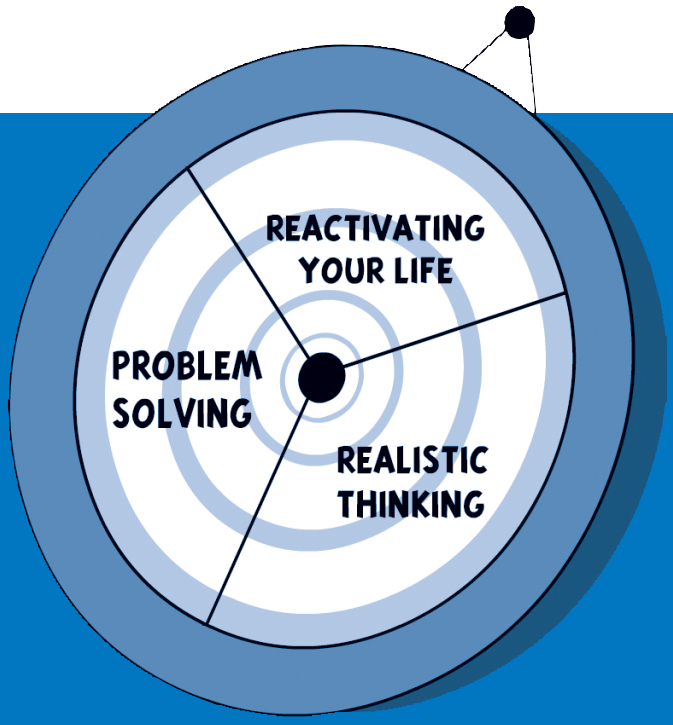
Antidepressant Skills at Work:

Dealing with Mood Problems in the Workplace



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Antidepressant Skills at Work is an adaptation of the Antidepressant Skills Workbook (2005; www.carmha.ca/publications), authored by Dr. Dan Bilsker and Dr. Randy Paterson.

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Copies of this book can be downloaded and printed at no cost from: **www.bcmhas.ca/research** or **www.carmha.ca/publications**

Employers and organizations who wish to do a print run of this manual are requested to contact **info@carmha.ca**.

Note: *This book is meant to provide accurate information about depression. It is not a psychological or medical treatment and is not a replacement for treatment where this is needed. If expert assistance or treatment is required, the services of a competent professional should be sought.*

About this book

Antidepressant Skills at Work is intended for:

- *Working people with low mood, who may be at risk for developing depression.*
- *Working people who have developed a mild or major depression.*
- *Individuals who have been off work for a period of time, and are reentering the workplace.*
- *Partners, family members, friends or workplace colleagues who want to help an individual suffering from low mood or depression.*
- *Employers, supervisors or managers concerned about the well-being of their staff.*
- *Treatment providers who would like a tool to use as an adjunct to their clinical treatment.*

This workbook is based on research about strategies that are effective in managing depressed mood. It focuses on ways to:

- *Deal with workplace problems so they are less likely to cause depressed mood or lead to depression.*
- *Reduce the effects of depression and depressed mood on work satisfaction and performance.*

In the workbook, you will find:

- *A description of depression and depressed mood, possible causes and options for treatment.*
- *Detailed descriptions of three practical skills, based on scientific evidence, for dealing with depression and low mood. Sometimes the skills can be used on their own, when the mood problem isn't too severe. Sometimes the skills have to be used along with treatments by professionals. The strategies are presented in a clear, step-by-step format that will help you to work steadily toward your goals.*
- *Stories that show how working people would use these skills to deal with mood problems. Although these are not the stories of actual depressed workers, they are true to the experience of depression and low mood.*
- *An overview of particular workplace issues that may arise for people dealing with depression and low mood.*

Although a brief overview of the role of medication treatments is provided, the primary focus in this workbook is on non-medication strategies – that is, antidepressant **skills** rather than antidepressant **pills**.

How to Use the Book

You might start by skimming through the book to get an idea of the content. When you are done, you can go back to the start and work through each section at your own pace. There may be some sections that are more relevant for you than others. People often experience depression in different ways. Give yourself time and be patient. If you are seeing a mental health or medical professional, you may want to use the workbook to guide your work together. If you have shared your experiences with a partner or close friend, you may want to discuss some of the skills or exercises with them.

Depression in the Workplace

The following questionnaire will help you decide if you are ready to act.

Am I ready to change?

Take a moment now to ask yourself three questions. Rate yourself on the scales below.

How much of a negative effect has low mood had on my work life?

0 — 25 — 50 — 75 — 100

NO NEGATIVE EFFECT — EXTREMELY NEGATIVE EFFECT

How important is it to me to feel better?

0 — 25 — 50 — 75 — 100

NOT IMPORTANT AT ALL — EXTREMELY IMPORTANT

Am I willing to make feeling better a priority?

0 — 25 — 50 — 75 — 100

NOT A PRIORITY AT ALL — EXTREMELY HIGH PRIORITY

If you scored less than 50 on two or three scales, you may be considering change, but still feel uncertain. If that's the case, read the workbook and think it over.

If you scored 50 or more on two or three scales, you're ready to change, and are prepared to dedicate some time each day to reading and working through the workbook.

Why focus on depression at work?

Depression is a common mental health problem that impacts the health and well-being of individuals worldwide, regardless of age, gender or background. Over recent years, there has been increased awareness of the connection between depression and the workplace. Depression in the workplace is associated with an enormous degree of disability and significant emotional and financial cost to both employees and employers.

There is a two-way connection:

1. *Stress and conflict in the workplace can contribute to depression.*
2. *Depression can make it difficult for an individual to perform their job, affecting concentration, decision-making, and interactions with others.*

Helping employees deal with depression (or preventing it in the first place) will help both employees and employers: *everybody wins*. This book has been designed to help with effective management of low mood, with the aim of preventing mild or moderate depression from becoming more severe.

What is depression?

Depression is not...

Most times when you feel down, you're not depressed. Feeling sad or low is a big part of life and can't be avoided. When something goes wrong in your life, whether it's an argument with your partner, a missed deadline at work, or a physical illness, your mood might drop. If you feel especially sad or irritable because of this situation and have poor sleep, less interest in seeing friends, or frequent worry about the situation, you're probably experiencing low mood. Low mood will typically go away in a week or two, especially if there's an improvement in the situation that started it.

Depression is...

You might be experiencing depression if:

- *You feel very low mood or almost no interest in your life, almost every day, and this feeling goes on for weeks;*

AND

You have other problems such as:

- *big changes in weight or appetite;*
- *not being able to sleep enough or sleeping too much;*
- *feeling that you are always restless or slowed-down;*
- *thinking that you are worthless or feeling guilty;*
- *feeling really tired much of the time;*
- *feeling numb or empty;*
- *having a lot of trouble concentrating or making decisions;*
- *thinking about death or suicide.*

There are two main kinds of depression: **mild depression** and **major depression** (a term that refers to moderate or severe depression).

Each of these includes the same kinds of problems (listed above) but major depression is more severe. Usually, when a person becomes depressed, it's the mild kind. Your family physician, a psychologist, or a psychiatrist can tell you whether you have depression.

Here are some observations about depression:

- ***Depression is hard to diagnose on your own.*** *Our moods affect our judgment of ourselves, making it hard to judge whether we are really depressed. It takes a trained professional to make the diagnosis.*
- ***If you have depression, you are not alone.*** *Around 4% of working 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 accomplished people have been depressed. Being depressed does not mean that you have a weak personality or a character flaw.*

If you think you have depression...

If you think that you have depression, it is important that you find help. The skills in this workbook are meant to help you with your depression, but you shouldn't have to do it alone. Getting another opinion from someone you trust can help you understand your problems or put them in perspective. There may be relevant services available through your workplace like occupational health and safety services, an employee and family assistance program, or extended benefits coverage for mental health treatments. Check with your union or human resources representative for more information.

If you continue to feel depressed, seek the help of a healthcare professional. This might be your family physician, a psychologist, a psychiatrist or another mental health professional. They can help you with a number of different treatments for depression. A good thing about these treatments is that they work well alongside skills you learn from this workbook.

If you feel like hurting yourself...

For many people, depression makes life seem hopeless and unmanageable. Most depressed people feel this way from time to time. For a small number of individuals, this feeling of hopelessness gets so strong that they begin to think that life itself is not worth living. If this happens to you or someone you know, it's time to get help. Find a healthcare professional to help you get past these feelings. If you can't wait for an appointment, there are a number of crisis lines, staffed 24/7, that you should call. Go to your telephone directory and look under *Crisis Centres* to find the numbers in your area. You might also call 1-800-SUICIDE (1-800-784-2433) or visit the Emergency Room at your local hospital.

Remember, things can get better.

What are the effects of depression on work life?

Depression is considered to be a *mood disorder* – it affects how we feel emotionally. In addition, depression affects a person's thinking, relationships, physical health and task performance. A person's functioning in these areas may have a large impact on work quality and satisfaction.

Depressed mood can affect work life in many ways:

- ***Task Performance:*** *Depressed mood can make it hard to manage work responsibilities, including sustaining effort over time and dealing with change.*
- ***Emotions:*** *Sadness, irritability or emotional numbing make it harder to do your job and enjoy it.*
- ***Thinking:*** *Difficulties with concentration, decision-making or memory make it harder to deal with job tasks and may negatively impact your accuracy at work.*
- ***Work Relationships:*** *There can be avoidance of co-workers or frequent conflict, preventing successful teamwork and making the workplace less supportive.*
- ***Physical Health:*** *Reduced energy level and disrupted sleep make it difficult to keep up with job demands. Physical symptoms may further undermine workplace performance and attendance.*

What causes depression?

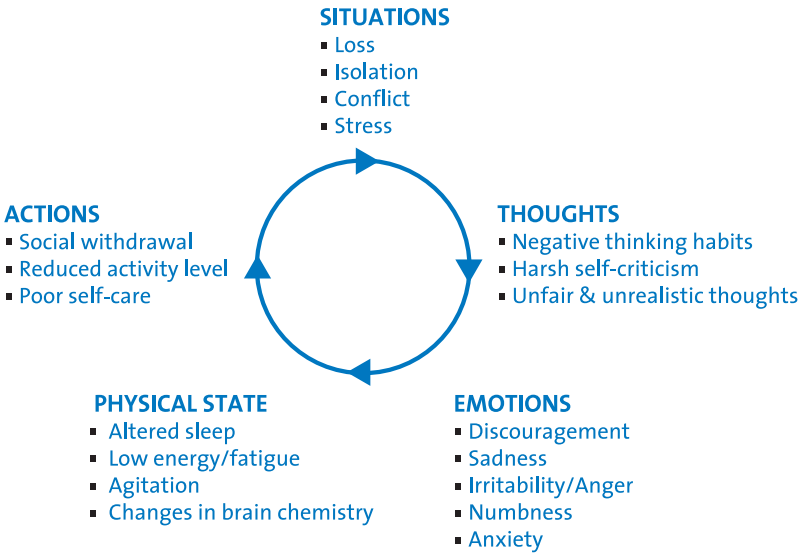
Research has identified a number of factors that contribute to causing and maintaining symptoms of depression. The diagram below shows the five major factors: *situations*, *thoughts*, *emotions*, *physical state* and *actions*. Each of these areas of your life can play a role in the development of depression, and depression can have an impact on all of them.

Depression involves all areas of your life: your life situation; your thoughts, emotions and physical state; and your actions. It may affect social support, family relationships, employment, and finances. Each of these areas is connected to all the others. As a result, changes in one area produce changes in the others. When depression first develops, negative changes in one area often cause the others to get worse as well. However, when you are working on getting better, changing one area leads to improvements in the others. The goal of treatment is to get all areas of your life spiraling upward, each producing positive change that improves the other areas.

Situations

Depressed mood may be triggered by stressful life situations, including those related to the workplace. If your attempts to cope with these situations have not been successful – or the situations have not improved – you may begin to feel overwhelmed and hopeless. Risk of developing depression may then increase.

Causes of Low Mood & Depression



Work settings more likely to trigger low mood are those where employees experience:

1. **High workload with low control over the workflow;**
2. **Little social support from colleagues or supervisors; and/or**
3. **Perceived unfairness in providing rewards and recognition for one's efforts.**

Employees in these kinds of workplaces are more likely to feel demoralization, resentment and reduced engagement. They are at higher risk for mood problems.

Situations that can contribute to low mood or depression include:

- ***Stress directly related to the workplace:***
  - *job insecurity*
  - *overwork*
  - *unclear job expectations*
  - *dangerous physical environment*
  - *unpleasant work area (e.g. high noise, little privacy)*
- ***Major life events:***
  - *death of a loved one*
  - *job loss*
  - *positive changes associated with a new level of challenge, such as a promotion or new job*
  - *divorce/separation*
- ***Lack of contact with other people:***
  - *feeling cut off from or rejected by coworkers*
- ***Relationship conflict:***
  - *ongoing or severe conflict in relationships (e.g., with a family member, work colleague, supervisor or customer)*
  - *bullying/harassment*
- ***Stress related to physical health:***
  - *physical health problems – especially health problems that are chronic or cause a lot of pain*
- ***Work – life imbalance:***
  - *the demands of home and work are competing and exceed your ability to keep them balanced (see p. 41)*

People do not only get depressed when things are going badly. Some people get depressed when their life has been going smoothly. Depression may seem to come out of nowhere. The antidepressant skills taught in this book are useful in both cases.

Thoughts

Each of us is affected differently by outside events, depending on how we think about those events. Imagine two people walking into a new office. One person is naturally outgoing, anticipates being received well by others and views the workplace as friendly and supportive. The other dreads starting new job assignments, anticipates feeling miserable, and sees other employees, supervisors or customers as judgmental and rejecting. Each person's thoughts help determine how the event is experienced. Research has shown that when people are depressed they often have distorted ways of thinking that can trigger or worsen the experience of depression.

There are several kinds of distorted thinking:

- ***Unrealistic negative thoughts about the situation.***
  You see the situation in an overly pessimistic way, emphasizing its negative or threatening aspects and ignoring more positive or promising aspects.
- ***Unfair negative thoughts about yourself.***
  You think about yourself in a very critical way, judging yourself in a harsh and unfair manner.
- ***Unrealistic negative thoughts about the future.***
  You anticipate a future that is bleak and disappointing, overestimating 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.

Imagine someone going through a difficult time at work – maybe a new computer system has been introduced – who tells themselves *"this is completely useless", "I'll never learn how to use this", "I can't stand working here"*. This way of thinking leaves this person more discouraged, less able to handle the situation and more prone to depressed mood.

Emotions

Depression often begins with feelings of discouragement and sadness. If the depression continues, these feelings of unhappiness may become more painful until the depressed individual comes to feel overcome by hopelessness. Feelings of anxiety (physical tension and worry) can also accompany depressed mood.

Sometimes, instead of sadness, a depressed person will experience a general sense of emotional numbness, an inability to feel anything. Others become short-tempered when they are depressed. They may be more irritable, snapping at coworkers or clients, which may lead to new stresses and conflicts.

In jobs that are *safety-sensitive* (such as an airline pilot or a health care worker), lack of alertness due to depression can be very risky.

Physical State

Depression is often accompanied by a variety of physical symptoms. One of the most powerful physical changes accompanying depression is impaired sleep. Usually this involves an inability to get enough sleep because the person has difficulty falling asleep, repeatedly wakes during the night, or awakens much too early. Sometimes the person sleeps too much or experiences fatigue so pervasive that they can never seem to get enough sleep. When the person does not awake feeling refreshed and rested, it becomes harder to face the day. Depressed people may lack energy and feel exhausted by everyday activities. They may have trouble focusing on tasks and staying alert. This is a particular problem for those who work long hours or alternating shifts.

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

The physical symptoms of depression make it harder to cope with life problems, or even to follow through on a depression program like this one. Antidepressant medication may be helpful in restoring sleep and regaining a sense of physical energy. It may allow you to try out the antidepressant skills described in this book.

Actions

People who devote almost all their time and energy to work, while neglecting personally rewarding activities, have **work-life imbalance** and are at risk for developing low mood or depression. If you always bring home concerns from the job and are unable to let go of your work and relax, you are more vulnerable to depressed mood.

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

- ***Not doing enjoyable activities.***
  Exercise, reading, travel, hobbies and sports may all suffer. Depressed people often feel too tired or unmotivated to pursue these activities – but the less they do, the less they feel able to do. Most depressed people suffer from a reduced ability to have fun or get enjoyment from activities. Inactivity becomes a habit. As a result, the depressed person no longer gets the personal satisfaction provided by these activities, further contributing to a sense of discouragement.

- ***Withdrawing from family, friends and coworkers.***
  At work, depressed people may avoid going out with colleagues for lunch or after-work events, feeling that they will be poor company and won't enjoy social activities. This avoidance of contact makes the workplace feel like a less supportive and engaging place. Social isolation is a strong contributor to depressed mood. Social isolation takes away the warmth and connection to others that are basic to all of us.

- ***Not taking care of yourself.***
  When someone is depressed, activities designed to maintain health and appearance are frequently neglected. Depressed individuals may take less care than usual in personal grooming or dress. In addition, exercise is often reduced, whether this involves planned fitness activities such as attending the gym, 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, which may include skipping meals or overeating as a form of self-comfort. In the workplace, the depressed employee may skip breakfast and forget to eat lunch – this kind of poor eating can worsen depressed mood.

What can I do about depression?

Mild Depression

- *Talking to family and trusted friends about how you've been feeling is usually a good thing to do. They may be able to help you figure out solutions to problems you've been dealing with. Also, just knowing that people care about you can be helpful.*
- *Writing about problems you're facing, your feelings and thoughts, and possible solutions can help you to understand what you're going through and what options you have.*
- *If your employer has an Employee and Family Assistance Program (EFAP), talking to a counselor there can help you to better understand what's going on. An EFAP counselor can help you work through the steps of this book and can help you to do some problem-solving.*
- *Speaking to a professional such as a family physician, psychologist, or psychiatrist can help you figure out what's been going on and your options for treatment.*
- *In some cases, antidepressant medication may be helpful in overcoming mild depression. However, for most individuals with mild depression, the answer does not lie in medication treatment.*

Learning and practicing the antidepressant skills in this guide is likely to be very helpful in overcoming mild depression.

Learning and practicing the antidepressant skills in this guide will likely help in overcoming major depression. However, it is important to remember that the skills taught in this guide will not usually be enough. If you are experiencing symptoms that might indicate severe depression, you should seek professional help.

Major Depression

In addition to the suggestions above...

- *See your family physician if you think you might be experiencing major depression. Major depression is a serious problem and should be diagnosed and treated by an appropriate professional such as a family physician, psychologist, or psychiatrist.*
- *Antidepressant medications are the most commonly prescribed treatments for major depression and are often effective.*
- *An equally effective treatment for most cases of major depression is* ***Cognitive Behavioural Therapy*** *(CBT). CBT is a talk-therapy that teaches new skills for thinking and acting more effectively. This antidepressant skills book is based on CBT methods.*
- *Yet another effective treatment is Interpersonal Therapy (IPT), a talk-therapy that teaches new skills for dealing with partners, friends and family.*
- *For long-lasting or recurrent depression, the most powerful approach is to combine antidepressant medication with one of these kinds of talk therapies.*

Medications are typically prescribed by physicians while CBT is usually provided by specially-trained psychologists or other mental health professionals.

Most people take medication for a while in order to get the strength to make positive changes, and then gradually stop using it.

What should I know about medication?

Antidepressant medication is often helpful for individuals with major depression. Many who take antidepressants experience a lift in mood and a reduction in other symptoms (such as improvement in appetite or improvement in concentration and attention).

However, medication is seldom a complete treatment for mood problems: it is also important to make changes in how you think about and handle your life. Antidepressants cannot solve problems at work or home, but may help improve your mood, energy or concentration so that you can tackle these issues more successfully. Medication can help you to make important changes – such as starting a regular exercise program, learning assertiveness skills, or taking on a workplace challenge.

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 and has few side effects. Side effects may include loss of sexual desire, change in appetite and sleep difficulty. Sometimes the side effects of antidepressants or other psychiatric medications interfere with work function. One group of researchers interviewed employees returning to work after being absent because of depression, and many reported that medication side effects made it more difficult to readjust to work. There is a balance between the positive and negative effects of psychiatric medications – your physician can help you decide whether and how to use these medications.

Never stop taking medication suddenly.
Some people have unpleasant reactions to discontinuing antidepressant medications. If you wish to stop taking a medication, consult with your prescribing physician. Usually you will reduce your medication in stages, gradually taking less over time.

Certain people benefit from taking medication for a long time.
For some people, antidepressant medication continues to have beneficial effects over the long term. Most people take medication for a while in order to get the strength to make positive changes, and then gradually stop using it.

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 your mood has been steady for a while. Reductions in medication may then be done gradually while your mood is monitored.

Talk to your physician if you have another health condition, are taking natural remedies or other medications, or are (or are planning to become) pregnant.
Some antidepressant medications may interact with other health conditions or remedies. Your family doctor will be able to advise you about the best option.

PUTTING ANTIDEPRESSANT SKILLS TO WORK: AN EXAMPLE

Stefan was so tired he could barely keep up with his work.

As we explain depression and teach Antidepressant Skills for managing depressed mood, we will use brief stories to show how different people might use the skills to get better control of depression. We'll describe situations in which workers developed low mood or depression, actions they took to feel better and results they achieved.

SITUATION **Stefan was a skilled electrician with a lot of ambition. He was willing to work hard to get ahead. He'd been successful for a number of years – employers were impressed by his reliability and effort.** He obtained a number of big contracts and his reputation grew. He worked long hours and took extra jobs, including some that ran into the early morning hours. Eventually Stefan reached the point of sleeping about four hours each night in order to meet the requirements of his various contracts.

He enjoyed the challenge of working in this way – but, he began to have a lot of fatigue, with poor concentration and low mood. Several times, he made errors that might have caused safety problems – these were mistakes he normally just wouldn't make. Stefan cut back on his work so that he could get more sleep, turning down some job offers. But this didn't help - his mood continued to slide down, he was having difficulty getting to sleep, and his concentration got worse. He felt unable to get control of the situation and became increasingly discouraged and worried. He withdrew from contact with friends and family, feeling that he didn't want to be with others. Then he lost a big contract and became even more discouraged. His fatigue got worse, he lost his appetite and felt sad much of the time. He was so tired he could barely keep up with his work.

ACTION **After several months like this, Stefan went to see his family physician, who diagnosed him as suffering from moderate depression**. His physician started an antidepressant medication and referred him to a psychiatrist. Stefan saw the psychiatrist a few weeks later and the antidepressant medication dosage was adjusted. In about a month, Stefan began to feel the return of his usual energy level and concentration. His sleep gradually improved, as did his mood. Once the antidepressant medication had improved his energy, sleep and concentration, he was able able to use the workbook, Antidepressant Skills at Work, to help make positive changes in his life.

RESULT **Stefan increased his level of social activity, re-established contact with friends and family, and made some decisions about the amount of work he was prepared to do. By eight weeks, he was feeling close to his usual self. He stayed on the antidepressant medication for six months, and kept using the antidepressant skills, to make sure that he was on the road to recovery.**

Antidepressant Skills

In this section, you will learn three skills

that can stop your mood from sliding down, lessen your depressed mood and help prevent depression. You may use them if you feel you are becoming depressed or, if you have been depressed, to help you recover and deal with life and work challenges. The skills are:

- **Solving Problems Effectively**
- **Thinking Realistically**
- **Reactivating Your Life**

These antidepressant skills are designed to:

- *Help prevent depression by showing how to change work and personal patterns that increase the risk of becoming depressed.*
- *Help manage and reduce depressed mood. This will involve changing patterns that worsen depressed mood, and also limiting the impact that low mood has on your work and personal life.*

The way in which each of these skills helps fight depressed mood will be explained. You will be shown how to use each skill in a step-by-step way. Using the skills can help you handle workplace difficulties and feel better while you're at work.

It's best to think about these skills as if you were learning a new job or a new sport: *practice* is very important. Some people find it helpful to share this guide with a spouse, trusted friend, counselor or family member – this person can help you to keep practicing even when you feel low energy or unmotivated. Or, you may prefer to work through these skills on your own.

At first, these skills and exercises may seem awkward. This is true of any new activity or skill. Be patient with yourself and make these skills your own. As you practice, the skills will come to feel natural.

Solving problems effectively

The steps of ***Solving Problems Effectively*** are:

1 **Choose a problem**

2 **Think of three actions to help solve it**

3 **Compare these actions**

4 **Pick the best one**

5 **Make an action plan**

6 **Evaluate**

7 **Move on**

DEPRESSED MOOD is often triggered by problems at home or work. When people get depressed, their ability to solve problems declines. You may find that the ways you've tried to solve problems haven't worked out. There are several reasons for this:

- ***Solving problems takes energy.*** *As depressed mood worsens, one's energy level declines.*
- ***Everyday problems take a backseat to a bigger problem – the depressed mood itself.*** *Depressed individuals tend to become so concerned about how they are feeling that other problems slide and get worse.*
- ***When someone is depressed, they are likely to have considerable difficulty with problem-solving at work or home.*** *Depression affects each step of the problem-solving process:*

Understanding the problem: *Depressed individuals may overestimate the size of problems, seeing them as worse than they actually are.*

Estimating available resources: *Depressed individuals may underestimate available support from others and their own ability to deal with problems.*

Coming up with possible solutions: *Depressed individuals may have difficulty brainstorming or coming up with a range of possible actions.*

Carrying out an action plan: *Depressed individuals may have difficulty carrying out problem-solving plans in a systematic way.*

Given all of these factors, it is no great surprise that problems often don't get solved and instead pile up. What can be done? First, recognize that, if you are depressed, your problem-solving may not be as good as usual. Then follow these steps...

STEP 1

Choose a problem

THE FIRST STEP in problem-solving is to choose a problem that may be contributing to your low mood. Sometimes, depressed people have difficulty identifying specific problems – they see everything as one huge problem. Identifying problems you think are worth tackling is quite helpful. It brings you closer to finding realistic answers. One way to identify problems is to pay close attention to how your mood changes through the week, particularly when you are at work. Notice what's happening when your mood goes down: what were you thinking about, where were you, and what happened just before your mood changed? Changes in your mood can be a helpful guide to show you where the problems are.

Some of your problems might be large ones (for example, *"The company is downsizing and has announced that there will be lay-offs"*) while some are small (*"I want to change my vacation time but I know my supervisor doesn't like to alter vacation schedules"*). Other problems are somewhere in between ("*There are a few dozen e-mails I haven't even looked at in the past week"*).

Choose one of the smaller problems happening now. Later, you can move up to larger problems. Try to be specific. For example, *"I don't get enough support in this job"* isn't specific: it's not clear what the problem is. *"I told my boss about a problem I'm having with my job assignment, but she never got back to me"* is more specific and makes it clear what is going wrong and what you want to change.

The problem you choose is:

Sometimes, depressed individuals have difficulty identifying specific problems in their lives – they see everything as one huge problem.

STEP 2

Think of actions to help solve the problem

WRITE DOWN THREE THINGS you could do to help solve the problem. Consider things you can do that don't depend on somebody else. For now, don't try to decide which one is best: just come up with different actions you might carry out.

The key is to brainstorm different ideas – don't worry if you tried something before and it didn't work: situations change. And don't worry whether your action will solve the problem completely – your aim now is to do something to work toward the problem, not to fix the whole problem.

Write three possible things you might do about the problem you identified.

Possible Actions:

1

2

3

Don't worry if you tried something before and it didn't work – situations change.

Assertive action is more likely to solve problems than is passive or aggressive action.

Assertiveness: A Powerful Tool for Problem-Solving

One of the keys to effective problem-solving (at work or home) is to act in an appropriately direct manner – that is, *assertively*. Assertive action is more likely than passive or aggressive action to solve problems effectively.

Passive action occurs when a person does not stand up for their own rights or does not express their own ideas and feelings, where these would be appropriate.

Example 1:
An employee who takes on tasks from other employees to help them out, and then finds herself swamped by her extra workload. She finds it very uncomfortable to tell them she's at her limit. As a result, she is overloaded and unhappy at work. Also, she finds herself with less time for friends or personal activities.

Example 2:
A student who never speaks up in class because he believes that his opinions are not worth hearing, even when he knows the material and has interesting ideas. As a result, he feels anxious and frustrated in his courses, the instructor never finds out how much he knows, and his final marks are lower than they should be.

Aggressive action occurs when a person gets their own way at the unfair expense of others or expresses their own ideas and feelings without allowing others to do the same.

Example 1:
A supervisor who snaps out orders in a rude manner, ignores staff suggestions and is resented by those he is supervising (who see him as a bully). As a result, he is not able to get people to work together and the changes he imposes are resisted by staff. He feels unsupported at work. When he uses this aggressive style at home, he feels unsupported and lonely in his personal life.

Example 2:
A worker who takes over the floor at meetings and rarely allows anyone else to get a word in. Over time, others begin resenting this approach and resist her suggestions, no matter how good they are.

Assertive action occurs when a person acts in a way that balances their own rights with the rights of others, or expresses their own ideas and feelings while allowing or even encouraging others to do the same.

Example 1:
A supervisor who gives direction confidently, without being abrasive or ignoring the input of her employees. As a result, her suggestions and directives are generally well accepted and supported by staff, who give her the kind of teamwork and 'buy-in' that is needed.

Example 2:
An employee who expresses his views in meetings, but also makes a point of asking for (and seriously considering) the opinions of others. As a result, his views are received well by others in meetings, and he feels like he really has an impact when decisions are made – this gives him more satisfaction in his work and helps to mark him out for advancement.

STEP 3

Compare these actions

CONSIDER which of these actions are most likely to help the problem. Look at the advantages and disadvantages of each action. Be realistic and keep an open mind.

Here is an example. It was done by Amy, employed as an Executive Assistant to a Vice President.

Action Worksheet (example)

THE PROBLEM:

My workload is overwhelming – files are piling up in my tray and even though I work long hours I keep getting further behind. I've told my boss that the workload has been growing quickly, but she doesn't do anything about it. The whole situation seems out of control and I'm starting to feel pretty depressed.

	ACTION	ADVANTAGES	DISADVANTAGES
1	Just keep going, maybe my boss will notice how overloaded I am and she will get another employee to take over some of the work. (*Passive*)	It's what I'm used to doing. I won't get into conflict.	It will probably keep getting worse. If I fall behind much more, I could get into big trouble. I'll become even more depressed.
2	March in to my boss's office and let her know that I've had enough, ask her to stop making unreasonable requests. (*Aggressive*)	I'll be speaking my mind. My boss might fix the situation.	I don't enjoy confronting people. My boss might get angry with me for being so direct, and this might become a new problem.
3	Write down all the jobs that are on my desk, then note which ones are urgent to do *today*, and which ones need to be done *this week* or *this month*. That way, I'll be focusing my energy on the highest priority tasks and I can plan ahead a little more effectively.	I can catch up with the urgent jobs. That would take some pressure off so I can look for other solutions. I would feel more in control of the situation – that would help my mood.	I'll still need to deal with the workload problem at some point.

Now it's your turn:

Action Worksheet

THE PROBLEM:

	ACTION	ADVANTAGES	DISADVANTAGES
1			
2			
3			

STEP 4

Pick the best one

LOOK OVER the advantages and disadvantages for each action and decide which one seems the best (or has fewer disadvantages). The only requirement is that one of the actions must be chosen so that you can begin taking action. Look over the possibilities, think about the good and bad points of each, then pick one action that takes you at least partway towards a solution. Give yourself a limited amount of 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 always try something else later.

Amy – the overworked Executive Assistant – chose her third action, prioritizing her jobs so she could focus on the most urgent ones.

There aren't many problems that you will solve completely with just one action. However, there might be many actions that will take you part of the way toward a solution. If you are falling behind in work, for example, then perhaps your first action should be to list your tasks in order of priority. Just prioritizing 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.

Which of your actions do you choose?

STEP 5

Make an action plan

WHEN YOU HAVE PICKED the action you are going to try, it is important to plan how you are going to carry it out. Your plan of action should follow four rules:

1 ***Manageable***. Your plan needs to be realistic – so that even if you are experiencing low mood in the coming week (even if you feel a little worse), you could do it anyway. It's better to accomplish a small goal than to fail at an ambitious one. Here's a *poor example:* For my first time out, run 3 miles. *Better example:* Walk 10 blocks at lunch.

2 ***Action-oriented***. Make a plan for what you will *do*, not how you will 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. *Poor example:* Spend a pleasant hour with my children. *Better example:* Spend one hour with my children.

3 ***Specific***. It should be very clear what you need to do. *Poor example:* Catch up on my work. *Better example:* Arrange two hours without interruptions to work on a big project.

4 ***Time-limited***. Your plan should take only a short time to carry out. Don't plan to change your style forever. *Poor example:* Keep up good eating habits for the rest of my life. *Better example:* Eat breakfast at least three times each week for the next month.

What's your exact plan?

It's better to accomplish a small goal than to fail at an ambitious one.

STEP 6

Evaluate

COME BACK to this section when the set time has passed or when you have achieved your goal.

Depressed mood will tempt you to dwell on failures and on the things you haven't done, rather than congratulating yourself on progress you have made. If you succeeded at your goal, deliberately make yourself think about that success. Focus on the fact that you took action, even if the problem isn't completely solved. Give yourself credit, you deserve it.

What was the outcome? What did you learn?

STEP 7

Move on

USE THIS EXPERIENCE to plan your next step. You have three options:

1 ***Keep going***. *Example:* Schedule another two hours of uninterrupted work on the project.

2 ***Revise your goal and try again.*** *Example:* It was too difficult to walk 10 blocks; I'll do 5 blocks instead.

3 ***Take a new approach***. Perhaps you learned something useful from your first effort that suggests another way of handling the problem. *Example:* Bringing up an issue with my boss by e-mail didn't work, so I'll arrange a face-to-face meeting instead.

Keep working on this problem in a step-by-step manner. Keep track of your efforts. Keep reminding yourself about the progress you make.

Based on your experience, what is the next step?

PUTTING ANTIDEPRESSANT SKILLS TO WORK: AN EXAMPLE

Sanjay became angry over small problems.

SITUATION Sanjay sold high-end clothing in a trendy downtown store. He enjoyed his job and maintained good sales over the years. However, he'd always had a problem with his temper. He would become impatient when orders took too long to arrive and would find himself yelling on the phone at the warehouse people. When co-workers didn't handle something the way he'd expected, he would snap at them. His co-workers were intimidated by him and resentful of his aggressive manner.

Sanjay had previously moved from job to job, staying at each position only for a few years, but his current job was one he really liked and wanted to keep. However, he still became angry over small events. In fact, the longer he stayed in his job, the more bothered he felt by certain inefficiencies in how the store was run. He had more conflict with co-workers, and on several occasions became short with customers. His co-workers started to avoid him. Once his supervisor saw him being impatient with a customer and warned him that this was not acceptable.

He was feeling pretty uncomfortable at work – isolated because co-workers wanted nothing to do with him and worried that his temper would cost him a job he really liked. He felt quite sad, at work and at home, and wondered if he would have to give up his job. He began to drink more, and refused invitations from his friends to go out to movies or clubs. These actions just made his situation worse and he became sadder and began to feel less energy and motivation for doing things. This worried him quite a bit, because he was normally an upbeat and energetic person.

ACTION One day, Sanjay's supervisor took him aside and expressed concern about his recent performance – she told him that he was an excellent salesperson and he should be doing well, but he was not projecting his usual enthusiasm to customers. She asked whether there was any way she could help. He admitted that he had not been feeling his usual self lately and thought that he might need to talk to someone. His supervisor, knowing that he was an asset to the company, suggested he visit the Employee and Family Assistance Program on contract to this clothing chain. Sanjay had 8 sessions with an EFAP counselor, who recognized that he had a problem with depressed mood that might become more serious if his pattern of work behaviour didn't change.

The counselor helped him to see how being so aggressive with his colleagues left him feeling isolated, and how this isolation triggered depressed mood. She coached him in using antidepressant skills to make changes in his work behaviour.

One of Sanjay's Action Worksheets looked like this:

Action Worksheet (example)

THE PROBLEM
Orders take too long to come from the warehouse.

	ACTION	ADVANTAGES	DISADVANTAGES
1	Phone the warehouse and really let them have it. (*Aggressive*)	It lets the warehouse staff know that they're causing problems for others. It lets off some steam for me.	They'll take even longer for my next order. I don't usually feel better after telling someone off, I just feel more angry.
2	Don't say anything, just live with it. (*Passive*)	It saves the aggravation of telling the warehouse staff off. The warehouse staff won't be angry at me.	These delays in getting orders are causing problems with customers.
3	Bring up this problem at the next sales team meeting. (*Aggressive*)	If others back me up, my concerns will have more impact. I won't get singled out as the troublemaker. The manager is in the best position to make the warehouse work more efficiently.	I have to get over the feeling that it's my *right* to tell them off.

RESULT **Sanjay began to notice when he would act aggressively, and gradually learned to replace aggressive actions with assertive ones.** For example, if a co-worker did something he didn't like, he took a few minutes to calm down (with deep breathing, counting backwards from 10 to 1) then found an appropriate time to raise the issue with his colleague.

As Sanjay replaced Aggressive actions with Assertive ones, he felt less angry, his co-workers began to like him better and he felt more supported at work. His mood gradually improved.

PUTTING ANTIDEPRESSANT SKILLS TO WORK: AN EXAMPLE

Jared no longer enjoyed coming to work.

SITUATION Jared developed software for a small company specializing in database management. He loved his job and had lots of ideas about how the company could grow – but the management didn't share his views. Jared felt hurt that his suggestions were ignored. After a while, he stopped discussing his ideas and sat silent in meetings, feeling quietly resentful. Sometimes he would space out and lose track of the meeting, then had to scramble to answer questions. His colleagues noticed his attitude and they began to rely on others in the company instead of him – this left him feeling more resentful. After a while, he no longer enjoyed coming to work – he just didn't care as much. He no longer took pride in his work. This began to affect his personal life as well – he had less time for his friends and often wasn't available to do things with them. So they called him less.

ACTION After two months like this, Jared went to see his family physician, not sure what was happening. His physician diagnosed him as suffering from mild depression. His physician considered prescribing an antidepressant, but realized it was best to start by giving Jared a copy of the antidepressant skills workbook and encouraging him to give it a try. Jared read through the book and decided to focus on the section *Solving Problems Effectively*.

Here is the Action Worksheet Jared completed:

Action Worksheet (example)

THE PROBLEM
My ideas have been ignored by the company.

	ACTION	ADVANTAGES	DISADVANTAGES
1	Don't contribute to the company; let them solve their own problems. (*Passive*)	If they don't care what I think, why say anything? It feels good to get back at them.	My colleagues and bosses see me as a dead weight, they avoid me. I might be fired soon, that won't exactly look good on my résumé.
2	Confront my boss about rejecting my ideas; warn him that he's making a big mistake. (*Aggressive*)	I'll be getting it off my chest. Maybe if he hears it again, it will sink in.	I've been pretty direct about my ideas and they've decided on another course, why would it change now? I might be seen as a loose cannon or someone who just can't adapt.
3	Get back to participating in the work team, but look around for an employer more open to new ideas. (*Assertive*)	My co-workers and boss will see that I'm contributing. I won't be fired. It's more satisfying to participate than to sit back and be angry.	I'll have to swallow my pride and I resent that.

Jared thought about the way he was handling the situation and decided it was *Passive* – that is, he had been showing his resentment of company policies by refusing to participate in decisions or care about the company's success. He also realized that eventually this might get him fired. He used problem-solving skills to find a more helpful approach – that is, a more assertive one – and worked out a careful plan to put the skills into action.

RESULT

Even though he still had concerns about the company's direction, Jared realized he was not helping himself or the company and began to contribute again. He made a point of giving his views at least once in each meeting and made sure to meet deadlines for assigned tasks. Co-workers and management noticed the change. Jared recovered some enjoyment of the work and his mood gradually lifted. At the same time, he doubted he would stay long with this company and kept his ears open for other opportunities.

Realistic thinking

The steps of ***Realistic Thinking*** are:

1 **Learn to identify depressive thoughts**

2 **Recognize your own depressive thoughts**

3 **Learn to challenge depressive thoughts and replace them with fair and realistic ones**

4 **Practice realistic thinking**

When people are depressed they often have a negative and distorted way of thinking. This *depressive thinking* feeds into depressed mood.

Depressive thinking is *unrealistic* and *unfair* because it involves:

- unrealistic negative thoughts about your situation;
- unrealistic and unfair negative thoughts about yourself; and
- unrealistic negative thoughts about your future.

The goal is to challenge depressive thinking and replace it with realistic thinking.

Realistic thinking is being:

- accurate about your current situation (seeing things as they are);
- fair about yourself (balanced view of the positive and negatives in your life); and
- accurate about your future (not exaggerating the chance of bad outcomes and ignoring the chance of positive outcomes).

So what is the goal in dealing with depressive thinking? Is it to think positive thoughts all day long? Do we want to kid ourselves that nothing bad will ever happen? No. Overcoming depressive thinking does not mean replacing it with positively distorted thinking (*"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 feel and react inappropriately. The aim is to evaluate our lives and ourselves in a realistic manner.

Goal: **Fair and realistic thinking.**

So, how do you change depressive thinking? Here are the steps . . .

The point is that thinking in an unrealistic way, whether positive or negative, causes us to feel and react inappropriately. The aim is to evaluate our lives and ourselves in a realistic manner.

STEP 1

Learn to identify depressive thoughts

DEPRESSIVE THOUGHTS are unfair and unrealistic. They are *distorted* because they are inaccurate reflections of yourself and the world around you. The following types of distorted thoughts are common in depression.

Filtering
Focusing on the negative and ignoring the positive. Focusing on the negative side of experiences and events leads to your whole life seeming to be negative. For example, you receive a performance evaluation from your supervisor: even though most of it is positive, you only remember the bit where *"room for improvement"* was identified and so you experience this evaluation as mainly critical. **Realistic thinking balances consideration of both positive and negative aspects of a situation.**

Overgeneralization
One negative event is seen to be the start of a never-ending pattern. You may think that if you fail the first time, you'll fail every time. For example, you lose a sale that you thought would go through and you start to think that you'll lose every sale. **Realistic thinking recognizes that one disappointing situation does not determine how other situations will turn out.**

All or Nothing Thinking
You see the world in terms of extremes. You are either smart or stupid, tidy or a slob, happy or depressed. Situations are either wonderful or terrible, successes or failures. Other people are either friends or enemies, good or bad. There is no in-between. Gradual improvement is never enough. For example, if you don't get a promotion you applied for, you think of yourself as completely incompetent, the situation as a total failure, and your employer as completely unfair. **Realistic thinking involves seeing events and people as falling somewhere between the extremes – toward the middle, where most things are found.**

Catastrophizing
A small disappointment is viewed as a disaster. For example, you were slightly late in completing a small project, so you see the entire month as ruined: you react to the imagined catastrophe (a terrible month) rather than to the smaller event (a late project). **Realistic thinking involves evaluating events according to their actual importance, and not blowing negative events out of proportion.**

Labeling
Labeling involves talking to yourself in a harsh way and calling yourself names such as *"idiot"*, *"loser"*, or other insults. You talk to yourself in a way you would never talk to anyone else. For example, you make a small error in your work and blame yourself harshly, calling yourself *"stupid"* and *"useless"*. **Realistic thinking avoids the use of insulting labels because they are not fair, you wouldn't talk to anyone else that way and they are unnecessarily discouraging.**

Mind-Reading
You feel as though you know what others are thinking about you, and it's always negative. As a result, you react to what you imagine they think, without bothering to ask. For example, your new supervisor doesn't provide performance feedback, so you assume that she thinks you are incompetent. **Realistic thinking recognizes that guessing what others think about you is likely to be inaccurate, especially when your mood is down.**

Fortune Telling
You feel as though you know what the future will bring, and it's negative. Nothing will work out, so why bother trying? For example, you don't bother applying for a job you would prefer and are qualified for because you're convinced you wouldn't have a chance. **Realistic thinking recognizes that you don't know how things will turn out; by staying open to the possibility of positive results, you'll be more hopeful and more likely to achieve a positive outcome.**

Perfectionism
It's only good enough if it's perfect – and since you can't make most things perfect, you're rarely satisfied and rarely take pride in anything. For example, you are a teacher and expect yourself to have your lesson plans completed before the start of the term; or, you only take courses where you're convinced you'll be able to get one of the top grades, so

you miss out on training that would be quite useful. **Realistic thinking gives credit for accomplishments, even if the result is less than perfect. Few of us reach perfection in what we do, but our achievements are meaningful.**

Shoulds

You think that you know how the world should be, and it isn't like that. You know what you should be like, and you aren't. You know how other people should behave and they don't. As a result, you are constantly disappointed and angry with yourself and those around you. For example, you have a new colleague who lacks complete knowledge about the job you share – you tell yourself that this situation is *totally unacceptable* and you feel very upset that he was hired. **Realistic thinking understands the limitations of the world and of yourself – trying for improvement but also accepting how things are. The world isn't always going to be fair and just.**

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

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 depressive thinking as it occurs. An excellent strategy is to notice thoughts you are having at times you are experiencing a drop in your mood – it can be very helpful to write these thoughts down.

Although depression may seem like a dark cloud that is constantly around, our mood actually varies over the course of the day. Every time your mood sinks, ask yourself this important question: *"What was going through my mind just then?"* Pay attention to what you were thinking about and what you were reacting to. Write this down. For example, perhaps you were participating in a staff meeting and suddenly felt a deepening of the gloom you've been feeling. What was going through your mind just then? Perhaps you made a suggestion that didn't get much discussion from the group, and you had the thought that *"they don't value my opinion at all"*.

If you record your thoughts for a period of time, you will likely notice that the same kinds of depressive thinking come up again and again. You might find yourself placing a checkmark beside certain thoughts you wrote down earlier (*"Oh, that one again."*). When this happens, you have probably identified the most common kinds of depressive thinking for you.

STEP 2

Recognize your depressive thoughts and how they trigger low mood

THINK of a recent situation that was troublesome and where your mood dipped.

Then what? Some of these depressive thoughts may seem obviously distorted. In the example presented earlier of making a suggestion in a staff meeting that appeared to be ignored, rather than thinking *"they don't value my opinion at all"* you may consider: *"It was 12:30 and everyone wanted to end the meeting so we could get to lunch, not because they don't care about my opinion!"* Sometimes, it can be enough just to know that your mind generates depressive thinking in certain situations. Try to become aware of the depressive thinking as it happens and remind yourself where it comes from. *"I think this way because my mood is low."*

You may find that you take the depressive thoughts less seriously once you know where they come from. When you become aware of depressive thoughts you may feel tempted to attack yourself: *"How could I think such stupid thoughts?"* Depression causes you to be self-critical, and recognizing depressive thinking can give you one more way to beat up on yourself. **Don't.** Instead, remind yourself that depressive thoughts are the product of low mood and of your personal history.

Write some of your depressive thoughts here:

STEP 3

Learn to challenge depressive thoughts and replace them with fair and realistic ones

CHALLENGING depressive thoughts involves deliberately **rethinking** the situation or event(s) that contributed to low mood. To do this you can use a strategy called **Challenging Depressive Thinking.** Take a piece of paper and divide it into two columns, like the example below. There is a sample of this form at the back of the manual. Make extra copies if you need to.

Example: Imagine that your boss unexpectedly cancelled a meeting in which you were to discuss progress on an important project. First, make a brief note of the situation. Next, write down the depressive thoughts that seem related to how you feel. If you like, you can try to classify the type of distortion involved (as discussed earlier). Finally, think about the situation and try to come up with a more fair and realistic assessment.

Depressive thinking often goes way beyond the facts. In this case, 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 he cancelled the meeting; there might be hundreds of possible reasons."*

If you focus on unrealistically negative statements (*depressive thoughts*), you will feel more discouraged and as a result you may give up. Giving yourself encouragement and evaluating yourself fairly (*realistic thoughts*) makes it more likely you will hang in there and try harder – this makes it more likely that you will be successful.

When you're down or depressed, it's not easy to come up with fair and realistic thoughts. Asking yourself **Reality Questions** can help.

Use the Reality Questions on the next page to come up with more realistic ways of thinking about a situation that upset you. On page 33, write down the situation that upset you and the depressive thoughts you were having. Then use the Reality Questions to come up with realistic thoughts about the situation.

Challenging Depressive Thinking (example)

SITUATION:

My manager canceled a meeting with me that had been scheduled to discuss an important project.

DEPRESSIVE THOUGHT	REALISTIC THOUGHT
He must be hearing bad things about my work – he probably thinks I'm incompetent. (*Mind-Reading*)	**I don't know why he cancelled; maybe something urgent came up.**
He's probably going to take this project away from me. (*Overgeneralization, Fortune Telling*)	**It's only one meeting. I have no other evidence that he's unhappy with my handling of this project. In fact, I've had some good feedback from him.**
I'll never get a promotion, no matter how hard I work. What's the point, anyway? (*Catastrophizing*)	**The evidence I have doesn't fit this gloomy prediction. Just canceling this one meeting doesn't tell me whether I am likely to get a promotion.**

Reality Questions

Depressive Thought:

Can I get more evidence, like asking someone about the situation?

Would most people agree with this thought? If not, what would be a more realistic thought?

What would I say to a friend in a similar situation?

What will happen if I continue to think this way?

What is another way of thinking that is more encouraging or useful?

Challenging Depressive Thinking

SITUATION:

	DEPRESSIVE THOUGHTS	REALISTIC THOUGHTS
1		
2		
3		
4		

STEP 4

Practice realistic thinking.

IT'S NOT ENOUGH to come up with a fair and realistic thought just once. Depressive 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 depressive thinking doesn't take years: in fact, people with depressed mood often begin to notice differences after only a few weeks of practicing this skill.

Stressful situations such as the following can trigger depressive thinking: an upcoming performance review; a social gathering with people you don't know well; or a disagreement with a co-worker. In order to get the greatest benefit from this approach, you must pay particular attention to your thinking in situations that are likely to trigger depressive thoughts for you.

Try to think of a few situations where you often have depressive thoughts.

Write them here:

Stressful Situations

When you find yourself in these situations, deliberately practice fair and realistic thinking. Don't assume that it will happen on its own. You 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 depressive thinking. Don't allow depressive thinking to happen without replying to it. Every time you talk back, you make the depressive thinking weaker and the realistic thinking stronger – it takes time before realistic thoughts have more influence over you than depressive ones.

You will probably find that at first, practicing the realistic thinking sounds false to you. Imagine that you've been thinking in an unrealistic way about your work, telling yourself "*I need to complete all my work by the end of the week, otherwise it's worthless*". Over time, regularly having this thought may make you feel like a failure. You realize that this is unrealistic thinking and come up with the fair and realistic thought "*I am going to decide which tasks are most important and complete them before the end of the week*". At first, this realistic thought will seem false, as though you are just fooling yourself. Only with time and repetition does realistic thinking – **the truth** – begin to feel true to you. Eventually you will come to accept realistic thoughts.

PUTTING ANTIDEPRESSANT SKILLS TO WORK: AN EXAMPLE

Lyse set up unrealistic expectations for herself.

SITUATION Lyse managed an Information Systems department in a branch of a large corporation. She had always maintained high standards for her own work – in fact, she expected herself to produce work that was "100%". She carried this attitude into her role as a manager, expecting her department to make decisions and respond to requests for data in a highly efficient and timely manner. By hard work and long hours, she had maintained a near-perfect standard for her department, and she had an excellent reputation within the company.

However, things changed when the head office decided there would need to be layoffs to reduce operating costs. A representative of head office visited her department and directed her to lay off one-third of her staff. Several of those dismissed had important skills. No matter how much she argued the matter, head office insisted that these individuals were to be laid off, and that she would somehow find a way to do without them.

Despite increasing her own workload so that she was putting in 60 hours per week, she was unable to make up for the loss of these key employees and her department's performance began to suffer. More errors were made, and data requests were filled more slowly. Discovering these flaws made Lyse very worried. No matter how hard she worked, she couldn't be everywhere at once, nor did she have all the skills needed to maintain her very high standard.

Over the next few weeks, as problems mounted in her department, Lyse began to feel down and discouraged. She was no longer deriving satisfaction from her work. She had to drag herself into work – it was harder to get out of bed in the morning. Her husband asked what was wrong, but she was ashamed to admit that she could no longer do her job in the way she expected. He became concerned as her dark mood went on for several weeks and he insisted she visit their family physician. She was diagnosed as suffering from mild depression.

ACTION The physician gave Lyse a copy of the **Antidepressant Skills** manual, and arranged to see her in a week to monitor how she was doing. As she read over the workbook, she realized that she was thinking about her situation in a perfectionist way, setting up unrealistic expectations for herself. She used the **Challenging Depressive Thinking** strategy to come up with more fair and realistic ways of thinking about her own performance:

Challenging Depressive Thinking

Not keeping up the previous high standard of my department.

I'm a failure. (*All or Nothing; Labeling*)	It's not reasonable to ignore my whole career of accomplishments. Others I've talked to don't agree that I'm a failure – they say I've done well in a very difficult situation. Reduced performance of my department is caused by lost staff, not my performance. I can't make up for loss of critical skills. I would never say this to a friend in the same situation. Using this kind of label is unfair and just makes me feel more discouraged.
When they realize that I'm incompetent, I'll be fired. (*Mind-Reading; Fortune Telling; Catastrophizing*)	All the feedback I've had tells me that management sees me as very competent. Even if performance slips, I can explain precisely why – I think they realize that no one else is going to do better. The way they've handled the situation suggests that they are less concerned with maintaining high standards than I am.
I'll never work again. (*Catastrophizing*)	Feedback I've had from colleagues is that my reputation is very good, so the odds are that if I left this job, I would find other employment.

RESULT After thinking about the situation and talking it over with her husband, Lyse realized that trying to keep up perfect standards without adequate resources was just not possible. So, she decided to aim for an "80%" performance level, a level she felt confident she could achieve with the resources she'd been given. As she practiced thinking about herself and her situation in this realistic way over the next four weeks, her mood started to lift and she felt much less anxious. She went back to working 45 hours per week. She was sleeping better and had more time to share with her husband and friends. She kept practicing the Realistic Thinking skills for six months until she felt confident that she had really changed her style of evaluating herself and her situation.

PUTTING ANTIDEPRESSANT SKILLS TO WORK: AN EXAMPLE

Thomas felt like his job was a sign of failure.

SITUATION Thomas was a waiter in a successful restaurant, where he had worked for ten years. Thomas was treated well by management, paid at a competitive rate and the tips were good. However, at the age of 35, he had serious doubts about his occupational choice. In fact, he started to think that working as a waiter at 35 was a sign of failure. He always somehow thought that he would find a new career path, go to university and become a lawyer or something. But here he was, still a waiter, with no real plan to do anything different.

As he brooded on his situation, he became very self-critical, judging himself negatively. In his own mind, he called himself *"loser"* and *"failure"*, accusing himself of laziness for not going to university or seeking a high status job. Constantly putting himself down, he became increasingly discouraged about his life situation. There seemed no way to change his career course. His mood began to slide and he got less satisfaction from his work or personal life. Even though he had always enjoyed going to music performances and art shows with his friends, he began to avoid these activities and became more isolated.

ACTION During a regular check-up with his family physician, Thomas mentioned how he'd been feeling over the past few months. The doctor asked a few questions and soon figured out that he had been suffering from mild depression. The doctor discussed options for treating this problem, including antidepressant medication and working with strategies like those in the Antidepressant Skills at Work book. Thomas chose to work with the strategies before considering medication. The website for Antidepressant Skills at Work was given to Thomas and he printed a copy at home.

He realized that he'd been engaging in depressive thinking, talking to himself in a way that was harsh and unfair. He used the Reality Questions and the Challenging Depressive Thinking form to figure out what was so depressing and unfair about the messages he'd been giving himself. His answers to the Reality Questions looked like this:

Reality Questions

DEPRESSIVE THOUGHT:

I'm a total failure to still be a waiter at age 35.

Can I get more evidence, like asking someone about the situation?

There are only a couple of people I trust enough to ask if they see me as a failure: my older brother and one of my friends. They gave me a lot of reassurance and my brother said that he envied the amount of freedom in my life, my close group of friends, and all the different interests I have.

Would most people agree with this thought? If not, what would be a more realistic thought?

I think most people would see me being too hard on myself. Most people would say that success in your job has more to do with how well you do it and how much you enjoy it, rather than it being so-called high status. I'm not sure if I fully agree with that, but I could be open to thinking this way.

What would I say to a friend in a similar situation?

I would remind him that this job allows him free time to attend music concerts and art shows, something he really values. I would also remind him that he's talked about enjoying his waiter job, that he meets a lot of creative and fun people, and that the money isn't bad.

What will happen if I continue to think this way?

I'll just get more and more down and depressed, until I stop getting enjoyment from anything I do. Who knows how far my mood could drop?

What is another way of thinking that is more encouraging or useful?

This job allows me lots of free time to attend music concerts and art shows, something I really value. I enjoy this job – I meet a lot of creative and fun people and the money isn't bad. Success in my job has more to do with how well I do it and how much I enjoy it than with whether it's so-called high status.

Challenging Depressive Thinking

SITUATION:
I'm a waiter at age 35.

DEPRESSIVE THOUGHTS	REALISTIC THOUGHTS
It's pathetic that I'm still doing this job. (*All or Nothing; Filtering*)	This job allows me lots of free time to attend music concerts and art shows, something I really value. I enjoy this job – I meet a lot of creative and fun people and the money isn't bad.
My two brothers are both high status professionals; by comparison I'm a total failure. (*Labeling; All or Nothing*)	Success in a job is about how well I do it and how much I enjoy it, not whether it's so-called high status. I can only judge myself by my own values, and I have always valued freedom and creativity over social status.

RESULT

As Thomas practiced these more realistic thoughts about himself and his work, his mood began to lift – it actually felt pretty good to think in a fair and realistic way. At first, he felt like he was just doing something fake, but as he continued to practice realistic thinking, he was increasingly able to accept these realistic thoughts as accurate. He practiced realistic thinking in trigger situations like family dinners where his brothers talked about their professional careers. Over time, it became easier to deal with these situations. He became more socially active and he returned to his previous level of involvement in arts activities. He learned to judge himself by his own standards – this felt much better and his mood stayed pretty good.

Reactivating your life

The steps of ***Reactivating Your Life*** are:

1 **Identify activities to increase**

2 **Choose two of these activities**

3 **Set realistic goals**

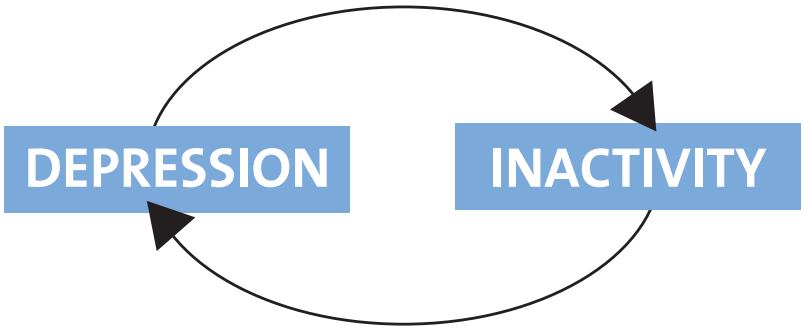
4 **Carry out your goals**

5 **Review your goals**

When you are feeling down, you might stop doing the activities that normally keep your mood positive. Leaving these positive activities out of your life increases the risk that you will become depressed. In the workplace, this can involve taking on difficult tasks without balancing them with more rewarding ones, not taking care of your own needs at work, or not keeping a balance between work and personal life.

If you stop taking care of yourself or doing enjoyable activities, your life becomes more dull and discouraging. This can contribute to the depressed mood becoming worse.

In other words: depressed mood leads to inactivity, but inactivity makes depressed mood worse. What seems like a good coping strategy actually tends to maintain or intensify depression. The solution: Don't wait until you feel like doing more. Waiting actually makes it *less* likely that you will get better. And don't wait until you feel motivated – as you get better, you will regain a sense of motivation.



Work-Life Balance

We all have multiple roles in our lives: employee, parent, partner, and friend are examples. This is positive for our physical and mental health, allowing us to connect with others and experience personal accomplishment and satisfaction. However, it can be challenging to maintain a healthy balance between your work and personal life – your *Work-Life Balance*.

Sometimes the events in your personal life are so demanding that it becomes very difficult to keep up with the requirements of your job. For example, someone going through a relationship breakup will find it more difficult to fully concentrate on work tasks. Or, periods of increased workload in your job can put pressure on your personal life, leaving you with insufficient time or energy to spend with family or friends or to participate in leisure activities. This may create an imbalance in your life, taking away support and personal satisfaction provided by social or recreational activities. You might be so committed to performing well on the job that you take on more and more responsibility until you are almost entirely focused on work and your personal life becomes pretty empty.

A national survey found that many Canadians experience a significant conflict between work and personal life. Survey results showed:

- *stress levels have increased as the work environment has changed over the last decade, influenced by downsizing, globalization and technological change; and*
- *⅔ of the surveyed workers reported they had difficulty achieving a balance between their work and personal lives.*

We all need to balance work and personal life in order to be emotionally healthy. It's one thing to become extremely busy at work for a short period of time – but if a total focus on work becomes your normal way of living, you might well become so "emotionally undernourished" that the risk of depression is increased.

STEP 1

Identify activities to increase

THERE ARE three main areas in which depressed people often reduce their activity. These are: ***Enjoyable Activities, Self Care*** and ***Involvement with Family & Friends.***

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

Remember: **Action starts first – motivation will kick in later. Setting goals to increase your activity level is a powerful method for managing depressed mood. The aim is to gradually get yourself moving even though you might not feel like it. These are the steps to gradually reactivating your life.**

Enjoyable Activities

Examples:

- ***going for a walk on your lunch break***
- ***reading a magazine or book***
- ***watching a movie***
- ***going to a hockey game***

Increasing activities in this area will make a difference by:

- ***reminding you of your interests and things that are important to you***
- ***rewarding you for making the effort to manage your depression***
- ***helping maintain the balance between your work and personal life***

Your ideas:

Self Care

Examples:

- ***exercising (e.g. taking advantage of a company supported fitness program)***
- ***taking a nutritious lunch to work***
- ***taking time to plan your day when you get to work***

Increasing activities in this area will make a difference by:

- ***directly enhancing your sense of physical well-being***
- ***preventing your mood from slipping down***
- ***reminding you of your strengths and abilities***

Your ideas:

Involvement with Family & Friends

Examples:

- ***going out for dinner with a friend***
- ***getting out to a social group or class***
- ***planning a family outing***
- ***attending your child's soccer game***
- ***arranging to get together with a colleague after work***

Increasing activities in this area will make a difference by:

- ***helping you regain a sense of connection to others***
- ***giving other people the chance to provide reassurance and support***
- ***shifting you away from being alone and focusing on depressive thoughts***

Your ideas:

STEP 2

Choose two of these activities

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

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 going for bike rides again, your first goal might be to find your bike and make sure it is ready to ride. If you want to socialize with friends again, your first goal might be to phone a friend to arrange a time to meet.

Activity 1:

Activity 2:

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.

Frank started with two goals: slightly increasing his level of physical activity and increasing his level of social activity.

STEP 3

Set realistic goals

To SUCCEED, your goals must be:

Specific
Depressed mood can make almost anything seem like a failure. You need to have a very clear idea of your goal so that you will know you have succeeded (for example, *"go for dinner with a friend over the next week"* rather than *"become social again"*).

Realistic
You may find it tempting to set your goals based on how much you think you should be able to accomplish. Don't. Your goals should be easy enough to be achievable even if your mood is low in the coming week. Sometimes it seems overwhelming to think of starting a new activity. In that case, try setting the goal of gathering information related to the activity (for example, *"find out what exercise activities are available at the community centre"* rather than *"start working out every day"*).

Scheduled
You should have a clear idea when and how you are going to carry out your activation goal (for example, *"Take a walk on Thursday at noon for 15 minutes"* is much better than *"Walk more"*).

Consider setting one goal related to your job and one related to your home life. Remember: goals that help to improve the balance between your work and personal life are especially helpful.

Here is an example:
Frank started with two goals: slightly increasing his level of physical activity (from no physical activity to one short walk each week) and increasing his level of social activity (from no social activity to going out for dinner with his wife and daughter every two weeks). He used his appointment book to write in each of these activities. After he did each activity, he checked it off in his book.

Try setting some goals 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.

It's a good idea to write down your goals – you may put a note on your fridge, use an appointment book, or use a computer or PDA to keep track of your goals. When you've completed the goal, check it off to remind yourself what you've accomplished.

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: Do not 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.

Goal Sheet (example)

Frank's Goal Sheet looked like this:

	ACTIVITY	HOW OFTEN?	WHEN EXACTLY?
1	Walk for 15 minutes	Once a week to start	Thursdays on my lunch break
2	Going out with my wife and daughter	Once every 2 weeks	Saturday or Sunday evenings

Goal Sheet

	ACTIVITY	HOW OFTEN?	WHEN EXACTLY?
1			
2			

STEP 4

Carry out your goals

IT IS IMPORTANT to realize that when you are depressed you probably won't feel like doing your activity goals. In depression, motivation to do things is much less than usual. However, if you wait until you feel like it, most likely nothing will happen. *Do the activity because you set a goal for yourself and because it will help you get better.* After you've done and checked off each goal, you will see what you've accomplished.

In the early stages of recovering from depression, it's likely that you won't get much enjoyment from your activities, but as you continue to increase your activity level and focus on recovery, you will gradually regain the ability to enjoy activities. You'll even regain the ability to motivate yourself!

If you completed a goal, did you congratulate yourself? If not, do so now. Depressed mood is likely to make you focus on the things you *haven't* done, and ignore or downplay your accomplishments. Deliberately remind yourself of achievements, no matter how small they may seem. If you find yourself minimizing your own achievement (*"but that was such a small thing to do"*), remember that completing small goals while feeling depressed is like walking a short distance with a very heavy pack. Meeting goals while depressed is challenging and deserves to be recognized.

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. Try to use the fact that you didn't achieve your goal as an opportunity to learn something, not as a failure. Consider making it smaller for next week, or substitute a different goal. Depressed people often set their goals *too high*, fail to reach them, and become discouraged. The problem is not that they are lazy, but that they are too eager to get well!

When you feel depressed, it's important to scale back to something you are sure you can do, *even if you feel no better this coming week than you did last week*. Walking a few blocks or spending 15 minutes at a hobby are perfectly reasonable goals. As your energy comes back you will be able to do more. But for now, allow yourself to get started slowly.

Deliberately remind yourself of achievements, no matter how small they may seem.

STEP 5

Review your goals

AFTER TWO WEEKS of working on your 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. Pick one from another area. For example, if you had *Self Care* and *Enjoyable Activities* goals before, choose one from *Involvement with Family & Friends*.

Write the new goal into your schedule along with the two 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?

Continue to set your ongoing goals, and consider gradually adding additional goals. If you complete a task (for example, if you have now finished gathering information about recreational activities in your community), then move on to a new goal (for example, attend a drop-in session for a class that you are interested in).

Keep following these steps:

- *Set your three 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 to 4 (or more) goals at a time. Don't get carried away, though – having too many goals can get overwhelming.

Goal Sheet

NEW ACTIVITY	HOW OFTEN?	WHEN EXACTLY?

PUTTING ANTIDEPRESSANT SKILLS TO WORK: AN EXAMPLE

Judith's career success didn't make up for the emptiness of her personal life.

SITUATION Judith went into the practice of family law with an optimistic and upbeat attitude – she really wanted to help couples negotiate fair agreements and protect children from the negative impact of divorce. She was great at her work and soon she had more cases than she could comfortably handle. However, she wasn't very good at saying *"no"* – so after 10 years in practice, she carried a huge caseload, working up to 70 hours each week.

She didn't have much time or energy for making friends or dating. She brought files home and checked e-mails at night. Over the years, Judith became almost totally focused on her work, without much personal life. She had several acquaintances from her workplace whom she would meet for drinks every few weeks, but otherwise her life was her work. She had no hobbies, no time to see films or hear music, and she hadn't been able to maintain a regular fitness program for years.

By her 12th year of practice, Judith began feeling that the satisfaction of her career success did not make up for the emptiness in her personal life. She found that she was no longer enjoying her work – she was dragging herself through the day and had trouble concentrating on her cases. She felt sad and tired much of the time, although she didn't know what she was sad *about*.

Over the next six months, things got steadily worse – she was exhausted much of the time, feeling empty. She really didn't much care whether her clients won or lost their disputes. She mostly just wanted to put her head down on her desk and go to sleep. She gave up seeing acquaintances and began to fall behind with her files, unable to motivate herself to keep working on them at home. She found herself waking up in a sweat on many nights, with her heart pounding and difficulty falling asleep again. The quality of her work really began to suffer, and several colleagues commented on the changes they saw.

ACTION Finally, Judith went to her family physician for a checkup – she described her recent problems and her physician diagnosed major depression. Judith began antidepressant medication and her physician also gave her a copy of Antidepressant Skills at Work, and encouraged her to learn and apply these skills.

It took about four weeks to find the dosage of antidepressant medication that was helpful for her – she didn't like the side effects but it was worth it to be feeling better. Her sleep improved, she felt more energy and it was easier to focus on her work. She felt better, but she was not back to her usual self.

Reading the Antidepressant Skills book helped her to see that she had not been keeping a proper balance between her work and personal life. She realized that this total work lifestyle was not working for her – so, she decided to make some changes.

Judith began to see a counselor through her Employee and Family Assistance Program, who supported her in using the Antidepressant Skills at Work book. Having the counselor encouraging and advising her made it easier to apply the antidepressant skills.

She used the Reactivating Your Life skill to set certain goals for herself. One goal was to limit her work time to 50 hours per week. In order to make that happen, she had to turn down some cases – that wasn't easy for her, but she managed to talk herself through it. Another goal was to make contact with an old friend she hadn't seen in six months – she assigned herself to phone this friend and set up a time to meet. Although she found it a bit awkward at first to talk about anything but legal cases, she soon got used to it. She and her friend decided to have dinner once every month, and Judith found that she was learning to enjoy this non-work conversation a great deal. Through this friend, she also met a few other people whom she liked.

Judith's Goal Sheet

	ACTIVITY	HOW OFTEN?	WHEN EXACTLY?
1	Limit work to 50 hours per week.	Every week.	Get home by 7, take Sundays off.
2	Phone my friend Sukhi and arrange to meet for coffee.	Once, to start with.	Next Wednesday evening.

RESULT **Judith continued to set activation goals over the next eight months – for example, she joined a running club. By building up these activities and connections outside of work, she began to feel a sense of real satisfaction and enjoyment in her life.**

Preventing relapse

DEPRESSION ENDS. It often doesn't feel like it, but it will end. Unfortunately, some people go on to have a return of depression or depressed mood months or years later. A return of depression is called a *relapse*.

Is there anything you can do to reduce the risk of relapse? Yes. You may not be able to eliminate the possibility of having another episode of depression. You can however make depression less likely, less severe, and less frequent.

Keep Using the Skills that Helped

When you feel terrible, it may be obvious that you need to make caring for your own mental health a real priority. But 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 at staying active, thinking realistically, and problem-solving.

Think about the skills you have been using to cope. Which ones will you need to keep using over the long term, even after you feel better?

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 stress (which none of us can do), but to plan ahead to manage the stress effectively. Some stressful events can be predicted. Perhaps you have been off work and know that on a certain date you will go back to work. Perhaps Christmas is always stressful for you, and December is coming. Perhaps annual budget planning is about to start. Perhaps you are expecting a baby, whose birth you are excited about, but you know 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.***

Which skills do I need to keep using in the long-term?

Create a Mood Emergency Action Plan
If you plan ahead for a return of depression or depressed mood, you may be able to recover faster than previous times. As a result, the depressed mood may not become as severe, last as long, or be as difficult to bounce back from. By planning a course of effective action ahead of time you may not be as anxious, and so you may well reduce the possibility of a return of depression.

If you were to become depressed again, what are some of the things you could do to help yourself get better as quickly as possible?

Here are some areas to think about:

- ***Increase rewarding activities.***
  Use the steps in the ***Reactivating Your Life*** *section.*
- ***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 get help with meal preparation from your partner.
- ***Get feedback.***
  Consider giving permission to a few friends or family members (or perhaps your doctor) to tell you when they notice your mood seems to be sliding or your behaviour changes.
- ***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 childcare.
- ***Manage your lifestyle.***
  A mood decline is no time to stop exercising, getting out of the house, 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 take action 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 a clear plan of action.
- ***Pace yourself.***
  If you feel your mood slipping, it's probably not the best time to take on new tasks or challenges at work (even if they are positive). You won't be doing yourself a favour if they become overwhelming.

PUTTING ANTIDEPRESSANT SKILLS TO WORK: AN EXAMPLE

Melissa criticized herself in a harsh manner.

SITUATION **Melissa was a teacher in her mid-30s who had recently transferred to an inner city school, attracted to the challenge of the work.** Very quickly, she found she could not accomplish at work what she had usually been able to, despite working long hours. She began to sleep poorly and worried much of the time. She criticized herself in a harsh manner for not doing as well as she expected. Her mood began to drop until she was feeling quite miserable. This made it more difficult to perform her job, and she became even more self-critical and depressed.

ACTION **Melissa visited her family physician, who advised her that she had a major depression.** She told her doctor that she was reluctant to take antidepressant medications, so her physician referred her to a psychologist specializing in *Cognitive Behavioural Therapy*. Her physician also gave her a copy of Antidepressant Skills at Work. Melissa saw the psychologist for 6 sessions.

RESULT **By working with the psychologist and using the antidepressant skills, she was able to make important changes in her life.** She realized that she had been avoiding her friends since she took her new job, and especially since she became depressed. She used the Reactivating Your Life skill and set the goal of meeting a friend once a week for tea. Later, she increased this to include other social activities. After the first month, she added exercising for a half hour, 3 times a week as a goal. She also recognized patterns of depressive thinking: she had a very self-critical way of thinking, she expected herself to perform perfectly, and she ignored praise from others.

Between therapy sessions, she used questions from the Antidepressant Skills manual to come up with more fair and realistic ways of thinking:

What evidence do you have? Her vice-principal had spoken with her on a couple of occasions and indicated being happy with her work. Another teacher told her this was one of the toughest schools in the city, and that she was handling the transfer to an inner-city school really well.

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, and then practiced saying them to herself.

What is a less extreme way of looking at the situation? She wrote down some realistic thoughts about the job situation, and then reminded herself of these whenever she noticed the unrealistic negative thoughts. The use of 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.

However, Melissa realized that she still tended to fall into unfair self criticism, especially when she was under more stress than usual. Even after she was feeling back to normal, she paid attention to the way she was thinking and what kind of messages she was giving herself. If she noticed that she was putting herself down unfairly, she would use the Challenging Depressive Thoughts strategy to come up with more realistic and fair ways of thinking about herself. Or, if she noticed that her mood seemed to be really down for a couple of days, she would write down the depressive thoughts that went along with her low mood. Then, she would challenge these thoughts and come up with more realistic ones to practice. If she knew that a particularly stressful situation was coming up (like end-of-semester grading), she would ask her husband to do more of the household chores while she was preparing grades and would make sure to set aside some time for social activity. She also wrote in a notebook the things that were most helpful to her in getting out of depression. She kept the notebook in a convenient place, so she could review it if her mood began to slip.

Making Decisions about Workplace Depression

Should I tell people at work about my depression?

If a qualified healthcare provider has diagnosed you as having depression, the decision to discuss your health condition with your employer (manager/supervisor, coworker, union representative or human resources department) is an individual one. It depends on your particular situation, job and workplace, as well as your personal comfort level. If you are able to go to work and fulfill your job duties, you may choose to not disclose your depression to your employer or colleagues. Regrettably, there continues to be stigma and possible discrimination against persons experiencing mental health conditions.

There are, however, some situations where you may need to disclose a diagnosed mental health condition to your employer:

- ***If your employer has an absenteeism policy or benefits plan that requires documentation.***
- ***If you are requesting accommodation at work (or so you can return to work).***
- ***If your depression has caused impairments that may unacceptably increase risk to you, your coworkers or the public, especially for safety sensitive positions.***

Speaking to your employer may be helpful. Changes in your work behaviour or productivity may otherwise be viewed as performance concerns and dealt with accordingly, which would be unfair and may impact your mood further. Keeping difficulties secret may become an additional stress, and may prevent you making arrangements at work (for example, modifying workplace demands) that can support your self-care efforts.

If you choose to speak to your employer, you should decide how much information to provide. You might:

- ***Consult with your union steward or health and safety representative about benefits or programs that may be available to you.***
- ***Describe how depression is impacting your work behaviour.***
- ***Identify current or upcoming workplace factors that may contribute to depression (e.g., upcoming deadlines that you may not be able to meet).***
- ***State the steps you are taking to deal with the problem (e.g., seeing a mental health specialist).***
- ***Discuss privacy issues (e.g., indicate that you do not feel it is appropriate to provide details on your specific difficulties).***
- ***Speak in general terms about "personal health concerns."***
- ***Decide on a strategy for follow-up support and further communication (e.g., suggest you meet with your direct supervisor on a weekly basis to review deadlines).***

You are under no obligation to discuss your situation with your coworkers, although you might choose to say something to trusted colleagues. This is more common when there have been obvious changes in behaviour or extended periods of absence. In these circumstances, consider whether to simply mention *"personal difficulties"* or provide more specific information. Although stigma remains, many people have faced mental health problems themselves, or among their family or their friends – they are likely to be understanding and willing to help.

Should I take time off work?

INDIVIDUALS who are experiencing depression will sometimes decide to take time away from work. This decision is an important one and will vary from person to person depending on their circumstances. Making this decision requires that you consider the extent to which your mood problem is impairing your job performance.

We encourage a problem-solving approach to decide the advantages and disadvantages of work absence. This might be a collaborative decision between you, your family, your healthcare provider, employer and/or union. Who to include in this process will depend on the individuals you have informed about your current situation.

It may also be useful to speak to your employer about the possibility of accommodation in the workplace. Some examples of accommodation would be a reduced work week or work day, or reduced job duties. Staying at work with accommodation is often preferable to stopping work altogether.

The table below can help you to decide whether time off work is advisable and, if so, for how long and for what purpose.

There is no universally correct decision with respect to taking time from work due to depression. If you decide to stay at work, consider what steps you can take to reduce factors playing a role in your depressed mood, and what steps you can take to ensure that your workplace supports your self-care efforts. If you decide you need to take time off, use that time as an opportunity for active recovery and participation in your own care. In general, the longer people are away from work the more difficult it is to return. So, it is important that you work with your healthcare providers and others to estimate a realistic duration of absence and to develop an active and specific treatment and recovery plan.

Benefits & Costs of Absence from Work

BENEFITS	COSTS
Gives you a break from workplace demands or issues that may be contributing to stress and depressed mood, allowing you to regain your energy and reserves.	**You may become inactive and self-doubting (psychologically deconditioned) without the structure and routine offered by work.**
Provides you with the time and opportunity to engage in activities that will assist with your recovery. This may include attending medical or counseling appointments or engaging in some of the activities you have identified in the *Reactivating Your Life* section of this book.	**You may become isolated from the usual social contacts afforded by your workplace, a factor likely to worsen mood problems.**
Reduces the risk of a work-related incident or injury that may harm you, your coworkers or members of the public. This is particularly important if depressed mood has significantly impacted your concentration or judgment and if you work in a safety-sensitive job.	**You will not be in a position to address any workplace factors that were contributing to your depressed mood. So, they are likely still to be there when you return.**
	There are financial costs of lost time for you and your family – this will partially depend on the nature of the absence/disability program within your organization.

How can I return to work successfully?

WHEN YOU have been off work due to depression, it is important to prepare for your work return. If you have been receiving care from a physician or mental health specialist, they might evaluate your fitness to return to work, based on your current functioning. If you are on long-term disability, you might be working with a rehabilitation consultant who will assist you with planning your work return. Your employer should be alerted to your return so that they can make appropriate arrangements, which may include the provision of workplace accommodations. The following suggestions will increase the likelihood of a successful and sustained return to work:

- ***Actively participate in developing your return to work plan.***
  Learn about company programs and policies, and identify opportunities for support at work. Use the strategies in this guide to creatively address problems, challenge unrealistic thoughts and build your level of work activity.
- ***It is often helpful to cooperate with requests for information or further evaluation.***
  Communication among all those concerned can be critical to ensure effective work return. When you are providing information, it is usually best to be straightforward and specific in describing your current functioning and pointing out those aspects of the job that may be challenging.
- ***Be realistic, patient and flexible as you return.***
  Consider what you will say to your coworkers and how you will address unresolved issues. Pace yourself – you won't likely be at your previous level of productivity immediately. Identify possible triggers or signs that you may be slipping and develop a plan to address these. Continue your self care efforts to support yourself at work.

What lifestyle changes might be helpful?

Lifestyle factors are as important for psychological well-being as they are for physical well-being. They help reduce our overall level of stress, and enhance our ability to recover from stressors and challenges. Lifestyle changes may be a focus for the skills introduced in this guide. You may want to increase activities or set goals in lifestyle areas. Some of the key lifestyle areas are: sleep; diet; use of alcohol and drugs; and exercise.

Sleep

Stress and depressed mood often disrupt sleep, and this sleep disruption can lead to further mood disruption. These are tips that can help improve your sleep:

- ***Establish a regular sleep/wake cycle, including a fixed wake-up time and regular bedtime.***
  Having regular hours for getting up and going to bed can help set your internal clock. If you are having problems falling asleep, don't go to bed too early – you should not get into bed until you are sleepy. Most adults need about seven or eight hours of sleep.
- ***Develop a sleep ritual.***
  This may include some form of meditation or relaxation, bathing or herbal teas. Get yourself ready for the next day and then mentally "put away" any ongoing problems or upcoming tasks.
- ***Don't use your bedroom for non-sleep related activities (reading or watching TV) if you are having problems with falling asleep or staying asleep.***
- ***Avoid exercise, caffeine, alcohol, or tobacco in the few hours before sleep.***
- ***Try not to nap during the day.***
  If required, talk with your physician regarding over-the-counter sleep medications.

Diet

When we are stressed or experiencing depressed mood, our diet often suffers. Some people overeat. A more common problem is lack of appetite. Here are some tips on keeping up adequate nutrition during difficult times:

- ***Eat regular meals.***
  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 a predetermined place (such as the dinner table or lunch room).
- ***Make healthy choices and try to maintain a balanced diet.***
  Keep healthy snacks at work. If you find it difficult to prepare meals, have a selection of convenient but nutritious meals available.
- ***If possible, do not work while you are eating lunch.***
  Give yourself an opportunity to enjoy the break.
- ***Use healthy eating as an opportunity to engage in some of the activities described in this workbook.***
  Prepare food with a family member. Go for dinner with a friend. Take a cooking course.

Use of Alcohol and Drugs

People drink alcohol or use recreational drugs to feel better in the short run – but, if you are stressed or have depressed mood, alcohol or drugs can make problems worse. Alcohol and drugs can impair performance at work, create dependencies, and compromise general health. They do little to deal with the issues at hand. Also, alcohol and drugs interact with many prescription medications for mood or sleep problems (for example, making them less effective or making side effects worse).

Using the principles of goal-setting can help you set realistic and attainable goals related to decreasing or eliminating substance use. If your use of alcohol or drugs is a source of concern for you, your employer, and/or your family, then you should address this directly. A number of organizations exist that can help. You may be able to obtain support through company programs, Employee and Family Assistance Programs or your family physician.

Physical Activity

Regular physical activity is related to improved mental and physical well-being. Physically fit people are less vulnerable to stress and depression. Regular exercise can markedly reduce symptoms of stress and depression, and can help improve your sleep.

Here are some tips for increasing your physical activity:

- ***Pick activities that you enjoy and that are realistic for you.***
  Select the type of activity that suits you best (e.g., if you have never been a runner, jogging 3 times per week may be an unrealistic and unattainable goal for you). Variety also helps: pick more than one activity and alternate.
- ***Frequency is more important than duration.***
  Short, but regular exercise sessions are better than long, but irregular exercise sessions.
- ***Focus on enjoyment.***
  Try to put an emphasis on how you will feel rather than how you want to look.
- ***Look for opportunities to be active during your workday.***
  Walk to work. Take the stairs rather than the elevator. Go for a walk at lunch with a coworker.

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

Suggested reading on depression and related topics

Bilsker, Dan; Gilbert, Merv; Myette, Larry; & Stewart-Paterson, Chris (2004). *Depression & Work Function.*

- **Free download at: www.carmha.ca/publications.**

Brooks, Robert & Goldstein, Sam (2003). *The Power of Resilience*. New York: McGraw-Hill.

- **A practical guide to help you "bounce back" from life's challenges.**

Burns, David (1992). *Feeling Good: The New Mood Therapy*. New York: Avon Books.
Burns, David (1999). *The Feeling Good Handbook*. New York: Plume Books.

- **Self-help books on depression and anxiety. The emphasis is on specific exercises you can carry out.**

Catalano, Ellen Mohr (1990). *Getting to Sleep*. Oakland: New Harbinger Publications.

- **A useful book that describes a variety of sleep problems and offers concrete suggestions for dealing with them.**

Cronkite, Kathy (1994). *On the Edge of Darkness*. New York: Delta.

- **First-person accounts from well-known people who have been through severe depression.**

Gottman, John & DeClaire, Joan (2001). *The Relationship Cure*. New York: Three Rivers Press.

- **A 5-step guide to strengthening your marriage, family, and friendships.**

Gottman, John & Silver, Nan (1999). *The Seven Principles for Making Marriage Work.* New York: Three Rivers Press.

- **A relationship book that provides a framework for coping with differences and strengthening your marriage.**

Greenberger, Dennis & Padesky, Christine (1995). *Mind Over Mood*. New York: Guilford Publications.

- **A hands-on workbook for clients suffering from depression, panic attacks, anxiety, eating disorders, substance abuse, and relationship problems.**

Paterson, Randy (2000). *The Assertiveness Workbook*. Oakland: New Harbinger Publications.

- **A guide to developing more assertive coping.**

Paterson, Randy (2002). *Your Depression Map: Find the Source of Your Depression and Chart Your Own Recovery*. Oakland: New Harbinger Publications.

- **A guide to developing individualized strategies for recovering from depression.**

Seligman, Martin (1992). *Learned Optimism: How to Change your Mind and your Life.* New York: Simon & Schuster.

- **A book that discusses how to develop a realistically positive view of yourself and your life.**

Use the following worksheets to keep practicing your antidepressant skills

Challenging Depressive Thinking

SITUATION:

	DEPRESSIVE THOUGHTS	REALISTIC THOUGHTS
1		
2		
3		

Reality Questions

Depressive Thought:

Can I get more evidence, like asking someone about the situation?

Would most people agree with this thought? If not, what would be a more realistic thought?

What would I say to a friend in a similar situation?

What will happen if I continue to think this way?

What is another way of thinking that is more encouraging or useful?

Action Worksheet

THE PROBLEM:

	ACTION	ADVANTAGES	DISADVANTAGES
1			
2			
3			

Goal Sheet

	ACTIVITY	HOW OFTEN?	WHEN EXACTLY?
1			
2			
3			

Notes

Notes

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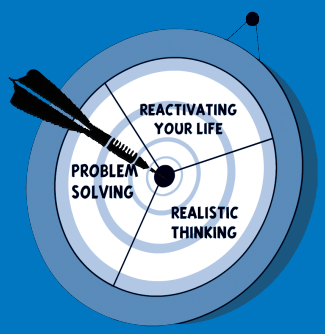

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