

MANAGING DEPRESSION

RECOVERY STRATEGIES
FOR MENTAL HEALTH AND
SUBSTANCE USE DISORDERS

REVISED EDITION

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ISBN #: 978-0-9835302-8-2

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If you have any questions or concerns about a clinical depression, discuss these with a psychiatrist, psychologist or other mental health professional.

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Authors Note

Thanks to Cindy Hurney for designing this recovery workbook and Chris Daley for designing the covers. And, thanks to Janis McDonald for her help with this updated version.

Managing Depression

Recovery Strategies for Mental Health and Substance Use Disorders

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About this Workbook

This *Workbook* can help you understand and learn strategies to manage depression or other psychiatric or substance use disorders in which a depressed mood is present. It provides information about depression, depressive disorders, treatment, the recovery process and relapse. You will learn strategies to deal with a depressed mood and other emotions, change your thinking, address the impact of depression on your family and relationships, use a support system and make lifestyle changes. Suicidal thinking and co-existing substance use disorders are also addressed as these are common among people with clinical depression.

About the Interactive Workbook Series

The workbooks in this series are brief, informative, user-friendly and appropriate for individuals with psychiatric, substance use or a combination of these disorders. These materials can be used as part of individual or group treatment. Other recovery materials are listed on the back page of this workbook. Descriptions of recovery workbooks, journals and other materials can be found on: www.drdenniscdaley.com.

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1. Depression: Symptoms, Causes & Effects

What is Depression?

Candice is a 28 year old who recently had her first episode of clinical depression. She describes feeling down in the dumps, having no energy or motivation to do anything, not being able to take care of chores at home, negative thoughts (“I am weak; I shouldn’t feel this way,”) and not having the courage to face up to her problems. She talked to her primary care physician who referred her to a mental health clinic. Therapy helped her learn to fend off her negative thinking and deal with problems that made her depression worse. Candice believes that including her husband in some sessions helped him learn about depression, support her recovery and deal with his own reactions. He initially had trouble understanding why she would be depressed since she had so much going for her.

Kyle is a 43 year old who has had numerous episodes of depression. Between episodes, he did well, sometimes going several years between bouts of depression. Treatment helped Kyle accept that he was at risk for a recurrence of depression, and to recognize the symptoms that signal the start of a new episode. His early symptoms include mild fatigue, sleepiness, sadness, and poor concentration. These symptoms usually come with nervousness and excessive worry about his finances and handling his job. Kyle knows to stay on his medication and to alert his doctor and therapist who can help him reduce his risk of a full blown episode of depression.

Many people like Candice and Kyle experience clinical depression. While most people “feel” sad at one time or another, most do not have a “disorder,” which involves a cluster of mood (how you feel), cognitive (how you think), behavioral (how you act) and physical symptoms (how your body is affected) over a period of time. “Feeling” sad is usually short and temporary and usually does not cause considerable distress. So depression is not just sadness. It is a disorder causing suffering and can interfere with your relationships and ability to function in any area of life. It is an illness, not a weakness or character flaw.

According to the National Institute on Mental Health, nearly 10% of adults in the U.S. experienced a mood disorder in the past year with the majority of these being a type of depression. Types include major depression, dysthymia, double depression, depression that is part of a bipolar illness (called bipolar depression), seasonal affective disorder, depression caused by alcohol, illicit drugs and medications used for medical conditions. Candice experienced a “single episode” of major depression and got better with therapy alone, while Kyle experienced “recurrent” episodes and needed therapy and medication.

Symptoms vary among people with clinical depression but may include any of these: depressed or irritable mood, sleep problems (hard to fall or stay asleep or waking up too early), loss of interest or pleasure (hard to enjoy life), feelings of guilt, low energy, poor concentration or memory, appetite problems (eat too much or too little), feeling agitated or slowed down, and suicidal thoughts (some have a plan or make an attempt). The type of depression depends on the number, severity and how long you have had these symptoms.

Depression is diagnosed by a psychiatrist, other physician or a psychologist. Interviews with a professional, completion of brief questionnaires, and laboratory work help to diagnose clinical depression. Many people with a depressive episode have other problems, such as an anxiety disorder, or alcohol or drug problems.

Major depression involves feeling sad, blue or down in the dumps, loss or decrease in interest in life and pleasurable activities, difficulty concentrating, appetite or sleep problems, tiredness or low energy, feelings of guilt and worthlessness, and thoughts about whether or not life is worth living. At least five of these symptoms are present most of the time, nearly every day for two weeks or longer. Episodes can last weeks or longer.

Major depression includes single or recurrent episodes. Like Candice, about half of the people with this type of depression experience only one episode. The other half experience two or more episodes of depression, so many have a “recurrent” form. Months or years can pass between episodes just like they did with Kyle.

Dysthymia is a milder but more chronic form of depression. This involves feeling depressed most days for at least two years with two or more of the symptoms listed above in major depression. *Minor depression* involves some of the symptoms of major depression for at least two weeks. *Double depression* means that you have dysthymia and then experience a major depressive episode. This new episode is like a “slow burn,” meaning it sneaks up on you slowly and gradually.

Some women get *post-partum depression* after childbirth. Others experience *seasonal affective disorder (SAD)* in the Fall or Winter season.

Mania is the opposite of depression and involves a “high” or euphoric mood. Energy and activity levels increase and the need for sleep decreases. The person is easily distracted and thoughts may race. The person may jump from topic to topic when talking. Judgment is affected, which can lead to doing foolish things, going on spending sprees, putting oneself in danger, or getting involved in lots of activities at once.

Some people with bipolar disorder (also called manic-depressive illness) switch back and forth between cycles of depression and mania. Some have symptoms of both depression and mania at the same time, a condition called *bipolar disorder, mixed type*.

Causes and Effects of Depression

Biological factors. Having a parent or sibling with depression increases your risk. Imbalances in the transmission of brain chemicals (neurotransmitters), altered hormones, problems with the thyroid, medical diseases (e.g., diabetes, cancer, MS, AIDS, HIV, etc), and alcohol or drug abuse may also contribute to depression. Depression is associated with problems in the firing patterns of brain chemicals like serotonin or norepinephrine.

Psychological factors. Your personality, how you think, and how you deal with problems or stress can impact on depression. Some people have fewer coping skills, are more sensitive to stress, negative emotions or inaccurate thinking, or are more pessimistic than others. Difficulty with self-acceptance (e.g., being gay, lesbian, bisexual or transgender; having a physical or mental limitation) can also contribute to depression.

Family and environmental factors. These include a chaotic or disruptive home environment in which a parent or sibling has a serious problem, psychiatric illness or substance abuse, being exposed to abuse or trauma, experiencing stressful life events, or living in difficult circumstances such as poverty.

Depression is one of the top health conditions in the world. It contributes to problems in physical health, relationships, work, school and any area of life. The effects depend on the type and severity of your depression, your personality, coping abilities, social support system and whether or not you have another psychiatric disorder or an alcohol or drug problem. Depression is associated with an increased risk of suicidal thinking or making an attempt. It creates a burden on families and relationships with others. If you don't get help, depression can affect your health and the quality of your life.

Recovery Activity

1. Overall, how would you rate depression as a problem for you at this time?
☐ No problem ☐ Somewhat ☐ Moderate ☐ Serious
2. Check the following symptoms you have had for at least two weeks or longer:
 - ☐ Feel depressed, sad, empty, blue or down and it will not go away
 - ☐ Seldom feel pleasure or joy in life
 - ☐ Feel hopeless or helpless
 - ☐ Low motivation or energy level (hard to get moving)
 - ☐ Poor appetite (eat too much or too little)
 - ☐ Gaining or losing weight without trying
 - ☐ Poor sleep patterns (hard to fall or stay asleep, sleep too little or too much)
 - ☐ Feel tired or loss of energy
 - ☐ Lower sex drive or loss of interest in sex
 - ☐ Hard to concentrate or solve problems
 - ☐ Feel worthless or guilty
 - ☐ Suicidal thoughts, plans or attempt

3. How long have you experienced your current episode of depression?
☐ Less than 2 weeks ☐ 2-4 weeks ☐ 1-3 months ☐ Over 4 months
4. Have you ever had depressed symptoms for two years or more? ☐ Yes ☐ No
5. How many previous separate episodes of depression have you had in your life?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Over 5
6. List the factors you believe contribute to your depression:

7. Describe how depression has affected your daily life (work, school, home, other):

8. Describe how depression has affected your relationships:

9. Describe your experiences with suicidal thinking or making an attempt:

10. How has alcohol or drugs affected your depression or recovery from it?

2. Therapy or Counseling

Treatment for depression includes therapy or counseling, medications, electroconvulsive therapy (ECT), light therapy, other therapies or a combination of these. The treatment you need depends on the severity of your depression and your goals.

Treatment may occur at a psychiatric hospital, residential, partial hospital, intensive outpatient or outpatient program, or with a doctor or therapist in private practice. It may involve individual, group or family therapy or counseling, medications, and other services. All levels of care include talk therapy as an option.

Therapy or counseling can help you improve your mood and symptoms, learn recovery skills to manage your depression, and reduce the likelihood of a future relapse. It can help you change your thinking, behaviors, relationships, and lifestyle, learn to manage other emotions or feelings (anxiety, anger, emptiness, loneliness, guilt), solve problems more effectively, learn to catch early signs of depression relapse, and take action should you have a setback or relapse. Your quality of life can improve as a result.

A combination of therapy and medications may be needed if your depression is severe or you make limited progress with therapy for moderate depression. If you receive one type of treatment and only respond partially to it, consider adding the other type of treatment. For example, if you make only modest gains in treatment of depression with therapy, an antidepressant may help you. Or, if medications provide only partial relief of your depression, therapy can aid your recovery.

There are several types of talk therapy for depression. The most common are:

- **Cognitive-behavioral therapy (CBT).** When your thoughts become less negative and more accurate or rational, your mood brightens and symptoms improve. If you learn to spot depressive and negative thinking and change it, you may improve your mood. CBT helps you understand and change your thoughts and beliefs that contribute to depressed mood, suicidal thinking, hopelessness, guilt or other mood symptoms. CBT also involves changing behaviors such as engaging in pleasant activities, exercising, or working on relationship problems.
- **Interpersonal psychotherapy (IPT).** This focuses on relationships and skills dealing with other people. IPT can help you deal with relationship problems or disputes, or improve relationship skills so you are more assertive and able to get your needs met. IPT teaches you to identify and address problems in relationships. It can help you improve communication, resolve conflict, eliminate resentments, and create more intimacy. This therapy also focuses on major life transitions such as changing jobs, getting married or divorced, having a child or launching your children as they move away from home. Finally, IPT can help you deal with grief issues from the loss of an important relationship.

- **Family and couples therapy.** These can help you improve communication with your spouse or significant other, and minimize the impact of your depression on others. These focus on strengthening your intimate family relationships.

Your attitude and approach towards therapy or counseling determine the benefits you get from it. Take a "proactive" role by discussing your questions, symptoms, problems, struggles, conflicts, thoughts and concerns with your therapist or counselor.

Behaviors that can interfere with your therapy include not keeping your appointments, not taking medication as prescribed, not accepting responsibility for change, or not having a focus for your sessions. Your progress can be limited if you abuse alcohol or drugs, or fail to address any active addiction to substances or compulsive behaviors like gambling or sex.

Mutual Support Programs

Mutual support programs can help you and your family. In these programs people with depression get together and share their feelings, experiences, and impact of depression. In family support programs, family members and loved ones with a depression also help each other learn to deal with another's mood disorder. If you also have an addiction, programs like Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) may help. AA and NA offer meetings, recovery literature, sponsorship and a 12-step program of recovery that has helped many people who also have a clinical depression.

Setting Goals for Change

Work with your therapist to set goals based on the severity of your depression and other problems. Be hopeful and realistic when you set goals. Even if your depression is chronic or a recurrent form and you have had several episodes, you can set goals.

Whether problems came before or after your depression, resolving them will aid your recovery. Make a list of problems or changes that you wish to focus on, and identify one or two to work on at a time. Do not try to change too many things too quickly.

When you work on making a change, evaluate your progress so you can see how you are doing. Compare how things are going now compared to the past. Some people, for example, still experience symptoms of depression, yet show major improvements. Since it takes time to change, expect an occasional step backwards. This is a normal.

Adherence to Treatment and Outcome

Outcome of treatment for depression is better if you follow your treatment plan, attend sessions, and take medications only as prescribed if these are part of your care. You may have to accept recommendations for a treatment that you do not want. For example, you may not want to take medication. However, your depression may be so severe that

medicine is needed to improve your mood and make it possible to work on changing your thinking or behaviors, or addressing your problems contributing to depression.

Not all people respond equally well to the same therapy, medication or combined treatment approach. Effectiveness depends on working with your treatment team to design and follow a plan that meets your needs and addresses your problems.

Success is measured by reducing or eliminating your symptoms, or improving any area of your life. Setting goals and identifying steps to reach goals is important for your recovery. The next section will help you identify goals and steps to take to achieve them.

Recovery Goals

1. Check the goals below that are important to you at this time.

- ☐ Improve depressed mood and increase hopeful feelings
- ☐ Change depressed thoughts or negative thinking, or improve concentration
- ☐ Decrease suicidal thoughts and/or stop suicidal intent or behaviors
- ☐ Identify factors and problems contributing to or resulting from depression
- ☐ Improve physical health: energy level, eating habits, diet, exercise habits
- ☐ Improve ability to sleep or your sleep habits
- ☐ Maintain a regular daily routine or schedule
- ☐ Increase pleasant or fun activities in life
- ☐ Learn to spot early signs of depression relapse
- ☐ Comply with therapy, medications, ECT or other treatment
- ☐ Manage depression without abusing alcohol or drugs
- ☐ Manage other feelings (anxiety, anger, boredom, grief, guilt & shame)
- ☐ Improve relationships with family or significant others
- ☐ Increase social support system to have others to rely on
- ☐ Resolve a specific relationship problem that is upsetting
- ☐ Learn how to reach out and ask others for help and support
- ☐ Other (write in): _____

2. List one of these goals here, and write several steps you can take to achieve it.

Goal: _____

Steps to achieve it _____

3. List attitudes or behaviors that interfere with getting the most out of your therapy.

4. List why you should keep your scheduled therapy or counseling sessions.

Case Example: Devon

Devon had been depressed for over 6 months. More recently it affected his ability to do his job and he found himself calling off work too much. His family doctor diagnosed him with major depression and offered antidepressants. However, Devon said he did not want to take medicines but did agree to see a therapist to get help with his depression. He agreed to reconsider medications if therapy didn't help enough.

Devon found therapy to be very helpful and improved his depression without needing medications. He learned to accept his mistakes and be more realistic and less critical of himself. Devon also learned to stay active in life even during periods when his mood was low.

He realized in therapy that he never allowed himself to grieve the loss of his father. And, he slowly learned to share his feelings and thoughts with people he trusts, a big change for him because Devon is so private about his struggles.

Recovery Strategies

- Go to all of your therapy sessions and stay in treatment long enough to benefit.
- Identify problems or concerns to discuss in your therapy sessions so you use your time wisely. Set goals related to these problems or concerns.
- Be open with your therapist about your thoughts and feelings, and what bothers you. Learn to trust your therapist by opening up and sharing.
- If talk therapy does not lead to enough improvements in your depression, consider medications. Ask your therapist to help you set up an appointment with a psychiatrist or physician who can evaluate your medication needs.
- If you are married or have a partner, discuss with your therapist whether this person should attend some sessions with you.

3. Medications and Other Therapies

Ann Marie is a 40 year old who has had periods of depression on and off during the past 7 years. Most recently, her depression reached a serious level when she felt that everyone would be better off if she was not around. This occurred several months after stopping her medication on her own. Ann Marie had felt good for months and she thought she no longer needed medications, but failed to discuss this with her doctor. This was her first time feeling suicidal, which worried her and her family. Ann Marie also felt “run down” and had trouble enjoying anything in her life. Her doctor started her on Zoloft and referred her for therapy with a psychologist. In about three weeks Ann Marie started feeling better. She gradually felt less depressed and more motivated, and regained her energy and her love of life. Ann Marie is now enjoying life again, but is aware of the need to stay on antidepressant medicines due to the recurrent nature of her depression. Her therapist helped her learn ways to challenge her depressed way of thinking. And, she helped Ann Marie address some relationship problems that contributed to her depression.

Medications may play a central role in your treatment, particularly if you have a severe and chronic form of depression. Talk therapy is not enough for some types of depression. However, medications may not eliminate all of your mood symptoms.

Medications are used to treat acute symptoms of depression and reduce the risk of relapse following a period of remission. Medications may be used alone or in combinations, depending on your symptoms and response to the first medicine prescribed. Antidepressants are used for specific periods of time to stabilize acute symptoms of depression, or for longer periods to treat recurrent forms of depression and reduce relapse risk. Medications treat symptoms such as depressed mood, low motivation, fatigue, and suicidality. They regulate the altered brain chemistry that may contribute to these symptoms.

While antidepressant medications help your mood symptoms, they should be used with therapy. Ann Marie found that both medication and therapy were needed to help her recover from her clinical depression.

If you stop taking medication prematurely like Ann Marie did, you raise your risk of depression relapse. Single episode disorders often require medication for six or more months after symptoms improve or go away. Chronic or recurrent depression may need ongoing medications to lower the chances of a future episode.

If you have questions regarding your medications, side effects or interactions between medications and alcohol or street drugs, talk with your doctor or a pharmacist. Make a list of questions and ask for written information about medicines prescribed to you.

Alcohol can lower the level of some antidepressants in your blood, cause a bad reaction to medicine or affect your motivation to comply with treatment. Discuss your alcohol use with

your doctor or therapist to determine if you need to abstain or need help stopping. Types of antidepressants used to treat certain types of clinical depression include:

- **Selective serotonin reuptake inhibitors (SSRIs).** These include Prozac, Paxil, Zoloft, Celexa, and Lexapro. These drugs regulate the firing patterns of serotonin that communicates between nerve cells in your brain. These medications may take up to three to four weeks before they “kick in” and improve your symptoms. To experience full benefits, it may take even a few more weeks. Side effects from these medications include agitation, sleep problems, weight gain, headaches, and sex problems. SSRIs also work as first line treatment for anxiety disorders.
- **A second group of antidepressants.** These include Effexor, Effexor XR, Wellbutrin, Wellbutrin SR, Wellbutrin XL, Remeron, Desyrel, and Cymbalta. These medications work on regulating other neurotransmitters such as dopamine and norepinephrine in addition to serotonin. The side effects of these are similar to the SSRIs. These drugs help with anxiety as well as depressive symptoms, and have fewer side effects than other antidepressant medications such as TCAs or MAOIs.
- **Tricyclic antidepressants (TCAs).** Elavil, Tofranil, Norpramin, and Pamelor are TCAs that may be used if you do not respond to SSRIs.
- **Monamine oxidase inhibitors (MAOIs).** These include Nardil and Parnate, and require a special diet as there are certain foods that must be avoided.
- **Other medications.** Mood stabilizers such as Lithium or Depakote may be used along with an antidepressant if you have bipolar illness (this is a mood disorder with depression, mania or a mixture of both), or do not respond fully to antidepressants. Antipsychotic medications such as Seroquel, Risperdal, or Abilify may be used if you have psychotic symptoms, or as an “add on” to your medication regime.

If you have a bipolar disorder, you should not take an antidepressant by itself without a mood stabilizer. If you take medications for a single episode of major depression and your symptoms remit or improve quite a bit, you should continue medicine for 6-12 months (ask your doctor about how long to stay on medications). If you have a recurrent form of depression, you should stay on medications for prevention purposes, even when your symptoms are better. Otherwise, you risk a return of these symptoms. Share your concerns or ask questions about medications with your doctor and/or therapist before you make any private decision to quit taking them or switch to another one. Remember to continue taking your medication even if you feel better.

Other Therapies

Electroconvulsive Therapy (ECT) is used with more severe types of depression when medications do not work or cannot be taken due to pregnancy or other reasons. ECT is an effective treatment given by highly trained doctors and nurses. It can be given on an inpatient or outpatient basis. Because of the side effect of loss of memory (that mostly

comes back within a few months after the treatment) and high cost, ECT is usually considered when a person has not responded well to antidepressants and is very disabled by depression and suicidality. For many, it has been a lifesaving treatment.

Light therapy or exposure to bright light may be used with seasonal depression but has also been used for non-seasonal types of depression as well as sleep disorders. Desktop light boxes can be used up to an hour in the morning. Since it is nearly impossible to get all the bright light you need due to changes in weather, light therapy can be helpful.

Other approaches include vagus nerve stimulation (VNS), an implant sending electrical impulses to the brain through the vagus nerve in the neck; transcranial magnetic stimulation (TMS) to stimulate the electrical current in the brain, and St. John's Wort, which is an herbal supplement. Talk with your doctor about these options.

Recovery Questions

1. List any hesitations you have about medications or other treatments for depression.

2. List some ways that medications can help your recovery from depression.

3. State what you can do if you have bad side effects from your medication.

4. Describe why therapy is helpful in addition to medications for depression.

5. List consequences of stopping, skipping dosages, or taking too little or too much.

6. Describe how drug or alcohol use can affect your medications and your motivation to take medicine or attend treatment sessions.

Recovery Strategies if Taking Medications

- **Keep a list** of all current (and past) medications you have taken for depression, or other psychiatric, medical or addictive disorders. Include names, dosages, how long you took them and effects. Note how helpful medications were for you in the past.
- **Remember that there are both pros and cons** to taking medications for depression. Accept that while medications can improve your mood symptoms, they cannot solve your life problems. Use medications with therapy and mutual support groups.
- **Chronic, recurrent and moderate-to-severe types of depression** may require medications in addition to therapy. Accept that some mood symptoms may continue even if medication is taken regularly.
- **Take your medications only as prescribed.** A desire to stop taking medications should always be discussed with your doctor and/or therapist before you stop.
- **Do not change your dosage** without talking with your doctor. Go prepared to your appointments with questions about your medications or your disorder.
- **Do not let your prescription run out.** See your doctor before you use all of your current prescription.
- **Do not mix alcohol, street drugs** and non-prescribed drugs with antidepressant or other psychiatric medications.
- **If you have Seasonal Affective Disorder**, talk with your doctor or therapist about other treatments such as light therapy.
- **Consider Electroconvulsive Therapy (ECT)** if your depression is severe, doesn't respond to antidepressants, or you cannot take these medications. ECT has helped many people improve their mood disorder.

4. Recovery from Depression

Jim, age 35, has bipolar disorder with numerous episodes of depression. In treatment he learned to recognize early warning signs of a potential mood disorder relapse such as not sleeping enough, low motivation, and excessive anxiety. He accepted the need to take antidepressants with his mood stabilizer to reduce his risk of relapse. Jim's recovery plan includes following a regular bedtime/wake-up routine, exercising 4-5 times a week, taking breaks from work, following a healthy eating plan and not drinking alcohol. Jim also learned to identify and resist what he called "hypomanic" thinking that has led to stopping medicine in the past ("I feel great and don't need medicine any longer").

Treatment helps eliminate or reduce your symptoms of depression (or other mood problems) and deal with problems that contribute to or result from it. Treatment introduces you to recovery, which is a process of managing your depression over time. Recovery involves changing your thinking, behaviors and relationships, which often lead to a mood improvement. This change process reduces your relapse risk.

Discuss your questions, symptoms, problems, conflicts and concerns with your therapist or doctor. Accept recovery as a "we" process in which you let others help and support you.

You have to assume responsibility for getting better. Your investment in recovery plays a major role in how you respond to it. Making a commitment to work a recovery program is the first step. Even if your motivation is low, if you stick with your plan, you can get better. Not taking medications properly and following up with therapy may prevent you from improving. Over one-half who experience depression have another episode.

Domains of Recovery from Depression

Recovery is more than managing mood symptoms. It may also involve making changes in yourself or lifestyle. Many find it helpful to review their symptoms and progress each day. This process helps you see if you are getting better or worse, catch relapse warning signs and problems early. Your recovery plan may address any of the following domains:

- **Physical.** Get enough sleep and rest, exercise regularly, eat nutritious meals and eat regularly, and comply with medicine.
- **Emotional or psychological.** Accept the need for help and learn ways to cope with moods, emotions and thinking.
- **Family and interpersonal.** Address family issues, use social support, assess communication skills, and resolve relationship problems.

- **Social.** Make sure you engage in pleasant and enjoyable activities, socialize with others, and address school, work or career issues.
- **Lifestyle.** Have structure and routine in daily life, engage in constructive work, leisure, social, or recovery activities, manage money, set goals, and deal with legal, financial or other problems.
- **Spiritual.** Use your faith or spirituality, focus on issues such as meaning in life, forgiveness or being of service to others.

Recovery Activity

1. Choose one change you would like to make in any of these domains of recovery.

List this change here: _____

List steps to take to achieve this change: _____

Helpful Strategies to Manage Depression

- **Address problems contributing to your depression.** If you feel depressed because you are overweight, struggle with your sexual or gender identity, have serious work, family or relationship problems, do something about these. However, depression is not caused by “problems” or “life events,” especially with *recurrent depression*.
- **Get a physical examination.** This can help rule out medical causes of depression.
- **Talk about your feelings and problems with others.** Share your feelings of sadness or depression with family, friends, a therapist or others in recovery. Look for other feelings associated with depression. Some people feel more depressed when they hold onto anger. Others get depressed as a result of anxiety.
- **Evaluate your relationships and forgive others when needed.** Determine if problems with others affect your depression. Develop new relationships if current ones are not supportive or satisfying. Get out of abusive relationships. If you have bad feelings from past relationships because of being emotionally or physically abused, work on forgiving the people who hurt you. When you forgive, you can let go of the past and the emotional pain that goes with this.
- **Evaluate your relationship skills.** Effective skills include being able to deal with conflicts, express your thoughts and feelings, make requests to others, say no when

you do not want to do something another person requests, initiate discussions of problems, compromise with others, and express empathy or positive feelings.

- **Keep active and engage in physical activity.** Even if you have to force yourself, keep active. When you least want to do things may be when you most need to. Walking, running, working out, working around the house or playing sports can help.
- **Do something fun or pleasant every day.** Make a daily schedule of activities and include some that are enjoyable or pleasant.
- **Identify and plan future activities.** Looking forward breaks up the monotony of doing the same things over and over. It provides a focus for your energy and can make you feel invested in life.
- **Change your thinking or beliefs.** Identify and challenge negative, inaccurate, or depressed thoughts. Avoid making mountains out of molehills, looking only at the negative side of things, expecting the worst case scenario or dwelling on mistakes or shortcomings. Use self-talk strategies to change your thoughts.
- **Focus on positive things and celebrate your achievements.** Acknowledge your positive points or strengths. Take an inventory of your achievements or the good things in your life. Look at the “other” side of things when you catch yourself thinking negatively. Be grateful for what goes well in your life.
- **If you drink alcohol or use other drugs.** Examine the effect of substance use on your life (see section 12). Alcohol, sedatives or opioids can depress you. Or, losses associated with drug or alcohol problems can contribute to depression.
- **Keep a journal to track your moods.** This can help you monitor your emotions each day to see if any changes occur (improvement or worsening of mood). This can also help you figure out if there are patterns to your emotions and behaviors. You can also write about positive or hopeful things that happen to you.
- **Develop a suicide prevention plan.** If you have been suicidal, make a plan to deal with suicidal thoughts or feelings when you are well. Make a list of the various reasons for living. Get help and support from others.
- **Consider medications.** If these strategies do not help as much as you want, and your depression continues or gets worse, consider antidepressant medications. For those with recurrent major depression, you should keep taking medication even after your symptoms remit or improve. This reduces the risk of a future relapse.

5. Managing Other Emotions

Emotion or feeling refers to your “inner” life or your “subjective” experience. “Mood” refers to a prolonged emotion. For example, a depressed mood refers to a period of sadness or feeling low. While everyone experiences a range of moods and emotions, the way that you interpret and manage them are unique.

Sometimes emotions are referred to as “positive” or “negative.” Positive emotions include feeling happy, cheerful, glad, hopeful, or loving. These emotions feel good. Negative emotions include feeling angry, anxious, sad, jealous, or humiliated. These make you feel bad or uncomfortable.

However, an emotion and how you deal with it can be negative or positive depending on how it affects you and others. For example, anxiety or fear can motivate you to be cautious when in an unfamiliar place, or prepare you for an exam in school, or a job interview. Or, anxiety can overwhelm you and cause you to avoid situations that you are anxious about. This in turn may contribute to depression or low self esteem.

Anger can hurt you if you become suicidal, or get drunk or use drugs to escape your feelings. Anger can hurt others if you abuse them. Or, anger can be used to empower and motivate you to resolve problems, conflicts, or work towards a goal.

Understanding emotions and improving your coping skills can lead to improvement in your mental, physical and spiritual health, your relationships and quality of life.

Recovery Activity

1. How would you rate your ability to understand your emotions or feelings?
☐ Excellent ☐ Good ☐ Fair (need help) ☐ Poor (really need help)
2. How would you rate your ability to manage and control your emotions?
☐ Excellent ☐ Good ☐ Fair (need help) ☐ Poor (really need help)
3. How would you rate your ability to tolerate distress or upsetting emotions?
☐ Excellent ☐ Good ☐ Fair (need help) ☐ Poor (really need help)
4. How would you rate your ability to pursue your goals even when you feel upset?
☐ Excellent ☐ Good ☐ Fair (need help) ☐ Poor (really need help)
5. How would you rate your ability to “read” the emotions of other people?
☐ Excellent ☐ Good ☐ Fair (need help) ☐ Poor (really need help)
6. How would you rate your ability to show empathy and concern towards others?
☐ Excellent ☐ Good ☐ Fair (need help) ☐ Poor (really need help)

7. How would you rate your ability to express positive emotions to others?
☐ Excellent ☐ Good ☐ Fair (need help) ☐ Poor (really need help)
8. Which of the following do you need help with at this time?
☐ Anger
☐ Anxiety or fear
☐ Boredom or emptiness
☐ Depression or sadness
☐ Guilt and shame
☐ Hopelessness
☐ Loneliness
☐ Sharing positive emotions with others (e.g., gratitude, love, joy, others)
☐ Other (write in _____)
9. Describe your style of managing emotions and your satisfaction with this style.
-
-
-
-
-

Strategies to Manage Emotions

- **Use strategies to manage depression to help you deal with other emotions.** Learn to identify different emotions or moods, and how these show in your body, thoughts, and behaviors.
- **Challenge and change inaccurate thoughts and beliefs** that contribute to anxiety, fear, depression, boredom, grief, anger or other emotions.
- **Talk about your emotions** with people you trust. Deal with relationship problems that contribute to depression, anxiety or other upsetting emotions.
- **Consider medications** if therapy or counseling alone does not help enough or you have moderate, severe or chronic mood or anxiety symptoms that are distressing.
- **Keep busy, have fun and relax.** Do something pleasant every day if possible.
- **Take a daily inventory** of your emotions to remain vigilant about your recovery.
- **Read about emotional management strategies.** Go on the internet, to the local library, or a bookstore to find literature on this topic (see Section 14 of this workbook).

6. Changing Depressed Thinking

The way you think can contribute to feeling depressed, anxious, bored or angry. Or, it can lead to feeling happy, confident and satisfied.

How you think affects your behavior and can create problems in your life. For example, you can talk yourself into doing poorly or failing at work or in a relationship by giving yourself messages that you will not succeed, you do not have the ability to do the task at hand, or you are not worthy to be in a certain relationship.

Challenging and changing depressed thinking can help you feel better, solve your problems and feel more hopeful about life. This can also aid your recovery by leading to positive changes in your life.

Recovery Activity

1. Following are examples of faulty, inaccurate or negative thinking associated with depression. Place a ✓ next to the statements that represent your usual thinking style.

- ☐ I make things out worse than they are (make "mountains out of molehills")
- ☐ I usually expect the worst thing to happen to me
- ☐ I often expect to fail at the things I do
- ☐ I have many more negative than positive thoughts
- ☐ I have too many negative thoughts about myself or my abilities
- ☐ I usually focus on the negative side of a situation (I am a pessimist)
- ☐ I have trouble seeing the positive side of life
- ☐ I don't think I have many positive qualities or much to offer others
- ☐ I don't think other people like me very much
- ☐ I often think I'm not capable of making positive changes in my life
- ☐ I keep my problems to myself as I don't like to burden others
- ☐ I dwell too much on my shortcomings or problems
- ☐ I dwell too much on the past
- ☐ I worry too much about the future
- ☐ I sometimes think that life isn't worth living or want to end my life
- ☐ I think I'll hurt someone if I don't learn to control my angry or violent thoughts
- ☐ I think I can handle problems on my own without help or support from others

2. Choose one statement from this list and write this in the spaces below. Then, list two more accurate or realistic thoughts. Practice this exercise often.

Negative, distorted or inaccurate thought # 1: _____

Two new thoughts:

Strategies to Change Your Thinking

- **Catch yourself when your thinking is inaccurate or negative.** Check the evidence for inaccurate or negative thoughts. When you say "I can't change or I can't succeed," determine if you have any evidence to support this.
- **Challenge your inaccurate and negative thinking.** For example, if you have a job interview and tell yourself "I'm going to do poorly," change this to "I'm going to prepare the best I can. This will give me a chance to succeed and get the job."
- **Practice accurate and realistic thinking each day.** Try to increase the number of accurate and positive thoughts you have such as "I'm going to have a good day," or "I'm going to enjoy myself," or "I can handle this problem."
- **Focus less on the negative and more on the positive side of a situation.** Remind yourself of the positives in your life. Do not look only at what goes wrong, but also at what goes well for you. Be grateful for what goes well in your life.
- **Allow room for mistakes and learn from them.** Expect to make mistakes, but learn from these instead of feeling guilty or inadequate. Learning to think more accurately and positively takes practice, so give yourself room to make errors.
- **Consider making amends to others.** If you feel bad because you hurt others with things you have said or done, making amends can help undo the damage.
- **Review your progress.** Even if things do not always go well, that does not mean you do not deserve to compliment yourself for your efforts. Look for small changes and do not expect major changes to happen overnight.
- **Remind yourself of the benefits of recovery.** This can help you during times when things are going too slowly or they are not going well.
- **Say positive things.** Do this in your conversations; don't get stuck on negative stuff.
- **Write about positive thoughts or experiences in a journal.** Write at least a couple of positive statements each day. You can also use a journal to challenge your negative or inaccurate thinking (see www.lifejournal.com).

7. Impact of Depression on Your Family and Others

Melinda invited her husband and teenage kids to a therapy session at the advice of her therapist to talk about their experiences dealing with her depression. Although she knew her depression upset the balance in her family, Melinda was surprised to learn the degree to which her kids were worried about her, or changed their behaviors because they didn't want to upset her. She learned that they felt like they had to "walk on eggshells" at times and couldn't make normal demands that kids made on their mother. Her husband admitted he was tired and worn out. Although not easy to hear, the session with her family opened Melinda's eyes. She and her family now talk more openly about her depressive illness and recovery, and they attend sessions with her on occasion. All agree it has been beneficial to learn about depression and what families can do and cannot do to help a loved one with depression as well as take care of their own needs.

Family members and significant others are affected by a loved one's depression. The effects depend on the type and severity of depression and other problems, their coping mechanisms and access to support. Families can be affected more than the depressed member realizes as was the case of Melinda. Until she heard more details about their experiences, Melinda didn't realize how upset and worried her husband and kids were.

Your depression can disrupt the daily routines in your family and upset its emotional balance. Family members or others may feel angry, irritable, resentful, depressed, helpless or guilty. They may feel at wit's end or like they are walking on eggshells, always worrying about you. If you are suicidal, violent or isolative, their fears and worries can escalate more.

Learning about depression, treatment and recovery can help your family and others manage their stress, worry, anger and guilt. By involving themselves in treatment, your family members or significant others can:

- Provide help, support and encouragement to you
- Provide input to your treatment team
- Learn what they can do and cannot do to help you
- Learn to deal with their own feelings and reactions to you
- Engage in a recovery process to focus on themselves
- Feel a reduced emotional burden and feel better about themselves

Others should avoid taking on responsibility for you or trying to solve your problems. They should also avoid centering life on you or being too negative. Helpful behaviors are those that support your recovery and are healthy for your family. Taking time for themselves, sharing feelings and talking about frustrations or problems, focusing on enjoyable activities

and relationships, and giving themselves credit for the help and support provided to you are examples of helpful behaviors.

Family members benefit from support groups offered by mental health agencies or sponsored by the National Alliance for the Mentally Ill (NAMI). NAMI groups provide information about psychiatric illness and treatment, offer help and support from others going through similar experiences, and help focus on oneself.

If a family member or partner is depressed, anxious, worried or abuses alcohol or drugs, suggest that they get help. It is not uncommon for others in the family to need help for a psychiatric or substance use disorder. If your family is so disorganized or upset that they cannot provide support to you or they interfere with your recovery, find support elsewhere. Other relatives, friends or members of self-help groups are sources of support.

Children may experience fear or insecurity when a parent has depression. If any of your children have serious anxiety, depression, hyperactive behavior, alcohol or drug abuse or any other type of behavioral problem, have them evaluated by a professional.

Recovery Activity

1. Describe how your family or significant relationships have been affected by your depression.

2. Describe how your children have been affected by your depression.

3. Describe why you should involve your family or significant other in treatment.

4. Describe whether any of your children or other family members may have a psychiatric or substance use disorder that requires an evaluation or treatment.

Strategies to Address Family Issues

- **Evaluate how your depression has affected** your spouse, partner, family or other close or significant relationships. Discuss this with a therapist or member of a mutual support program. Make amends if you have hurt others. Talk with your loved ones and listen to what they have to say about how they are affected by your depression or behaviors.
- **Encourage your family and loved ones to learn** about depression, treatment and recovery. Information is available in books, articles, on the internet or at the library.
- **Ask your therapist to include** your family, partner or those significant in your life in some sessions to discuss your diagnoses, treatment plan and recovery strategies. Discuss how best to use these sessions with your family members or others present.
- **Accept that family members or significant others may feel upset--angry, anxious, disappointed, guilty or worried.** They need time to deal with these emotions.
- **Encourage your family or significant others to attend support programs** such as NAMI groups or other groups for depression.
- **Reach out** to your family and loved ones for help and support during difficult times. Ask them to help you spot early signs of depression relapse.
- **Be patient** as it may take time to earn back the trust of your family or others, especially if you have had several episodes of depression.
- **Encourage your family member with a serious problem to get help.** Ask your therapist to help you get them an evaluation and the help they may need if they have depression, another psychiatric problem, or an alcohol or drug problem.

8. Developing and Using Your Support System

A support system includes people who care about you and are interested in your recovery. It can include community groups or organizations, your church or synagogue, and mutual support programs for depression or other problems. People in your support system may include family members, friends, co-workers, helping professionals or other people in recovery. A support system can help you in many ways, such as:

- Providing help with a problem.
- Providing emotional support (having others to lean on in times of need).
- Feeling connected to others who understand you.
- Providing a sense of belonging and purposes.
- Sharing social, leisure or spiritual activities.
- Helping you if you have a setback or relapse to your depression.

Mutual Support Programs

Mutual support programs are excellent sources of help for depression or other psychiatric disorders or addiction. People in these programs teach you about recovery, and help during rough times as well as celebrate your progress. Mutual support groups include those for:

- Specific types of psychiatric illness such as depression.
- Any type of psychiatric illness or mental health problem such as Recovery, Intl., Emotions Anonymous, or Emotional Health Anonymous.
- Drug and alcohol problems such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Cocaine Anonymous (CA), Women for Sobriety (WFS), Rational Recovery (RR), SMART Recovery or others.
- Dual disorders (psychiatric disorders and substance use disorders combined) such as Dual Recovery Anonymous, Double Trouble in Recovery or specialty meetings of AA or NA.
- Other compulsive disorders such as Overeaters Anonymous, Gamblers Anonymous, Sexaholics Anonymous, Sex and Love Addicts Anonymous, and Shoppers Anonymous.
- Sexual trauma or exposure to addiction or mental illness in the family such as National Survivors of Incest, Co-dependents Anonymous, Alanon, Naranon or National Alliance for the Mentally Ill (NAMI).

Ask your therapist or others in recovery for information about mutual support programs in your community. Or, look on the internet or in the telephone book for phone numbers.

Attend six to twelve meetings before deciding if a program is the right one for you. If you are too nervous about going alone, find another person in recovery to go with you.

Recovery Activity

1. List the names of family members or friends who can support you in recovery.

2. List mutual support programs or community organizations that can support you.

3. Describe what you do not like about participating in mutual support programs.

4. Describe how mutual support programs can aid your recovery.

Strategies for Using Social Support

- **Accept recovery as a “we” process** in which you ask others for help and support. Do not think that you have to recover alone.
- **Consider attending mutual support programs** for depression or other problems. You can learn from others who have dealt with clinical depression.
- **Stay active** with others even when you do not feel like it. Avoid isolating yourself and stay connected with others.
- **Develop several confidants** whom you can trust and rely on. Stay in regular contact with them, even when things are going well.
- **Reach out to others** and do not wait for them to read your mind or engage you in conversations or activities.

9. Lifestyle Changes

When we asked several groups of patients to identify the challenges they face in their recovery from depression and other disorders, many said that lifestyle issues were a major issue. Their concerns evolved around employment, money management, housing, alcohol, drug and other addictions, time management and stress management.

While some people in recovery only need to make minor changes in lifestyle, others need to make major changes. You can make changes in your lifestyle by using the “tools” of recovery on a regular basis. These tools refer to the various steps you take to manage your depression and the challenges of recovery. Some of these tools include:

- Continue to learn about depression and recovery.
- Mutual support programs: attend group meetings, talk regularly with other group members, read program literature, and engage in program activities.
- Therapy: talk regularly with a therapist or counselor.
- Self disclosure: share emotions, struggles, problems or progress with trusted others.
- Practice ways to think differently by challenging thinking that causes depression, anxiety or other upsetting emotions.
- Practice new behaviors such as being more assertive and sticking up for yourself, or asking others for help or support when you need it.
- Regularly engage in physical activities or working out.
- Pray and meditate.
- Organize your life by setting goals (physical, mental, work, social, relationships, spiritual, financial).
- Take a daily inventory at the end of each day to review progress or problems.
- Write in a journal (handwritten or electronic).

Recovery Activity

Choose one area from the list below to work on now. Then, list steps to take to make this change in your lifestyle.

- ☐ Health habits: diet, exercise, stress management
- ☐ Work: employment, training or school
- ☐ Faith: spirituality, religion, praying, meditation
- ☐ Lifestyle: time management, money management, leisure activities
- ☐ Alcohol or drug use, abuse or addiction; other addictions
- ☐ Other lifestyle issue: write in _____

Steps to Take:

Strategies for Lifestyle Change

- **Set short, medium and long-term goals.** Write your goals down as well as steps you can take to reach your goals. Evaluate progress toward your goals regularly.
- **Manage your time wisely and organize your life.** The more organized your life is, the more you can work a disciplined program.
- **Take care of, or improve your physical and dental health.** Get regular checkups or help with problems, get enough rest, relaxation, and sleep. Use active strategies to manage stress in your daily life. Follow a reasonable diet and follow a plan to lose weight if needed. Exercise on a regular basis.
- **Develop your faith or spirituality.** Use your Higher Power, pray, attend services, read spiritual literature, and do good things for others or society. Show love, compassion, forgiveness and kindness in your daily life.
- **Learn financial management strategies** so that you can pay your debts and manage your money wisely.
- **Address any problems you have related to work or school.** Get help if you are unemployed, underemployed, have limited job skills or need training.
- **Address any substance abuse or addiction** you have (alcohol, drugs, gambling, sex, shopping, internet, computer use, etc).
- **Use recovery tools on a daily basis.** Recovery does happen one day at a time.

10. Managing Suicidal Thinking and Behaviors

Suicidal thoughts and behaviors are a problem among some people with major depression, bipolar illness and/or a substance use disorder. Depression and other psychiatric disorders combined with a substance use disorder increases the risk even more. Most people who make an attempt do not make a second one. However, some people make multiple attempts, and are the ones at the highest risk to complete suicide.

Women make more suicide attempts than men, but men succeed more often because they use more lethal methods. Suicide attempts are higher among younger than older people, those with lower education levels, the unemployed, whites, and those who are widowed, divorced or single.

If you feel suicidal, you should always inform your doctor, therapist, family members, and other significant others in your social network. Don't stop yourself from sharing your suicidal thoughts because you are afraid of worrying people or hurting their feelings.

If you have a plan or worry you may act on your suicidal thoughts, get help immediately from a professional or go to a psychiatric hospital emergency room.

Recovery Activity

1. How would you rate suicidal thinking as a problem for you at this time?

☐ No problem ☐ Somewhat ☐ Moderate ☐ Serious

2. Have you ever had a suicide plan or made an actual attempt?

☐ No ☐ Yes ☐ More than once

3. My suicidal thoughts and behaviors show in the following ways:

4. I can manage my suicidal thoughts or behaviors by:

5. List your reasons for living: _____

Strategies to Manage Suicidal Thinking

- **Talk about your suicidal thoughts and problems with your therapist.** Keep all of your counseling and doctors appointments so you get the most out of treatment.
- **Take medications for depression or another psychiatric disorder only as prescribed.** Do not stop or cut down on your own without discussing this with your doctor. Symptoms of depression can return after stopping medications.
- **Manage your depression** (and other emotions), which can reduce or stop suicidal feelings and improve the quality of your life.
- **Use the support and help of others.** Recovery is a “we” and not an “I” process. Others can give you help and support during difficult times. Ask for their help and support if you have a recurrence of your depression, a relapse to alcohol or drug use, a return or increase in suicidal thoughts and feelings, or other problems.
- **Be alert for the warning signs of depression relapse.** Learn the signs of depression relapse so you can “catch” these early and take action.
- **Be alert for the warning signs of suicide.** These relate to symptoms of depression, bipolar illness, or other psychiatric illness. Warning signs include increased thoughts about suicide or feeling that your life is not worth living, talking more about suicide, preparing for it and making out a will, giving away possessions, feeling more depressed or hopeless, losing interest in life, change in appetite, sleep or energy, or increased use of alcohol or other drugs.
- **Be careful about substance use** as even small quantities of alcohol or drugs can affect your judgment and lead you to make decisions you normally wouldn’t make.
- **Develop a written “safety” plan** if you have made a prior suicide attempt. Include the names and phone numbers of a psychiatric emergency room, professionals, friends or relatives you can call in times of crisis. List steps you can take to manage your suicidal thoughts, feelings and behaviors. Include your current diagnoses, psychiatric medications, and insurance information so this can be shared with others if you need to go to a psychiatric hospital.
- **Go to a psychiatric emergency room** if you are worried about acting on suicidal thoughts or feelings. If you have a plan, go immediately.
- **Suicidal thoughts and feelings are temporary.** They will go away.

11. Developing a Relapse Prevention Plan

Causes and Effects of Depression Relapse

Relapse refers to a worsening of your depression symptoms during your current episode of treatment or after a period of improvement. Or, relapse refers to a new episode of depression following a period of time in which your depression was in remission (called recurrence). Depression relapse can be caused by many factors such as:

- Poor compliance with your treatment plan: not taking medications as prescribed, missing therapy or counseling sessions, or dropping out of treatment.
- Lifestyle factors that interfere with recovery: too much free time, lack of structure, excessive stress, or abuse of drugs or alcohol.
- Relationship problems that cause you emotional distress.
- Role overload: taking on too much responsibility or having too much stress in life.
- Other medical or psychiatric problems.

The effects of relapse depend on the severity of your mood symptoms. Any area of your life can be affected. If you have to go to a psychiatric hospital following a relapse, it means you need more intensive treatment. It does not mean that you are a failure. Use any relapse experience to identify factors that caused it, and to change your treatment plan.

Red Flags: Warning Signs of Depression Relapse

Usually, before a full-blown episode of depression occurs you will have some indication that your symptoms are returning. Depression warning signs (“red flags”) show in a return or worsening of your specific symptoms of depression. These warning signs may show in changes in your thinking, mood, health habits, or behaviors.

If you learn about the process of relapse, how to identify early warning signs and factors raising the risk of relapse, you put yourself in a position to take action before things worsen. The key to reducing your risk of relapse is early recognition of mild symptoms that precede severe symptoms. For example, mild sadness may precede feeling despondent.

Develop an emergency plan in case your mood symptoms return. Discuss your plan with your treatment team, family and members of your support group.

You can aid your recovery by identifying warning signs of relapse; developing a plan of action to deal with these; discussing your warning signs and action plan with your family, a friend, sponsor, or therapist; and being prepared to take action to stop a relapse. Signs may show up quickly, or build up over time. The idea is to ***catch your warning signs early*** so that you prevent a full-blown episode of depression. If you relapsed before after having a stable mood, identify warning signs from the early phase of your relapse. Examine the days or weeks before you relapsed to identify your warning signs.

Many relapse clues may be obvious to you or others while other signs may be less obvious. For recurrent and chronic forms of depression, ongoing involvement in treatment can reduce the risk of relapse. Even during periods when you are free of symptoms you should see your doctor and/or therapist, and take medications as prescribed.

Your Family and Relapse

Relapse can affect your family or those close to you. How others are affected depends on your symptoms and behaviors and how they handle their feelings. When families or friends are educated about relapse, and have ideas as to what they can and cannot do, they feel better about options to help you and themselves.

Some families believe their depressed family member will never relapse, especially if this member has had only one episode of depression and responded to treatment. Families or friends sometimes urge hospitalization and seek an involuntary commitment when they believe their depressed family member or friend is in serious danger of suicide. This is a difficult step to take, but should be considered in the following circumstances:

- You stop eating or taking care of your basic needs.
- You make a suicide attempt or have a suicide plan.
- You hurt others or have a plan to hurt them.
- You experience serious symptoms that interfere with your ability to function.
- You become confused, disorganized, and out of touch with reality.
- If you have bipolar illness and manic symptoms get out of control.

Recovery Questions

1. List what you think could cause a relapse to your depression.

2. List the early warning signs of a relapse to your depression.

-
-
-
3. State what you can do to lower your risk of a relapse to depression.

4. State what you can do if your depression worsens or returns after being in remission.

5. List how alcohol or drug use or abuse can affect a psychiatric relapse.

Strategies to Reduce Relapse Risk

- **Learn about the factors contributing to depression relapse.** Figure out your personal risk factors and develop a plan to address these.
- **Learn about the warning signs** of depression relapse and when to ask for help.
- **Comply with treatment.** Keep all of your therapy and medication appointments, and take your medications only as prescribed. Do not cut down or stop on your own.
- **Build structure in your daily life** so you can keep busy. Have goals to work towards.
- **Avoid alcohol or drug abuse.** If you cannot stop using, ask for help from your therapist and get involved in a recovery program such as AA, NA or DRA.
- **Learn from previous relapses.** You can do this by identifying early warning signs and high-risk factors such as stopping medications or therapy.
- **Develop an emergency plan** to deal with relapse. Discuss your plan with a therapist.
- **Accept that some symptoms may not go away totally.** If you have a chronic or recurrent form of depression, you may experience some persistent symptoms or be vulnerable to future episodes of relapse.

12. Alcohol or Drug Problems

John, age 46, has a history of many depressive episodes. During most of these, he increased his drinking. John said, "When I am down, drinking for me is like a security blanket. When I am feeling my worst, the booze is there to numb me." John realized that alcohol made his depression worse even though he thought it helped him at first. He learned in therapy that there are other ways to cope with depression without drinking, and his recovery from depression includes staying sober from alcohol. John talks about his depression and his sobriety with his therapist. He also attends AA meetings and uses a sponsor to work the 12-Step program of AA. John says, "Dealing with my alcohol problem has been the key to keeping a stable mood."

Like John, many people with depression have alcohol or drug problems. Substance abuse can cover up, trigger or intensify depression symptoms, affect your motivation to change, and interfere with medications. A substance use disorder can make your depression or life problems worse, or create new problems for you. Recovery from depression goes better if you address your co-existing substance use disorder.

What is a Substance Use Disorder (Addiction)

A substance use disorder (SUD) is present when alcohol or drugs cause problems in your life. Driving under the influence of substances, or problems at work, family or school as a result of drinking or using drugs are a few examples.

Addiction is a more serious SUD. Addiction is an obsession with, and compulsive use of, alcohol or drugs. You use despite problems this causes. You may build up a tolerance, requiring more of a substance to feel high. Your tolerance may decrease, which means you get high on lesser amounts than in the past. If physically addicted, you get withdrawal symptoms when you cut down or stop using. You try to quit only to go back to using alcohol or drugs; or, you lose or give up important things in life.

AA and NA define addiction as your inability to control alcohol or drug use. You become powerless, and addiction controls your life. This leads to unmanageability, and problems result. These problems may be severe or even fatal. They may relate to any area of your life--physical health, emotional well-being, family or social relationships, work or school, the law, financial condition and so forth.

Causes of Addiction

Addiction is caused by many factors. It runs in families so people with a parent or sibling with an addiction are at higher risk than others. Psychological factors include personality, coping skills, and ability to manage problems and stresses in life. Social factors include access to substances, and the influence of family and friends.

Scientists refer to addiction as a “brain disease” that disrupts the part of your brain responsible for controlling how you think, solve problems, manage your emotions and relate to others. Alcohol and other addictive drugs interact with the brain’s reward system. Substances provide you with “positive reinforcement,” which then leads to continued use despite problems caused by such use. Substances may become more important than “natural rewards” from eating, sex, socializing with friends, or other positive experiences or accomplishments.

Recovery Activity

1. Which of the following substances have you ever used (check all that apply)?
 - ☐ Alcohol
 - ☐ Cocaine, freebase, or crack
 - ☐ Crank, speed, or other uppers
 - ☐ Designer or “club” drugs (Ecstasy, Rohypnol)
 - ☐ Hallucinogens (LSD, STP, DMT, mushrooms)
 - ☐ Inhalants (glue, gasoline, solvents, poppers, snappers)
 - ☐ Marijuana (pot or hash)
 - ☐ Opiates (heroin, pain pills or narcotics)
 - ☐ PCP or angel dust
 - ☐ Tranquilizers or other downers
 - ☐ Others (write in): _____
2. How many days have you used any substances in the past 90 days?
 - ☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 21-30 ☐ 31-60 ☐ 61-90 ☐ every day
3. How many days have you been high or intoxicated in the last 90 days?
 - ☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 21-30 ☐ 31-60 ☐ 61-90 ☐ every day
4. How long have you been getting high or drunk?
 - ☐ Less than 1 year ☐ 1-2 years ☐ 3-5 years ☐ 6-10 years ☐ Over 10 years
5. How would you rate the severity of your substance use as a problem?
 - ☐ Mild ☐ Moderate ☐ Severe ☐ Life threatening
6. Check all items that reflect your pattern of using alcohol or other drugs.
 - ☐ I’ve mixed drugs to “boost” their effects so I could use longer.
 - ☐ I’ve used substances almost every day.
 - ☐ Once I start using, it is hard to stop until I’m high, drunk or loaded.
 - ☐ I’ve tried to cut down or stop, but this did not last long.
 - ☐ I’ve used pain medicine or tranquilizers from more than one doctor at a time.
 - ☐ I’ve lied to doctors to get pain medicine or tranquilizers.
 - ☐ I’ve used drugs prescribed to family members or friends.
 - ☐ I’ve injected drugs into my veins or muscles.
 - ☐ I’ve overdosed on drugs.
 - ☐ I’ve smoked crack or meth.

- ☐ Even though alcohol or drugs caused problems, I continued to use.
- ☐ There have been times in which I lived mainly to get my next high.
- ☐ I started getting high early in life (before or during teenage years).
- ☐ There have been times in which I “had” to use in order to get through the day.
- ☐ I’ve gotten high on the way to my job, at work, or during lunch breaks.
- ☐ I can consume large amounts of alcohol or drugs (my tolerance is high).
- ☐ I get high quicker or with less now than in the past (lower tolerance now).
- ☐ I’ve suffered from withdrawal sickness when I stopped or cut down.
- ☐ I have had to use substances to prevent withdrawal symptoms or sickness.
- ☐ I’ve used alcohol or drugs to get started in the morning.
- ☐ I’ve drunk alcohol or used drugs to lift my mood.
- ☐ I’ve drunk alcohol or used drugs to help me sleep.

7. Check any of the following effects of substance use that you have experienced.

- ☐ I’ve said or done thing when using that I could not remember (blackouts).
- ☐ My substance use led to unsafe sexual behavior.
- ☐ I think too much about alcohol, drugs, or partying.
- ☐ When I use, my behavior becomes unpredictable, hostile or aggressive.
- ☐ My use of substances has caused emotional or mental problems.
- ☐ I’ve threatened or attempted suicide while under the influence.
- ☐ I’ve been a victim of violence (shot, stabbed, robbed, beat up).
- ☐ My use caused problems in school (poor grades, kicked out or quit).
- ☐ I’ve quit jobs, got fired, or had job problems due to my substance use.
- ☐ I’ve been in trouble with the law (arrested, probation, parole) due to my use.
- ☐ My use has led to feeling spiritually empty or abandoning my religion.
- ☐ I’ve had financial problems as a result of my substance use.
- ☐ My substance use has caused problems for my family.
- ☐ I conned or lied to my family to get money for drugs or to cover my addiction.
- ☐ Some of my family members avoid me because of my problem.
- ☐ My spouse or partner left me due to my substance use.
- ☐ I’ve spent too much time in bars, at parties, or with others who get high.
- ☐ My use caused me to give up important hobbies or recreational activities.
- ☐ I’ve lost friendships over my alcohol or other drug use.
- ☐ I’ve had a DUI or other charge or arrest because of my substance use.
- ☐ Other negative effects (write in): _____

8. What conclusions would you draw regarding the effects of your substance use on your depression, your life and those close to you (e.g., family)?

Strategies to Manage a Substance Use Disorder

- **Get professional help.** This can help if you can't stop substance use on your own, keep going back after being sober for awhile, believe that you are addicted, or feel you need more than AA, NA or Dual Recovery Anonymous (DRA).
- **Get involved in a mutual support program.** Get active in AA, NA, DRA or other program. Get a sponsor, attend meetings, "work" the 12 Steps, and use the "tools" of the program (meetings, literature, slogans).
- **Accept the ups and downs of recovery.** Stick with recovery even in times of difficulty. Life may always bring some struggles and problems.
- **View recovery as abstinence plus change.** Address all domains of recovery: physical, psychological, family, social, spiritual and financial.
- **Take care of your health.** Get enough rest and sleep, exercise, and follow a reasonable diet. Learn to manage cravings for alcohol or other drugs.
- **Learn to think differently.** Challenge inaccurate or negative thinking. Use positive coping skills to manage upsetting emotions, problems and stresses in your life.
- **Involve your family** in recovery and learn ways to improve your relationships.
- **Be prepared for people, places, events and things** that are "triggers" to using alcohol or drugs. Learn to refuse substance offers.
- **Keep busy** and have fun. Build non-substance activities in your life.
- **Focus on faith or spiritual issues in recovery.** Rely on God or your Higher Power.
- **Know your relapse warning signs and high-risk factors.** Catch signs early so you can take action. Develop strategies to manage your high-risk relapse factors.
- **Do not let setbacks or problems drag you down.** Learn from your mistakes and get back on track if you relapse. Appreciate and reward your efforts in recovery.
- **Take a daily inventory.** This can help you remain vigilant about your recovery.
- **Read about substance use disorders.** Contact AA World Services or NA World Services and request a list of literature. Search the internet under "Alcohol or Drug Problems, Addiction, Alcoholism, Drug Abuse, Drug Addiction or Dual Disorders." Or, go to: National Institute on Alcohol Abuse (www.nih.gov.niaaa) or the National Institute on Drug Abuse (www.nih.gov.nida).

13. Other Psychiatric Disorders

Many people with depression have other psychiatric disorders. These include bipolar, a mood disorder with manic or elevated mood symptoms and depression; anxiety; psychotic; personality; eating; attention deficit; and impulse control disorders. These disorders can complicate recovery from your depression if not addressed.

Below is a brief list of symptoms of the more common psychiatric disorders. Check those that apply to you. If you are concerned about another psychiatric disorder, work with your doctor and therapist to determine if one exists. Don't label yourself too quickly as having another disorder since many people have some symptoms of some disorders, but do not meet criteria for having an actual disorder that may require treatment.

Bipolar (Mania) Symptoms

- ☐ Euphoric, high or expansive mood, feeling grandiose (can do anything)
- ☐ Irritable and easily angered
- ☐ Increased activity and involvement in too many projects or activities
- ☐ Rapid or pressured speech, racing thoughts or ideas all over the place
- ☐ Easily distracted and hard to stay focused in conversations or actions
- ☐ Decreased need for sleep, hard to sleep, can go long periods without sleep
- ☐ Impaired judgment leading to poor decisions with money, sex, other areas of life

Anxiety Symptoms

- ☐ Severe anxiety or worry
- ☐ Avoiding situations that cause anxiety
- ☐ Panic attacks (racing heart, fears, worry about going crazy or dying)
- ☐ Strong fears or phobias (leaving home, flying, closed spaces, heights, animals)
- ☐ Bad memories, feelings or intrusive thoughts about physical or sexual abuse
- ☐ Obsessive thoughts (you repeat thoughts that intrude your mind)
- ☐ Compulsions (you repeat behaviors such as checking, counting or washing)

Psychotic Symptoms

- ☐ Unusual experiences (you hear, feel, see or smell things others do not)
- ☐ Unusual beliefs or delusions (being special, watched by others or paranoid)
- ☐ Thinking difficulty (feel confused, cannot concentrate, or have strange thoughts)
- ☐ Behavior changes (you stop eating or act very strange)
- ☐ Mood changes (you feel strange, flat or have mood swings)
- ☐ Negative symptoms (low motivation, social isolation, decreased thoughts)

Eating Symptoms

- ☐ Making yourself vomit after eating
- ☐ Too much dieting; or, eating too little due to fear of gaining weight or becoming fat
- ☐ Constant worry about weight gain or appearance
- ☐ Frequent use of diuretics or enemas

Attention Deficit Symptoms

- ☐ Hard to pay attention, listen or finish things (at home, school, or elsewhere)
- ☐ Hard to focus on a task for very long
- ☐ Hard to get organized (at home, work or school)
- ☐ Feeling hyper, restless, on edge, like your “motor” is always running
- ☐ Hard to sit still for very long
- ☐ Get frustrated very easily, even with small things
- ☐ Do things impulsively by acting before thinking about consequences

Behavioral Symptoms and Relationship Problems

- ☐ Self-harm (cutting or burning self, overdosing on pills or drugs, etc)
- ☐ Bad temper problem
- ☐ Bully, threaten or intimate other people
- ☐ Used a weapon to hurt or threaten others (bat, brick, knife, broken glass, gun)
- ☐ Violence towards people (hit, slap, push, punch, kick)
- ☐ Serious problems with spouse, parent or other family member
- ☐ Serious problems in relationships
- ☐ Lying, conning or deceiving others
- ☐ Trouble with work (missing work, getting fired, can’t hold job, can’t find job)
- ☐ Trouble with school (skipping, bad grades, don’t do work, kicked out or quit)
- ☐ Trouble with the law (arrested, did time in jail, on probation or parole)

Strategies to Address Other Disorders

- **Talk with your doctor or therapist.** They can determine if you have a psychiatric disorder that requires treatment and what you need to do. If an evaluation is needed by someone specializing in a given disorder (e.g., eating disorders), your therapist or doctor can help you arrange this.
- **Find the right therapy.** Some of the therapies discussed in this workbook are used with many other types of psychiatric illness. Some disorders have specific therapies. Medications, alone or in combination, can help with more severe or chronic types of disorders, or those that only respond partially to talk therapy.
- **Use recovery coping strategies.** Many of the recovery strategies we discussed can be used for other disorders. These include changing thinking, managing emotions, using a support system, engaging in a recovery process, involving your family, changing your lifestyle, developing a relapse prevention plan and addressing issues such as suicidality or alcohol and drug abuse.

Final Thoughts

We commend you for using this workbook to learn strategies to manage your depression. If you stick with your recovery plan, you should continue to experience many benefits. If you have a setback, learn from it and get back on track. We are grateful to have had the opportunity to share our knowledge and experience with you in this guide.

14. References and Resources

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Web Resources

American Foundation for Suicide Prevention	www.afsp.org
Anxiety and Depression Association of America	www.adaa.org
Bipolar Disorders Portal	www.pendulum.org
Bipolar Focus	www.moodswing.org
Centre for Suicide Prevention	http://suicideinfo.ca
Depression and Related Affective Disorders Association	www.drada.org
Depression Forums	www.depressionforums.org
Dr. Dennis C. Daley	www.drdenniscdaley.com
Dual Recovery Anonymous (DRA)	www.draonline.org
Hazelden Educational Materials	www.hazelden.org
Greater Good Science Center	www.greatergood.berkeley.edu
International Foundation for Research and Education on Depression	www.ifred.org
Mental Health America	www.nmha.org
Narcotics Anonymous	www.na.org
National Alliance for the Mentally Ill	www.nami.org
National Depressive and Manic-Depressive Association	www.ndma.org
National Institute of Mental Health	www.nimh.nih.gov
Pendulum Resources: Bipolar & Affective Disorders	www.pendulum.org
Suicide Prevention Advocacy Network	www.spanusa.org

Notes

Notes

MATERIALS FOR CLIENTS, FAMILIES AND PROFESSIONALS ON SUBSTANCE USE, PSYCHIATRIC OR CO-OCCURRING DISORDERS

Client and Family Materials

Addiction and Mood Disorders	Recovery for Older Adults
Addiction in Your Family	Recovery from Alcohol Problems
Adolescent Recovery	
Adolescent Relapse Prevention	Recovery from Cocaine or Meth Addiction
A Family Guide to Addiction and Recovery	Recovery from Co-Occurring Disorders
Athlete's Guide to Substance Use and Abuse	Recovery from Marijuana Problems
Coping with Feelings & Moods	Recovery from Opioid Addiction
Detox Recovery	Recovery from Psychiatric Illness
Family Recovery	
Gratitude Workbook	Recovery Goal Checklist
Grief Journal	Recovery & Relapse Prevention for Co-occurring Disorders
Group Counseling Participant Workbook	Relapse Prevention (Drug & Alcohol)
Improving Communications and Relationships	Relapse Prevention (Compulsive Sex)
Managing Anger	Relapse Prevention (Psychiatric Illness)
Managing Anxiety	
Managing Depression	Sober Relationships and Support Systems
Managing Emotions	Sobriety Journal
Money & Recovery: Managing Financial Issues in Recovery	Surviving Addiction
Overcoming Your Alcohol or Drug Problem	Think Sober, Live Sober
	Using 12-Step Programs in Recovery

Books for Professionals

Dual Disorders Recovery Counseling: Integrated Treatment for Substance Use and Mental Health Disorders

Dual Disorders: Counseling Clients with Chemical Dependency & Mental Illness

Group Treatment of Addiction: Counseling Strategies for Recovery and Therapy Groups

Improving Treatment Compliance

Overcoming Your Alcohol or Drug Problem: Therapist Guide

Relapse Prevention Counseling: Strategies to Aid Recovery from Addiction and Reduce Relapse Risk

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ISBN# 978-0-9835302-8-2