **DETECT**

Stop and think!

What is the problem?



Step 2: **INVESTIGATE**

What could you do? (think of three different things. Don't worry whether they are the right choices or not.)

What would happen next? (think of good things and bad.)

Which of these would be best?



Step 3: **SOLVE**

What are you going to say or do?

What do you have to remember?



Seven steps to solving problems

- 1 Define the problem.
What exactly is the problem? Make it fit into '... the problem is how to ...'
- 2 Brainstorm to generate possible solutions.
Think of as many ways you can of solving this problem.
- 3 Focus energy and attention on the task.
Be determined to solve this problem – don't let it beat you. Be sure of why it is important to solve the problem.
- 4 Project the outcome of each of the possible solutions.
What would be the advantages and disadvantages of doing each of the things you outlined in Step 2?
- 5 Weigh the consequences and choose a solution.
Step 4 can take some time! Weigh up the pros and cons and choose a solution to try for starters.
- 6 Evaluate the outcome of the chosen action.
See what happens!
- 7 Give yourself a reward for success or try one of the other possible solutions.
If you got it right the first time, well done! Give yourself a treat. If not, don't be too disappointed – work your way through your list and try another solution or go back to the start and re-define the problem.

Problem-solving worksheet

What is the problem?

.....

.....

What could you do? (Think of three different things. Don't worry whether they are the right choices or not.)

1
.....

2
.....

3
.....

What would happen next?

1
.....

2
.....

3
.....

Which of these would be best?

.....

.....

Make a plan

What are you going to say or do?

.....

What do you have to remember?

.....

.....

Why not have a go? How did you get on?

.....

.....

Social problem-solving predicaments

A teacher accuses you of doing something serious, like stealing or breaking something in the school. You didn't do it, but you know that one of your mates did. What would you say or do?

Your teacher puts you in detention for something you feel you didn't do. You feel that the teacher is picking on you. What would you say or do?

Somebody in your class opens their desk and you see in it a number of things that have been lost by your friends. What would you say or do? To your friends? To this person?

Your teacher gave you a detention, which you didn't go to. The next day your teacher asks you to wait for him after the lesson. What would you say or do?

You are starting a new school. Nobody seems to want to go round with you or make friends. What would you do or say?

You are starting a new school. Some of the people there start teasing you and calling you names. What would you do or say?

Your younger brother tells you that he is being bullied by some kids in your year. What would you say or do?

One of your school mates tells you that someone at school has been spreading lies about you. What would you do or say? To this mate? To the person who's supposed to have been spreading lies?

Your parents have gone away for the weekend leaving you in charge of the house. Your mates find out and suggest having a party. Your little brother has threatened to tell your parents if anything happens. What would you do?

You are going home from a party. It is after midnight, raining and you are 5 miles away from home. You are worried about getting home late. You are with three of your mates – one of them suggests nicking a car. What would you do?

Your mate had two tickets for a concert. You talked him into giving you one, which was meant for another of his mates. You meet the person the ticket was bought for. What would you do?

You hear from a mate that your boy/girlfriend has been seen with a mate of yours at a party. What would you do?

At work your boss makes a fool of you in front of six of your workmates about dropping and breaking something. You feel embarrassed and angry. What would you do?

Your mum wants you to baby-sit for your little sister on Saturday night but you want to go out. What do you do?

A friend tells you that a girl/boy fancies you. You meet him/her in the street. What do you do?

Someone has been spreading lies about you. What do you do?

You lend a friend your favourite CD. He/she later says that they have lost it. What do you do?

Therapy blueprint

Treatment goals	What helped?

The treatment:

- recognising emotions
- linking events with feelings and thoughts
- rewarding yourself for being able to change
- solving problems in social situations
- checking on thoughts, looking for evidence
- looking for positive causes, consequences, effects on feelings.