

UNDERSTANDING DEPRESSION

and Developing a Plan to Overcome it

Overcoming Depression

Our Philosophy

- Individuals participate in their own health and wellness.
- Each individual is an expert about him/herself.
- Individuals may be assisted in mobilizing their own resources to strengthen coping.

This workbook is intended to assist you in discovering the changes you can make.

People can change.

What Is Depression?

- A wide range of emotional experience and expression is normal. It is natural to respond to life experiences (either satisfying and fulfilling or distressing and painful) with emotion.
- At some point, everyone experiences problems which result in feelings of irritability, sadness or self-blame. Such responses are usually short-lived. Clinical depression occurs when these feelings, along with a set of additional symptoms, become
 - intense,
 - persist for several weeks and
 - interfere with academic, social, family or occupational functioning.
- Clinically significant depression is more than the emotional experience of sadness. When a person experiences depression, mood symptoms interact with cognitive, behavioral and physical symptoms.
- Some of the common symptoms of depression include:

Understanding depression is the first step toward feeling better.

FEELINGS	THOUGHTS	BEHAVIOR	BODY
Sad	Thoughts of worthlessness	Brooding	Change in appetite
Irritable	Negative interpretations	Restlessness	Reduced sex drive
Hopeless	Thoughts of death or suicide	Lack of motivation	Lack of energy
Helpless	Memory problems	Social withdrawal	Aches and pains
Pessimistic	Difficulty making decisions	Frequent tearfulness or inability to cry	Weight loss or gain
Guilty	Difficulty concentrating		Disturbed sleep
Discouraged	Distorted thinking	Reduced participation in previously enjoyed activities	Increased sensitivity to external stimuli
Confused			
Anxious		<ul style="list-style-type: none"> ▪ Slowed speech and body movements ▪ Suicidal behavior ▪ Placing unusual or excessive demands on others 	

- Suffering from depressed mood can feel overwhelming and confusing. It distorts the way people view themselves, others and the future.

Types of Depression

Major Depressive Disorder

at least two weeks of depressed mood or loss of interest in activities accompanied by at least four other symptoms of depression (e.g. change in appetite, disturbed sleep, decreased energy level, difficulty concentrating). The symptoms persist for most of the day, nearly every day and interfere with important areas of functioning (e.g. school, relationships). The symptoms are not a result of bereavement, substance abuse or a general medical condition (e.g. hypothyroidism). Major depressive disorder is often treated with a combination of medication and psychotherapy.

Dysthymic Disorder

at least two years of depressed mood for more days than not, accompanied by at least two additional depressive symptoms. Dysthymic Disorder is milder, yet more chronic than Major Depression. Because the depressive symptoms have become so much a part of day-to-day experience, it may seem to the individual that "it's always been this way." Low interest in activities, self-criticism and feelings of inadequacy may be particularly prominent.

Bipolar Disorder

cycles of moods including depression, and mania (i.e. euphoric excitement) or irritability. Periods of mania and depression can last from a few weeks to several months. During the cycle of mania, the individual may experience unreasonable optimism, hyperactivity, rapid speech, decreased need for sleep and have an extremely short attention span. S/he may do things which are out-of-character (e.g. spend money very freely, show disregard for the law). There are different types of Bipolar Disorder. If you have been diagnosed with this Disorder, ask your health care professional which type seems most applicable to you.

Seasonal Pattern Depression

the onset and remission of depressive symptoms at characteristic times of the year. In most cases, the episodes begin in fall or winter and remit in spring. Age is a strong predictor of seasonality, with younger persons at higher risk for winter depressive episodes.

Postpartum Depression

depressive symptoms which occur within 4 weeks after delivery of a child. Women with postpartum depression often experience severe anxiety, spontaneous crying, disinterest in their baby and insomnia. Some women may also experience psychotic symptoms (e.g. believe that the baby is possessed by the devil). Many feel especially guilty about having depressive feelings at a time when they believe they should be happy.

Premenstrual Dysphoric Disorder

the essential features are: significantly depressed mood, marked anxiety, and decreased interest in activities. Symptoms occur regularly during the last week prior to menstruation and cause impairment in the ability to function socially, occupationally or academically. The symptoms remit within a few days of the onset of menses and are always absent in the week following menses.

American Psychiatric Association (1994). Diagnostic and Statistical Manual of Mental Disorders. (4th ed.). Washington, DC: Author.

Do I have Symptoms of Depression

Check the symptoms you are currently experiencing to gain a better understanding of how depression is impacting you.

FEELINGS	THOUGHTS	BEHAVIOUR	BODY
<input type="checkbox"/> Sad	<input type="checkbox"/> Thoughts of worthlessness	<input type="checkbox"/> Brooding	<input type="checkbox"/> Change in appetite
<input type="checkbox"/> Irritable	<input type="checkbox"/> Negative interpretations	<input type="checkbox"/> Restlessness	<input type="checkbox"/> Disturbed sleep
<input type="checkbox"/> Hopeless	<input type="checkbox"/> Thoughts of death	<input type="checkbox"/> Poor motivation	<input type="checkbox"/> Lack of energy
<input type="checkbox"/> Helpless	<input type="checkbox"/> Thoughts of suicide	<input type="checkbox"/> Poor follow-through	<input type="checkbox"/> Weight loss or gain
<input type="checkbox"/> Pessimistic	<input type="checkbox"/> Memory problems	<input type="checkbox"/> Social withdrawal	<input type="checkbox"/> Diminished sexual desire
<input type="checkbox"/> Guilty	<input type="checkbox"/> Difficulty making decisions	<input type="checkbox"/> Complaining/focusing on the negative	<input type="checkbox"/> Aches and pains
<input type="checkbox"/> Discouraged	<input type="checkbox"/> Difficulty concentrating	<input type="checkbox"/> Frequent tearfulness	<input type="checkbox"/> Slowed speech and body movements
<input type="checkbox"/> Confused	<input type="checkbox"/> Distorted thinking	<input type="checkbox"/> Inability to cry	<input type="checkbox"/> More sensitivity to external stimuli
<input type="checkbox"/> Anxious		<input type="checkbox"/> Loss of interest in previously enjoyed activities	
		<input type="checkbox"/> Suicidal behavior	

How Is Depression Different Than Sadness?

Sadness:

- is a natural response to an emotionally painful experience.
- naturally resolves over time
- does not usually disrupt everyday life in a significant way (i.e. you can continue to do your work, you maintain relationships with family and friends, etc.)
- does not disrupt your sense of hope for the future
- does not lower your self-esteem
- does not significantly interfere with sleep, appetite, energy level, etc.

More About Depression

- Symptoms of depression usually develop over days to weeks (American Psychiatric Association, 1994).
- The duration of depression is variable (American Psychiatric Association, 1994).
- The first episode of untreated depression usually lasts an average of 6 -9 months (Barlow, Durand and Stewart, 2006).
- In the majority of cases, there is complete remission of symptoms (American Psychiatric Association, 1994).
- In some cases (perhaps 20% - 30%) there will be partial remission (i.e., some depressive symptoms will persist) (American Psychiatric Association, 1994).
- For a small number of individuals (5% - 10%), depressive symptoms will become chronic (i.e., continue for two years or more) (American Psychiatric Association, 1994).
- Up to 15% of those with severe Major Depressive Disorder end their own life (American Psychiatric Association, 1994).
- Substance abuse, anxiety disorders and eating disorders frequently co-occur with depression (Oltmanns, Emery and Taylor, 2006).
- People who have experienced violence are at increased risk to experience depressive symptoms
- It is unlikely that one particular factor causes or maintains depressed mood. Understanding the different factors that often contribute to depression is a first step toward feeling better.
- A comprehensive treatment approach to depression is one that recognizes the various contributors to the development and maintenance of depression.

American Psychiatric Association (1994). Diagnostic and Statistical Manual of Mental Disorders. (4th ed.). Washington, DC: Author.

Barlow, D., Durand, M. & Stewart, S (2006). Abnormal Psychology: An Integrative Approach. Toronto:

Nelson. Oltmanns, T., Emery, R. & Taylor, S. (2006). Abnormal Psychology. Toronto: Pearson.

When to Seek Assistance

If you are experiencing depressive symptoms seek professional help (i.e. doctor, counsellor).

Any Thoughts of Ending Your Life Should Be Discussed With Your Doctor Or Counsellor.

If, at any time, thoughts of death or suicide are accompanied by

- a fear that you will hurt yourself
- securing a means to self-harm (e.g. finding pills or a gun),
- and/or a plan for suicide

SEEK HELP IMMEDIATELY. In order to access assistance:

- call the Suicide Crisis Line (933-6200 in Saskatoon)
- call 911
- ask a trusted friend or family member to take you to the hospital
- call your physician
- call your counsellor (Student Wellness Centre 966-4920)

What Maintains Depressed Mood?

Negative Self-Talk

Difficult life situations can leave people with beliefs about self, others and the world that become generalized in ways that interfere with experiencing life in more affirming ways. If your experience has taught you that you are not capable, that others are never helpful and that life is simply a set of problems, then you may become more vulnerable to depression. Once you learn to identify and challenge negative views of self, others and the world, then you are in a strengthened position to deal with life stressors.

Poor Diet

Our bodies are our physical selves. What we nurture ourselves with physically can enhance our well-being. Eating well-balanced, regular meals is important in managing depressed mood.

Drug Abuse

Certain drugs, such as alcohol and cocaine, depress us physiologically. Excessive reliance on mood-altering substances contributes to the experience of depression.

Sleep Difficulties

Poor sleep habits (e.g. staying up all night) means people are robbed of the energy they need to take care of their physical health (e.g. exercise) and engage in coping strategies (e.g. attend therapy sessions).

Lack of Exercise

Exercise enhances the production of endorphins (natural opiates that play an important role in emotion and pain reduction) in the brain and results in an increased sense of well-being. Without adequate exercise, endorphins are not released as readily and our bodies become sluggish and lethargic. This, in turn, negatively affects our mood and sense of self.

Stress

Chronic stress depletes your spirit and energy level, making it more difficult to cope with depression. In addition, stress is often accompanied by a sense of loss of control. This can also contribute to low mood.

Poor Social Support

Research shows that having the support of trusted others helps us to cope more effectively with stressors. Having supports enables us to identify, express and work through our feelings. Without adequate support we feel isolated, believe that we are alone in our experience and begin to feel hopeless about change.

Lack Of Purpose And Goals

Being unsure about your values, goals and ability to make a contribution in the world can fuel depressed mood.

Why Am I Depressed?

UNDERSTANDING YOUR DEPRESSED MOOD IS IMPORTANT. YOUR RECOVERY EFFORTS CAN TARGET THE FACTORS THAT YOU SEE AS CONTRIBUTING TO, AND MAINTAINING, YOUR DEPRESSION. CONSIDER THE FOLLOWING:

Gender

Are you female? YES

Heredity

Do you have relatives who experience depressed mood? YES

Biology

Do you have a chronic medical problem? YES

Age

Are you between the ages of 18 and 44? YES

History of Depression

Have you experienced depressed mood in the past? YES

Substance Abuse

Do you use alcohol or drugs to cope with life's problems? YES

Anxiety

Does anxiety interfere with your life? YES

Relationship Conflict

Are you experiencing conflict in an important relationship? YES

Early Loss

Did you experience a significant loss at an early age? YES

Stressful Live Events

Have you experienced stressful situations in the past? YES

Are you currently experiencing a stressful situation? YES

Negative Self-talk

Do you put yourself down or say negative things to yourself? YES

Avoiding Feelings

Do you tend to avoid identifying and expressing how you feel? YES

Poor Self-care

Do you have difficulty eating regular, well-balanced meals? YES

Do you have difficulty maintaining a regular sleep routine? YES

Do you encounter difficulty exercising regularly? YES

Lack of Social Support

Are you without enough emotional support in your life? YES

Lack of Purpose and Goals

Do you have goals for the future and feel you can contribute? YES

Overcoming Depression – What Works

BELOW IS A LONG LIST OF THE MANY STRATEGIES THAT ASSIST PEOPLE IN OVERCOMING DEPRESSION. IT IS NOT NECESSARY TO UTILIZE ALL OF THESE STRATEGIES AT ONCE IN ORDER TO SUCCESSFULLY MANAGE DEPRESSION. INSTEAD, BEGIN BY ENACTING A FEW KEY CHANGES.

- Accepting full responsibility for your depressed mood is the first step toward healing. Taking responsibility doesn't mean blaming yourself. Chances are you have done what you could to manage with the knowledge and resources you have. Taking responsibility means deciding that you are ultimately in charge of initiating change in your life (even if you feel others may have contributed to your depressed mood).
 - Develop an attitude for recovery that helps you to be more accepting of your circumstances.
 - Open yourself to taking risks. Overcoming low mood will necessitate experimenting with some new ways of thinking and behaving. These new ways of coping are likely to feel unfamiliar, and even uncomfortable, at first. Be patient with yourself while you try some new ways of coping.
 - Be clear about the potential contributors to your depressed mood (e.g., cognitive distortions, poor social support) and the symptoms you experience. This will help you to target your strategies.
 - Work on developing a better understanding of yourself (e.g., your interests, values, goals, etc.). Knowing who you are will help you develop a recovery plan that feels right for you.
 - Set realistic goals for overcoming your depressed mood and for your life in general. Make affirming choices and work in a step-by-step manner.
 - Focus on choosing and maintaining relationships with people who care about, understand and support you.
- Choosing healthy relationships will make it easier to overcome depression.
- Seek and accept support. Let people you trust know about your efforts to improve your mood. Talking to close friends or family members is one way of obtaining the support you need while you work to feel better.
 - Work to better recognize, accept and express your feelings. Taking care of your emotional self will help you to feel less depressed.
 - Strengthen your coping, problem-solving and decision-making skills. Take charge of managing your life as well as you can.
 - Learn to recognize and challenge depressive thinking. Choose self-statements that are realistic and encouraging.
 - Take care of your physical health. Seek help for problems with drugs and alcohol.
 - Increase your activity level. While you may feel a lack of energy and motivation, convince yourself to stay as active as possible everyday. Choose to spend your time doing things that contribute to happiness and your well-being (e.g., exercise, pursue a hobby).
 - If you have been prescribed an anti-depressant, take it as directed. If you experience difficulties with side-effects, speak to your physician. Never alter your dose or discontinue taking your medication without consulting your doctor.
 - Read about the successful management of depression.
 - Recognize your successes. Pay attention
- to the ways you have managed, the new skills you learn and how much relief you experience.
- Imagine more success. Remain focused on what your life will look like when you are better managing your depression.
 - Be patient. Lasting change usually takes time.
 - Expect set backs. There will likely be times ahead when you will find it more difficult to manage your depression. This does not mean you have failed. Set backs are normal, and can usually be overcome by remaining focused on successful coping strategies.
 - Notice what might be interfering with your motivation for change. For some people there are payoffs (conscious or unconscious) to maintaining a mood problem. For example, you may want to overcome depressed mood that leaves you reluctant to socialize with others. If, however, your depression means your reassuring and supportive partner will most often stay home to keep you company, your motivation for change may be decreased. Ask yourself if there are any payoffs to your depression (try not to blame yourself if you discover any).
 - Bear in mind that experiencing some low mood is natural. Everyone experiences low mood at some time or another.
 - Find out for yourself. Some people express hesitation and skepticism when presented with coping strategies that are anxiety-provoking or require energy and effort. Decide if you are willing to experiment. Discover for yourself if these strategies work. Ultimately, you can always "change back" if you wish.

An Attitude For Recovery

YOU HAVE LEARNED SPECIFIC STRATEGIES YOU CAN CONTINUE TO USE IN BETTER MANAGING YOUR LOW MOOD. IN THE WEEKS AND MONTHS AHEAD, IT WILL BE IMPORTANT TO CONTINUE TO UTILIZE THESE TECHNIQUES TO HELP YOU MAINTAIN AND BUILD ON YOUR PROGRESS. A SECOND AND EQUALLY IMPORTANT TASK WILL BE THE MANAGEMENT OF YOUR ATTITUDE TOWARD DEPRESSION. YOUR OVERALL BELIEFS ABOUT DEPRESSION, AND HOW YOU THINK YOU SHOULD RESPOND TO IT, WILL BE CRITICAL TO YOUR RECOVERY. CONSIDER THE FOLLOWING:

Many individuals who experience problems with depression hide this from others, feeling ashamed or embarrassed. Some feel worried about the stigma of being perceived as having a mental health problem. Combined, these feelings erode self-esteem and make you more vulnerable to depression. When depression is no longer a secret, you can better make decisions to support and help yourself (instead of working to protect yourself from the opinions of others). You can also more easily access the support and assistance you deserve. This strengthens self-worth and further guards against low mood. **Depression does not need to be a secret.**

It is natural to want to fight against the depression that disrupts your life and makes it difficult for you to live more peacefully. However, rejecting and resisting depression requires your time and energy. Ultimately, it increases feelings of tension and frustration, making you more vulnerable to depressed mood. Acknowledging and accepting depression as a legitimate part of your experience

removes the resistance. Tension is reduced and a sense of calm can develop. Instead of investing your energy into fighting the villain, you are freed up to better use your coping strategies. **Depression is not an enemy.**

As you know, one of the most successful ways of overcoming depression is to directly face the symptoms. Avoidance only perpetuates the problem. By choosing to attend to distressing symptoms, you discover you can cope. When you face depression, instead of running from it, the balance of control shifts to you. By consciously choosing to face how you feel, you increase your sense of self-confidence. **You do not have to hide from depression.**

Some individuals who learn specific depression management strategies become convinced that these strategies must work each time they are implemented in order for them to cope. In reality, life is complicated and magical solutions don't exist. While the strategies you have learned are effective, they are not perfect. It is likely that there will be moments ahead when you feel

Learning to manage low mood is work. Do this work in small steps. This will help to prevent feelings of discouragement, maintain your motivation and energy level, and increase the chances that your changes will be lasting.

less successful in your efforts to manage depression. This, however, does not mean that you have failed or that you are unable to cope. Accepting the likelihood of setbacks (and choosing to see these as learning experiences) will release you from the pressure that comes with believing that the strategies should work and that you must always cope well. **Imperfection is acceptable.**

Wilson, R. (1996). Don't Panic: Taking Control of Anxiety Attacks. New York: Harper Perennial.

Depression and Medication

The recent decades have brought significant advances in our understanding of the brain and its functions. Many researchers are convinced that some types of mood difficulties may be the result of neurotransmitter imbalances. Depression has been linked to a group of neurotransmitters called monoamines, which include serotonin, norepinephrine, and dopamine. Current theories postulate that depression is associated with low levels of serotonin and high levels of norepinephrine.

It seems unlikely, however, that mood disorders are caused by an inadequate supply of any one of these neurotransmitters. Instead, a decrease in one may have multiple effects on the others (i.e., increasing or decreasing them). It may be that these complex interactions work together to decrease mood.

Most of the effective drug therapies for depression work by altering the levels of neurotransmitters in the brain. Fortunately, these therapies work well for many individuals. Some try a number of drugs before they discover the one that is most effective for them.

Major Classes of Antidepressants

Selective serotonin reuptake inhibitors (SSRIs): These are now the first-line treatment for depression. They work by slowing the reuptake of serotonin, thereby increasing serotonin levels in the brain.

- Fluoxetine (Prozac)
- Citralopram (Celexa)
- Fluvoxamine (Luvox)
- Paroxetine (Paxil)
- Sertraline (Zoloft)

“Designer” antidepressants: A number of drugs have been developed that target other neurotransmitters, such as norepinephrine (either alone or in addition to serotonin).

- Bupropion (Wellbutrin)
- Venlafexine (Effexor)
- Mirtazapine (Remeron)
- Nefazodone (Serzone)

Tricyclics: These were the standard treatment before the SSRI's were introduced.

- Amitriptyline (Elavil)
- Desipramine (Norpramin)
- Doxepin (Sinequan)
- Trimipramine (Surmontil)

Monoamine oxidase inhibitors (MAOIs): These may be indicated when other antidepressants prove ineffective. These antidepressants can have serious side effects brought on by eating certain foods (e.g., aged cheeses, red wine, some beans and yeast products).

- Phenelzine Sulfate (Nardil)
- Tranylcypromine Sulfate (Parnate)

Succeeding at University When You Feel Depressed

WHEN YOU FEEL DEPRESSED, DOING WELL AT UNIVERSITY CAN BE CHALLENGING. HOW YOU COPE WITH YOUR DEPRESSION AND THE UNIVERSITY EXPERIENCE WILL DETERMINE HOW WELL YOU DO. HERE ARE SOME IDEAS TO HELP YOU MAXIMIZE YOUR CHANCES OF SUCCESS.

- **Get connected.** Becoming involved in campus activities (e.g., sports, clubs, volunteer activities) is a great way to form new friendships. See www.students.usask.ca/campuslife/ for opportunities.
- **Have fun, but stay safe.** Avoid using alcohol and drugs as a way to cope with depression. If you go to the bar, designate a driver and stay with people you really know and trust. And keep an eye on your drink.
- **Have your own kind of fun.** Leisure time is an important part of feeling better and succeeding at university. Search for some things you like to do and see them as a legitimate part of your schedule and healing process.
- **Go to class, even if you don't feel like it.** Skipping classes means lost marks. It's often easier to learn from the professor, than from the text or someone else's notes.
- **Keep your professors informed.** If you have questions about class material or need some extra help, ASK! Don't miss exams or let yourself get behind on assignments without talking to your professor.
- **Respect your limits.** Maintain a realistic course load given your situation. Sometimes, dropping classes is the wisest decision.
- **Plan your time carefully.** Use a calendar to keep track of due dates and upcoming exams. Prioritize your work and adjust your schedule as necessary, taking into account your level of energy and motivation. Staying organized will help you meet your deadlines.
- **Study during the day.** Plan on two hours of study time for every hour you spend in class. You'll be more productive if you study when you feel awake and have the most energy. A ten-minute study break every hour will help keep your attention sharper.
- **Avoid cramming.** Studying everyday is a more effective way to learn.
- **Study your most difficult subject first.** Plan to study the subjects you find most difficult when you are most fresh.
- **Improve your study skills.** Form a study group with students who are doing well or find a tutor.
- **Know where you are going.** If you have questions about your career choice, book an appointment with the Career Counsellor (966-5003). You're more likely to succeed if you have a goal for graduation.
- **Seek support.** Stay connected with people who support your efforts to do well at university and overcome depression.
- **Be a problem-solver.** When things get tough, remember that venting isn't enough. While it's important to talk with family and friends, make sure that you also develop a plan of action. Decide what's not working, look for alternatives, try on some different solutions and evaluate how things go. Keep trying if your first attempt to solve things doesn't work.
- **Maintain your perspective.** Take into account that you are attending University while also struggling with depression. Set realistic expectations and try to hang on to your sense of humor!

Working to Overcome Depression

BEING CLEAR ABOUT HOW YOU WILL BETTER MANAGE AND OVERCOME DEPRESSION IS KEY. WORKING IN A PLANNED, STEP-BY-STEP MANNER WORKS BEST FOR MOST PEOPLE. IN ADDITION, MEETING SMALL, DAILY AND WEEKLY GOALS HELPS PEOPLE TO EXPERIENCE SUCCESS AND SUSTAIN LASTING CHANGE.

Step 1	Take stock of what you know about yourself and your symptoms. Are your symptoms primarily impacting your thoughts, feelings, body or behavior?
Step 2	Take some time to think about the different factors that contribute to and maintain depression. What factors are relevant for you?
Step 3	Take a look at the list of strategies (included in this package) that people use to help themselves overcome depression. Given your particular symptoms and the factors that seem to maintain your depression, where are your initial efforts best spent? Would you do well to focus more on your thoughts, feelings, body or behaviour?
Step 4	Choose ONE small goal for the upcoming week. Record it. Over the course of the week, pay attention to how you do and answer the questions about your progress.
Step 5	Continue to set small, weekly goals and monitor your progress. If necessary, make adjustments in your plan (e.g., begin to focus on improving your sleep if you start to struggle with insomnia; see a doctor about your medication if you experience side-effects that are difficult to manage).
Step 6	Take credit for your success as you continue to set manageable goals.

Plan to overcome depression by setting achievable goals and working in small steps.

My Plan

Step 1

These are my main symptoms of my depression:

Identifying My Symptoms of Depression

Check the symptoms you are currently experiencing to gain a better understanding of how depression is impacting you.

FEELINGS	THOUGHTS	BEHAVIOUR	BODY
<input type="checkbox"/> Sad	<input type="checkbox"/> Thoughts of worthlessness	<input type="checkbox"/> Brooding	<input type="checkbox"/> Change in appetite
<input type="checkbox"/> Irritable	<input type="checkbox"/> Negative interpretations	<input type="checkbox"/> Restlessness	<input type="checkbox"/> Disturbed sleep
<input type="checkbox"/> Hopeless	<input type="checkbox"/> Thoughts of death	<input type="checkbox"/> Poor motivation	<input type="checkbox"/> Lack of energy
<input type="checkbox"/> Helpless	<input type="checkbox"/> Thoughts of suicide	<input type="checkbox"/> Poor follow-through	<input type="checkbox"/> Weight loss or gain
<input type="checkbox"/> Pessimistic	<input type="checkbox"/> Memory problems	<input type="checkbox"/> Social withdrawal	<input type="checkbox"/> Diminished sexual desire
<input type="checkbox"/> Guilty	<input type="checkbox"/> Difficulty making decisions	<input type="checkbox"/> Complaining/focusing on the negative	<input type="checkbox"/> Aches and pains
<input type="checkbox"/> Discouraged	<input type="checkbox"/> Difficulty concentrating	<input type="checkbox"/> Frequent tearfulness	<input type="checkbox"/> Slowed speech and body movements
<input type="checkbox"/> Confused	<input type="checkbox"/> Distorted thinking	<input type="checkbox"/> Inability to cry	<input type="checkbox"/> More sensitivity to external stimuli
<input type="checkbox"/> Anxious		<input type="checkbox"/> Loss of interest in previously enjoyed activities	
		<input type="checkbox"/> Suicidal behavior	

My depressive symptoms primarily impact my:

thoughts feelings body behavior.

Step 2

These are the factors that seem to have contributed to my depression:

- | | | |
|--|--|--|
| <input type="checkbox"/> age | <input type="checkbox"/> history of depression | <input type="checkbox"/> lack of purpose/goals |
| <input type="checkbox"/> substance abuse | <input type="checkbox"/> relationship problems | <input type="checkbox"/> negative self-talk |
| <input type="checkbox"/> anxiety | <input type="checkbox"/> early loss | <input type="checkbox"/> avoiding feelings |
| <input type="checkbox"/> stress | <input type="checkbox"/> lack of support | <input type="checkbox"/> poor self-care |
| <input type="checkbox"/> gender | <input type="checkbox"/> heredity | <input type="checkbox"/> biology |

Step 3

As a way to decide where you need to start working on depression, and taking into account the symptoms and potential causes of your depression, check the strategies you believe will be most helpful to you.

Where do you think is the most effective place to begin? Choose the appropriate partner workbook (students.usask.ca/current/life/health/counselling).

- Developing a better understanding of myself
- Recognizing and challenging depressive thinking

==> **Challenging Depressive Thinking**

- Recognizing, accepting and expressing my feelings

==> **Managing your Emotions**

- Taking better care of my physical health
- Choosing and maintaining healthy relationships

==> **Taking Care of your Physical Health**

- Seeking and accepting support from others
- Strengthening my coping, problem-solving and decision-making skills
- Increasing my daily activity level and choosing rewarding activities

==> **Making Behavioural Changes**

This is the first area I plan to focus on in alleviating my depression: _____

Step 4

My one goal for this week:

How did I do?

0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10

*I did nothing toward
achieving my goal this week*

*I achieved my
goal this week*

What did I learn?

What helpful statement can I choose to say to myself now?

More About My Plan

These are the people I will ask to support me as I work on overcoming depression:

The first thing I am doing is:

The first thing I will stop doing is:

This is when I'm going to stop:

I will know I'm on track when:

I will watch out for:

Once I've mastered this particular area, I will focus on this next:

Managing Setbacks

- Expect them to happen.
- Remember that SETBACKS ARE NORMAL. They are a natural part of the change process.
- Remind yourself that, in order to experience a setback, you must have first had progress. Credit yourself for what you have already accomplished.
- Actively choose to persevere. A few steps backwards does not mean you are at the same place you began.
- Decide to use the setback as a learning experience. It can guide your future efforts. Instead of beating yourself up, choose to look for information about your coping style then use this to your benefit.
- Stick with what you know works.
- After reasonable effort, abandon what doesn't work and try something different.
- Sometimes, 'trying different' can be more effective than 'trying harder'.
- Ask yourself if there are other strategies you have learned but not yet tried. Implement those. The best protection against future setbacks is frequent and continued focus on the skills you have learned.
- Challenge and change any negative self-talk about your setback.
- Seek support. Let a trusted friend or family member know about your efforts and frustration.
- Review the information you have received about depression.
- Choose a book from the 'Suggested Reading' list and learn more about the management of depression.
- Seek assistance with difficulties (e.g. relationship problems) that may be perpetuating your depressed mood.

Signs of Trouble

Prevent what you can. Developing strong self-soothing, relationship and problem-solving skills will help you to avoid problems that will worsen your depression.

Know the signs of trouble. Pay attention to how you are coping with life's stressors. Watch out for potential signs of trouble, including the following:

- Poor or dropping grades
- Missed assignments and exams
- Performing below potential
- Skipping classes
- Excessive use of drugs or alcohol
- Problem gambling
- Difficulty relaxing
- Continually feeling overwhelmed
- Chronic worry or anxiety
- Relationship difficulties
- Difficulties with sleep
- Over or under eating

Act quickly. For some students, personal problems interfere not only with mood but with academic life. Once you realize that you are experiencing a problem, begin using effective coping strategies. Don't wait for things to get worse.

Know when to seek professional help. Talk to a professional (e.g., doctor, counsellor) if you are experiencing a personal problem that is:

- intense
- persists over time
- interferes with life

If you can't make it better,
don't make it worse.