

# 30 Ways to Lift Mood, Enhance Therapy, and Strengthen the Brain

## **1. Diagnosis**

Many clients don't fit neatly into the categories of bipolar and depression, and the *DSM-5* has created new categories to recognize those whose mood problems are somewhere in the middle of those extremes. An accurate diagnosis can pave the way to better treatment and, when conveyed with empathy, lighten the burdens of stigma and self-blame (Chapter 1).

## **2. Temperament**

Mood disorders are associated with unique temperaments. Understanding them can help clients accept who they are and live a little more wisely with that knowledge (Chapter 2).

## **3. Strengths**

Mood disorders often come with hidden strengths that clients can capitalize on in their recovery (Chapter 2).

## **4. Mood charting**

Lifestyle changes can take weeks or months to work, so how do you know what's working for your client? Mood charts reveal patterns that can clarify those effects (Chapter 1).

## **5. Rumination-focused cognitive behavioral therapy (RF-CBT)**

This adaptation of CBT uses habit training to reduce rumination, a repetitive style of negative thinking that causes high rates of relapse in depression (Chapter 2).

## **6. Cognitive rehabilitation**

Problems with memory, concentration, and organization are common in mood disorders. Behavioral strategies can help clients overcome these difficulties and regain lost roles in work and relationships (Chapter 2).

## **7. Expressed emotions in the family**

Specific family interactions can influence recovery. Even if your client is in individual therapy, it helps to bring the family in for this education (Chapter 2).

## **8. Causes and prevention**

Depression and bipolar disorder are caused by different types of stresses, and clarifying those helps in treatment and prevention (Chapter 3).

## **9. Brisk awakening**

Rising out of bed is one of the hardest things for people with mood disorders to do, but it's also one of the most effective interventions for depression (Chapter 4).

## **10. Dawn simulator**

Dawn simulators improve energy in the morning by creating a virtual sunrise that gently lifts the brain from deep sleep to full wakefulness (Chapter 4).

## **11. Careful caffeination**

Tea has brain-protecting ingredients that reduce depression and anxiety. Coffee, on the other hand, does some good and some harm (Chapter 4).

**12. Music therapy**

Music creates positive emotions and alters neurotransmitters in the brain. Some beats get people moving in the morning, while others help bring on sleep (Chapters 4 and 6).

**13. Aromatherapy**

It's all about the right scent at the right time. Aromatherapy causes complex changes in the brain that can enhance energy, sharpen focus, or induce sleep (Chapters 4 and 6).

**14. Air ionization**

Ionized air is concentrated in waterfalls, ocean breezes, and rain forests. Air conditioners pull these ions out of the air, but devices that ionize the air are effective antidepressants (Chapter 4).

**15. Behavioral activation**

Rather than building busy schedules, this therapy helps clients build meaningful lives by choosing actions that are in line with their values (Chapter 5).

**16. Opposite action**

From impulsive spending to social withdrawal, every symptoms of a mood disorder can also be part of normal life. So, when does a symptom become a disorder? Understanding vicious cycles helps answer that question, and also points the way out. By recognizing early symptoms and acting opposite to them, clients can keep problems from spiraling out of control (Chapter 5).

**17. Approach-avoidance**

Mood disorders are full of bad feelings. Avoidance moves people away from life in an effort to control those feelings. Approach is the opposite of avoidance. It moves clients toward their goals in spite of their feelings (Chapter 5).

**18. Absorbing activity**

People with depression are trapped inside their heads, and the scenery in there is usually rather bleak. Absorbing activities help them get out of that space. It's like instant mindfulness: a way of engaging in the present moment for those whose minds are yoked to a rougher train of thought (Chapter 5).

**19. Mindful media**

Screen time is the default mode for many people, particularly those with depression. While it's hard to argue that there's a benefit to this escape, there are ways to engage electronic media that are less damaging than others (Chapter 5).

**20. Brisk walking**

This mild form of exercise protects the brain, improves memory, and treats depression about as well as an antidepressant (Chapter 5).

**21. Forest therapy**

If brisk walking is too strenuous, a stroll in the forest works almost as well. There's something unique about this natural environment that improves mood and health even more than walks in other settings (Chapter 5).

**22. Social rhythm therapy**

The biological clock is slightly broken in people with mood disorders, and this therapy helps clients develop daily routines to keep it running on time (Chapter 5).

**23. Evening wind-down**

The hour before sleep is a critical time for brain activity, and a wind-down routine in that time can ease sleep and stabilize mood (Chapter 6).

**24. Blue light blockers**

The eyes have special receptors that only respond to the blue wavelength of light. Evening blue light dampens the hormones involved in sleep, and it's been linked to insomnia, depression, and a host of health risks. Technology is the source of this light, but it can also be used to filter it out (Chapter 6).

**25. Dark therapy**

This simple behavioral therapy is very effective against mania, mixed states, and rapid cycles of mood (Chapter 6).

**26. Hot bath**

In the natural world, temperature drops at night, triggering sleep. A carefully timed hot bath can achieve the same effect for those of us who live in the constant temperature of the indoors (Chapter 6).

**27. Sleep hygiene**

Insomnia is a vicious cycle. Sleep hygiene includes first-aid interventions that can reel that cycle in before it gets too off track (Chapter 7).

**28. Cognitive behavioral therapy for insomnia**

When sleep hygiene is not enough, this behavioral program can treat more intractable cases of insomnia. The American Academy of Sleep Medicine recommends it above sleep medications, and it has surprising benefits for depression as well (Chapter 7).

**29. Antidepressant diet**

This diet is simple enough for people with depression to follow, but powerful enough to have a significant antidepressant effect (Chapter 8).

**30. Antidepressant apps**

Apps offer therapy on the go, allowing clients to continue the work between sessions. This list highlights the select few that worked in clinical studies and are available to the public (Appendix).

## Client Worksheet

# Depression and Self-Blame

The following are some of the ways that depression can cause people to blame themselves. Check how strongly you believe each statement:

**I'm a burden to others.**

not at all					not sure				fully believe it

**I've let my family, friends, or coworkers down.**

not at all					not sure				fully believe it

**I don't try hard enough.**

not at all					not sure				fully believe it

What other ways have you blamed yourself when you're experiencing depression?

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Have you felt blamed by others for the way that depression affects you? How so?

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# Depression Symptoms

The following list includes several physical and mental symptoms of depression. Look through the list and check any symptoms that you've experienced in recent months. Are there any that you didn't know were caused by depression? Mark those with a star.

## Mental Symptoms

- |  |   |
|--|---|
| <input type="checkbox"/> I'm sad or depressed.   | <input type="checkbox"/> I feel like a failure.   |
| <input type="checkbox"/> I'm anxious and panicky.  | <input type="checkbox"/> I'm easily overwhelmed by everyday hassles.                    |
| <input type="checkbox"/> I no longer enjoy anything.   | <input type="checkbox"/> I struggle with guilt and shame.                               |
| <input type="checkbox"/> I give up easily.   | <input type="checkbox"/> I'm easily irritated.  |
| <input type="checkbox"/> I can't concentrate.  | <input type="checkbox"/> I put others needs above my own.                               |
| <input type="checkbox"/> It's hard to hold a conversation.   | <input type="checkbox"/> It feels like I'm being punished.                              |
| <input type="checkbox"/> It's hard to get started on things. I don't know where to begin.              | <input type="checkbox"/> I doubt whether God could love or forgive me.                  |
| <input type="checkbox"/> I've lost my spiritual faith.   | <input type="checkbox"/> I feel like a burden to others.                                |
| <input type="checkbox"/> I'm easily stressed.  | <input type="checkbox"/> I have no confidence.  |
| <input type="checkbox"/> Little things make me feel rejected, criticized, or disliked.                 | <input type="checkbox"/> I feel powerless and incompetent.                              |
| <input type="checkbox"/> I don't have feelings for friends or family like I should.                    | <input type="checkbox"/> I'm stubborn and inflexible.                                   |
| <input type="checkbox"/> Food is tasteless.  | <input type="checkbox"/> It's hard to go with the flow and adapt to stress.             |
| <input type="checkbox"/> I've lost interest in sex.  | <input type="checkbox"/> I think I'd be better off dead.                                |
| <input type="checkbox"/> I feel numb and empty.  | <input type="checkbox"/> I don't take care of myself.                                   |
| <input type="checkbox"/> Frightening or terrible images flash in my mind.                              | <input type="checkbox"/> I've withdrawn from everyone.                                  |
| <input type="checkbox"/> I avoid and procrastinate a lot.  | <input type="checkbox"/> Everything seems hopeless.                                     |
| <input type="checkbox"/> I don't like myself.  | <input type="checkbox"/> I'm emotionally reactive.                                      |
| <input type="checkbox"/> I'm indecisive.   | <input type="checkbox"/> I can't stop worrying.   |
| <input type="checkbox"/> My mind is slowed down.   | <input type="checkbox"/> I can't complete simple tasks.                                 |
| <input type="checkbox"/> I'm forgetful.  | <input type="checkbox"/> Nothing brings me pleasure.                                    |
| <input type="checkbox"/> I have trouble standing up for myself.  | <input type="checkbox"/> Time moves slowly.   |
| <input type="checkbox"/> Whenever I see the police, I have a dreadful sense that they'll pull me over. | <input type="checkbox"/> I think about past mistakes or bad memories a lot.             |
|  | <input type="checkbox"/> I have a sense of dread like something bad is going to happen. |

### Physical Symptoms

- |  |  |
|--|--|
| <input type="checkbox"/> I'm tired. My energy is low.              | <input type="checkbox"/> I wake up too early.                      |
| <input type="checkbox"/> My muscles are weak or slowed down.       | <input type="checkbox"/> I sleep too much.                         |
| <input type="checkbox"/> I'm restless and tense.                   | <input type="checkbox"/> I never feel rested.                      |
| <input type="checkbox"/> My appetite is high.                      | <input type="checkbox"/> I have headaches.                         |
| <input type="checkbox"/> My appetite is low.                       | <input type="checkbox"/> My muscles ache.                          |
| <input type="checkbox"/> I have heavy feelings in my arms or legs. | <input type="checkbox"/> I feel constipated or sick to my stomach. |
| <input type="checkbox"/> I have trouble falling or staying asleep. |  |

Which of these symptoms are the most difficult to live with? What problems have they caused?

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## Client Worksheet

# Rating Depression: The Patient Health Questionnaire-9 (PHQ-9)

The following is a widely-used rating scale for depression. Rate how frequently you've experienced these symptoms over the past week. Use this scale to track your weekly progress with the mood chart on pages 30-31.

Over the past week, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

Add columns: \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

Total: \_\_\_\_\_

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult  
at all

Somewhat  
difficult

Very  
difficult

Extremely  
difficult

## Scoring

Add your responses to questions 1 through 9 to arrive at your final score (from 0 to 27). Question 10 helps clarify if your symptoms are due to clinical depression. If your symptoms aren't causing a problem, then they may be a normal reaction to stress instead of clinical depression. The following cutoffs allow you to compare your score to the general population. These are based on averages, so it's not set in stone that your depression is mild just because you scored a 7:

<b><u>PHQ-9 score</u></b>	<b><u>Depression level</u></b>
0-4	None
5-9	Mild
10-14	Moderate
15-19	Moderately severe
20-27	Severe



## Client Worksheet

# Hypomania Survey

Hypomania has many faces. The words below came from people who've experienced it. Check any symptoms that you've experienced, either recently or in the past.

- |  |  |
|--|--|
| <input type="checkbox"/> My thoughts bounce around like a ping-pong ball.                            | <input type="checkbox"/> I'm interested in everything and everybody.                               |
| <input type="checkbox"/> I clean, decorate, or organize all night.                                   | <input type="checkbox"/> I speed or drive aggressively.  |
| <input type="checkbox"/> I have strong desires to reconnect with old friends or lovers.              | <input type="checkbox"/> I feel strong and invulnerable, resistant to illnesses and accidents.     |
| <input type="checkbox"/> My attention shifts from one thing to another, and I never finish anything. | <input type="checkbox"/> I do things to excess.  |
| <input type="checkbox"/> I'm playful with words, often making puns or rhymes.                        | <input type="checkbox"/> I'm very assertive.   |
| <input type="checkbox"/> I'm easily overstimulated.  | <input type="checkbox"/> I make sudden travel plans.   |
| <input type="checkbox"/> I'm flirtatious and seductive, but it feels like I'm playing a role.        | <input type="checkbox"/> I feel like people's comments are directed toward me.                     |
| <input type="checkbox"/> Buying things brings great pleasure.  | <input type="checkbox"/> I have so many thoughts and ideas at once that it's hard to express them. |
| <input type="checkbox"/> I blurt things out. No filter.  | <input type="checkbox"/> Others are attracted to my confidence, energy, and enthusiasm.            |
| <input type="checkbox"/> My senses are heightened. Colors are brighter and sounds are louder.        | <input type="checkbox"/> I feel a sense of oneness with others, like we have a lot in common.      |
| <input type="checkbox"/> I can't turn my mind off.   | <input type="checkbox"/> I'm physically restless.  |
| <input type="checkbox"/> I spend too much money.   | <input type="checkbox"/> I suddenly change hair styles, color, or other fashions.                  |
| <input type="checkbox"/> My romantic interests are intense but change frequently.                    | <input type="checkbox"/> I have greater mental clarity.  |
| <input type="checkbox"/> I'm full of plans, projects, and new pursuits.                              | <input type="checkbox"/> I take risks easily.  |
| <input type="checkbox"/> I strike up conversations with strangers.                                   | <input type="checkbox"/> I see things, like shadows or bugs.                                       |
| <input type="checkbox"/> I overstep my bounds and disregard rules and authorities.                   | <input type="checkbox"/> I buy multiple copies of the same thing.                                  |
| <input type="checkbox"/> I'm drawn to dramatic or high-fashion clothing.                             | <input type="checkbox"/> I enjoy dangerous, risky, challenging, or emotionally intense activities. |
| <input type="checkbox"/> It feels like people are staring or laughing at me.                         | <input type="checkbox"/> I'm easily distracted.  |
| <input type="checkbox"/> I like to be the center of attention.                                       | <input type="checkbox"/> I frequently change jobs, homes, friends, or hobbies.                     |

- ☐ I feel overly certain about my own ideas.
- ☐ I'm much more interested in sex.
- ☐ I do things more quickly and easily.
- ☐ I have a stubborn, one-track mind.
- ☐ I go for days without sleeping or with much less sleep than usual but still keep active.
- ☐ I talk a lot, interrupt, and talk over people.
- ☐ I feel sped up inside.
- ☐ I get easily caught up in addictive things, like gambling, sweets, porn, or drugs.
- ☐ I have mystical experiences or visions.
- ☐ I'm driven to do something but don't know what to do.
- ☐ I give lots of presents.
- ☐ It's hard to wind down and sleep at night.
- ☐ The smallest things make me very enthusiastic.
- ☐ I'm so confident in what I do that I'm indifferent to criticism.
- ☐ I'm driven to get things perfect.
- ☐ It feels like I have extrasensory perception (ESP).
- ☐ Time moves quickly.
- ☐ I quit jobs or end relationships abruptly.
- ☐ My sense of taste and smell is vivid.
- ☐ People complain that I'm too noisy.
- ☐ I'm very impatient.
- ☐ People think I'm irresponsible.
- ☐ Sometimes I hear things, like my name being called.
- ☐ My emotions shift rapidly.
- ☐ I'm over-reactive.
- ☐ People can't keep up with me.
- ☐ I make major life decisions without much thought.
- ☐ I'm very confident and self-assured.
- ☐ I'm more extroverted and charismatic than usual.
- ☐ People think my speech is rapid or loud.
- ☐ I see connections in things that others miss.
- ☐ People think I'm exhausting or irritating.
- ☐ I have an irresistible urge to communicate by phone, letters, emails, or texts.
- ☐ I mistrust other people's intentions.
- ☐ I'm more optimistic.
- ☐ I feel vigorous, lively, and full of energy.
- ☐ I feel really good about my looks.
- ☐ I act without thinking.
- ☐ I have a sense of superiority, as though I have amazing abilities, talents, knowledge, or powers.
- ☐ I have multiple trains of thought. Sometimes it's hard to keep up with, but I can also multitask, like carrying on a conversation while my mind is on another track.
- ☐ I have intense enjoyment or appreciation of artistic works.
- ☐ I'm overly carefree.
- ☐ I'm particularly sensitive to shapes, forms, and harmony in nature.
- ☐ I get involved in other people's lives and feel like I can make decisions for them.

- |   |   |
|---|---|
| <input type="checkbox"/> I have urges to self-medicate to calm my nerves.                               | <input type="checkbox"/> I want to decorate my body with tattoos, piercings, or makeup. |
| <input type="checkbox"/> I write long texts or emails.  | <input type="checkbox"/> I make inappropriate jokes.                                    |
| <input type="checkbox"/> I'm drawn to bright colors or red hues.  | <input type="checkbox"/> I can't turn my mind off.                                      |
| <input type="checkbox"/> I'm the life of the party.   |   |
| <input type="checkbox"/> I often see humor where others miss it.  |   |
| <input type="checkbox"/> I spend a lot of time on social, political, or religious causes.               |   |
| <input type="checkbox"/> I'm unusually vindictive and feel a need to even the score.                    |   |
| <input type="checkbox"/> I leave big tips.  |   |
| <input type="checkbox"/> I exercise a lot or am more physically active.                                 |   |
| <input type="checkbox"/> I feel like I'm losing control.  |   |
| <input type="checkbox"/> I play devil's advocate and do the opposite of what people want me to do.      |   |
| <input type="checkbox"/> I'm very artistic and creative.  |   |
| <input type="checkbox"/> I cry and laugh at the same time.  |   |
| <input type="checkbox"/> I binge on food.   |   |
| <input type="checkbox"/> I'm very critical or sarcastic.  |   |
| <input type="checkbox"/> I'm drawn to argument.   |   |
| <input type="checkbox"/> I feel mentally sharp, brilliant, and clever.                                  |   |
| <input type="checkbox"/> I often break out into song or dance.  |   |
| <input type="checkbox"/> I daydream a lot and get lost in fantasy.                                      |   |
| <input type="checkbox"/> I have a lot of difficulty seeing things from other people's point of view.    |   |
| <input type="checkbox"/> I feel unappreciated because no one shares my optimistic or imaginative ideas. |   |

# Hypomanic Check List-32

At different times in our lives, everyone experiences changes or swings in energy, activity, and mood ("highs and lows" or "ups and downs"). The aim of this questionnaire is to assess the characteristics of the "high or hyper" periods.

## 1. First of all, how are you feeling today compared with your usual state?

Much worse than usual	Worse than usual	A little worse than usual	Neither better nor worse than usual	A little better than usual	Better than usual	Much better than usual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 2. Compared with other people, your level of activity, energy, and mood... (not how you feel today, but on average):

... is always rather stable and even.	... is generally higher.	... is generally lower.	... repeatedly shows periods of ups and downs.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 3. Please try to remember a period when you were in a "high or hyper" state. How did you feel then? Check all the statements below that happen during a high or hyper state:

### In such a "high or hyper" state:

	Yes	No
I need less sleep.	<input type="checkbox"/>	<input type="checkbox"/>
I feel more energetic and more active.	<input type="checkbox"/>	<input type="checkbox"/>
I am more self-confident.	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy my work more.	<input type="checkbox"/>	<input type="checkbox"/>
I am more sociable (make more phone calls, go out more).	<input type="checkbox"/>	<input type="checkbox"/>
I want to travel and/or do travel more.	<input type="checkbox"/>	<input type="checkbox"/>
I tend to drive faster or take more risks when driving.	<input type="checkbox"/>	<input type="checkbox"/>
I spend more money/too much money.	<input type="checkbox"/>	<input type="checkbox"/>
I take more risks in my daily life (in my work and/or other activities).	<input type="checkbox"/>	<input type="checkbox"/>
I am physically more active (sports, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
I plan more activities or projects.	<input type="checkbox"/>	<input type="checkbox"/>
I have more ideas; I am more creative.	<input type="checkbox"/>	<input type="checkbox"/>
I am less shy or inhibited.	<input type="checkbox"/>	<input type="checkbox"/>
I wear more colorful and more extravagant clothes/makeup.	<input type="checkbox"/>	<input type="checkbox"/>
I want to meet or actually do meet more people.	<input type="checkbox"/>	<input type="checkbox"/>
I am more interested in sex and/or have increased sexual desire.	<input type="checkbox"/>	<input type="checkbox"/>
I am more flirtatious and/or am more sexually active.	<input type="checkbox"/>	<input type="checkbox"/>

In such a "high or hyper" state (con't):	Yes	No
I talk more.	<input type="checkbox"/>	<input type="checkbox"/>
I think faster.	<input type="checkbox"/>	<input type="checkbox"/>
I make more jokes or puns when I am talking.	<input type="checkbox"/>	<input type="checkbox"/>
I am more easily distracted.	<input type="checkbox"/>	<input type="checkbox"/>
I engage in lots of new things.	<input type="checkbox"/>	<input type="checkbox"/>
My thoughts jump from topic to topic.	<input type="checkbox"/>	<input type="checkbox"/>
I do things more quickly and/or more easily.	<input type="checkbox"/>	<input type="checkbox"/>
I am more impatient and/or get irritable more easily.	<input type="checkbox"/>	<input type="checkbox"/>
I can be exhausting or irritating to others.	<input type="checkbox"/>	<input type="checkbox"/>
I get into more quarrels.	<input type="checkbox"/>	<input type="checkbox"/>
My mood is higher, more optimistic.	<input type="checkbox"/>	<input type="checkbox"/>
I drink more coffee.	<input type="checkbox"/>	<input type="checkbox"/>
I smoke more cigarettes.	<input type="checkbox"/>	<input type="checkbox"/>
I drink more alcohol.	<input type="checkbox"/>	<input type="checkbox"/>
I take more drugs (sedatives, anxiolytics, stimulants, etc.).	<input type="checkbox"/>	<input type="checkbox"/>

**4. Did the previous chart, which characterizes a "high," describe how you are?**

Sometimes <input type="checkbox"/>	Most of the time <input type="checkbox"/>	I've never experienced such a "high." <input type="checkbox"/>
(If you mark this box, please answer all questions 5 to 9.)	(If you mark this box, please answer only questions 5 and 6.)	(If you mark this box, please stop here.)

**5. What is the impact of your "highs" on various aspects of your life?**

	Positive and negative	Positive	Negative	No impact
Family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. How did people close to you react to or comment on your "highs"?**

Positively (encouraging or supportive)	Neutral	Negatively (concerned, annoyed, irritated, critical)	Positively and negatively	No reactions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. Length of your “highs” as a rule (on the average):**

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> 1 day    | <input type="checkbox"/> Longer than 1 week       |
| <input type="checkbox"/> 2-3 days | <input type="checkbox"/> Longer than 1 month      |
| <input type="checkbox"/> 4-7 days | <input type="checkbox"/> I can't judge/don't know |

**8. Have you experienced such “highs” in the past 12 months?**

- ☐ Yes ☐ No

**9. If yes, please estimate how many days you spent in “highs” during the last 12 months:**

Taken all together, about \_\_\_\_\_ days

**Scoring**

If you marked “yes” to at least 14 statements in item 3, and those highs lasted at least four days, then it's very likely that you have had full hypomania (and possibly mania if the highs caused a major problem). The rest of the test does not count toward the score but can help you further describe those highs.

## Client Worksheet

# Hypomania: Input from a Trusted Companion

Sometimes, those around us can recognize our symptoms more easily than we ourselves can, and getting their input can be helpful in seeing the big picture. **This worksheet is intended to be filled out by someone you trust about your possible symptoms of hypomania.** This can be a friend, family member, or someone else who knows you well.

Has your friend or relative ever had the following symptoms in their life? Circle YES, even if they happened long ago, were brief, or seemed like they were due to external circumstances.		
1. Has there ever been a period of time when they were not their usual self and...		
...they seemed to feel so good or so hyper that you thought they weren't their normal self, or they were so hyper they got into trouble?	Yes	No
... they were so irritable that they shouted at people or started fights or arguments?	Yes	No
...they acted much more self-confident than usual?	Yes	No
...they got much less sleep than usual and seemed to not really miss it?	Yes	No
...they were much more talkative or spoke faster than usual?	Yes	No
...they had many ideas at once or their thoughts raced from topic to topic?	Yes	No
...they were so easily distracted by things around them that you had trouble following their train of thought?	Yes	No
...they seemed to have much more energy than usual?	Yes	No
...they were much more active or did many more things than usual?	Yes	No
...they were much more social or outgoing than usual; for example, telephoning friends in the middle of the night?	Yes	No
...they were much more interested in sex than usual?	Yes	No
...they did things that were unusual for them or that you thought were excessive, foolish, or risky?	Yes	No
...they spent money to the point that it got them or their family into trouble?	Yes	No
2. If you checked YES to more than one of the items above, have several of these ever happened during the <i>same period of time</i> ?	Yes	No
3. How much of a <i>problem</i> did any of these cause - like being unable to work; having family, money, or legal troubles; or getting into arguments or fights?		
No Problem	Minor Problem	Moderate Problem
		Serious Problem

## Client Worksheet

# Rating Hypo/mania

Hypo/manic symptoms look different depending on whether they are “mixed” with depression or occur on their own in “pure” form. The following scale describes the pure symptoms in plain text and uses *italics* for symptoms that are typical of the mixed version. Rate the frequency with which you have experienced these symptoms over the past week, regardless of whether they were pure or mixed. Use this scale to track your weekly progress with the mood chart on pages 30-31.

Over the past week, how often have you experienced any of the following symptoms, whether they bothered you or not?

	Not at all	Several days	More than half the days	Nearly every day
1. “Hyped up” or energized; or <i>feeling physically restless, agitated, or “wired” with anxious energy.</i>	0	1	2	3
2. Feeling unusually good; or <i>emotions that shift rapidly from one to another.</i>	0	1	2	3
3. Irritable, impatient, or argumentative.	0	1	2	3
4. More active, social, or sexual than usual; doing more projects or making more plans than usual; or <i>frequently shifting tasks, driven to do something but you don’t know what to do.</i>	0	1	2	3
5. Acting on impulse or doing things that others might think are excessive, foolish, or risky. Examples include over-spending, sexual indiscretions, sudden travel, reckless driving, <i>suddenly starting or ending relationships or jobs, breaking things, violence, dangerous behavior, binge eating, and addictive behaviors.</i>	0	1	2	3
6. More confident, sure of your ideas, or self-important; or <i>demanding, pushy, or overly stubborn.</i>	0	1	2	3
7. Sleeping less than usual but still able to keep going during the day; or <i>irregular sleep patterns that swing from sleeping too much to being unable to sleep and up all night.</i>	0	1	2	3
8. More talkative than usual, interrupting others, or speech that is rapid, loud, or pressured.	0	1	2	3



9. Easily distracted, racing thoughts, or thoughts that jump from topic to topic.	0	1	2	3
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Add columns:                    \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

Total: \_\_\_\_\_

10. How difficult have these symptoms made it for you to do your work, take care of things at home, or get along with other people?

Not difficult  
at all

Somewhat  
difficult

Very  
difficult

Extremely  
difficult

# Mood Charting Instructions

Moods are like the weather. Symptoms may change from day to day, like the temperature, but you'd need to look at a weather map with months of data to know what type of climate you're in. That's what mood charting does. This paper-and-pencil technique was developed at the National Institute of Mental Health. It's practically free, but it tells us more about your diagnosis and treatment than an MRI of the brain. A mood chart is provided on the following page.

To use it, rate your high and low mood symptoms at the end of each week using your responses from the "Rating Depression" and "Rating Hypo/mania" scales (pages 11 and 24, respectively). **Shade the boxes to correspond with your total score on each rating scale (ranging from 0 to 27). Leave the boxes blank for a score of 0. For the lows, shade downward from the midline; for the highs, shade up. You can use different colors to represent the highs and lows.** The mood chart on the following page contains an example in the righthand column showing a March 8th rating with hypo/mania at 12 and depression at 17.

At the top of the chart, mark any medication changes under "Med Changes." In the "Life Changes" column, include major life events, stressors, and – importantly – when you started or stopped a therapeutic routine, such as exercise, diet, or any other suggestions in this book.

# Weekly Mood Chart

## Example

# Rumination: Minding the Gap

Do you stew with self-critical thoughts? Fret over unsolvable problems? Have a worried mind that you can't control? If so, you're not alone. This type of thinking is called *rumination*, and it's common in both depression and bipolar disorder. We've even narrowed down the part of the brain that's responsible for rumination: the *default mode network*.

Rumination takes many forms. It can involve over-analyzing situations, engaging in self-critical thoughts, stewing over problems, worrying, dwelling on painful memories or past mistakes, judging or evaluating oneself, and feeling pressured, overwhelmed, or rushed by responsibilities.

What fuels these thoughts? They often center on a gap that can't be filled. The mind feels pressured to fill the gap – to solve the problem or resolve the worry – but it can't. Still, it keeps trying, and with each ruminative thought it thinks it's getting closer, but the gap never closes. Here are some common sources of rumination and the gaps that fuel them:

Source	The gap is between
Uncertainty	What you're sure of... And what you want to be sure of
The past	What happened... And what you wish had happened
The self	The way you are.... And the way you wish you were
Physical and mental symptoms	The way you feel... And the way you want to feel
Unsolvable problems	What you want to fix... And what you can fix
Perfectionism	What you can accomplish... And what you want to accomplish

Think about times when you ruminated. What themes did you dwell on? What was the gap you were trying to fill?

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How did the rumination affect your mood? Your energy?

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## Client Worksheet

# Useful vs. Dysfunctional Ruminations

It may seem counterintuitive, but rumination isn't always a bad thing. It can spur you on to solve problems, get things done, and recognize mistakes. When it's useful, rumination moves you toward a goal, decision, or action. Rumination only becomes dysfunctional when it is used to avoid action, such as stewing over everything that's wrong with your marriage instead of openly discussing those concerns with your spouse. Use this worksheet to differentiate between times when your rumination was useful and times when it was dysfunctional.

Describe a time when mulling over a problem led to *useful* action, plans, or solutions.

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Describe another time when ruminative thinking made you *avoid* taking action or confronting problems in real life.

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# Can You Turn It Off?

It would be nice if there was a switch that could turn rumination off when it's up to no good. Unfortunately, reaching for that invisible switch only causes more rumination. Telling your brain to "stop thinking about my mistake at work" only reminds it of that embarrassing mistake.

Rumination is hard to stop because the brain finds it rewarding, even when it feels miserable. The brain actually thinks it's solving an important problem and doesn't want to give up. This is a trick of the imagination, but the brain doesn't know any better. The ruminative brain may be imagining a confrontation with the people who've wronged you, replaying old regrets with different endings, or preparing for problems by conjuring all that could go wrong in the future. To the brain, all this is real, and it thinks it's making progress.

The ruminative brain is like a child who won't come down for dinner because she's engrossed in a project. "Just one more thing mom, I'm almost done," she says, but dinner gets cold and she never reaches the end.

The off switch doesn't work, but there is a way to turn down the mental chatter. Rumination is a habit, and the first step in changing a habit is to recognize the triggers that set it off. It's easier to break out of it early in the game, before it spirals out of control. This principle is the same with other habits, like overeating. Once that bag of potato chips is open, it's hard to resist them, so it's better to intervene at an earlier stage. For example, you could avoid the kitchen when you're at risk for a binge, such as late at night, when you're alone, or when you're stressed. The same approach works with rumination.

The checklist that follows asks you to identify the situations, thoughts, and feelings that put you at risk for rumination. By becoming more aware of these triggers and intervening before they get out of control, you'll start to break free from the vicious cycle of rumination.

## Internal Triggers

Which subjects tend to lead to rumination when you think about them?

- ☐ The future
- ☐ Conflicts, mistakes, or upsetting events from the past
- ☐ Uncertainties, doubts, or imperfections
- ☐ Wondering about other people's intentions
- ☐ Comparing yourself to others or to an ideal
- ☐ Asking "why" questions or pondering the meaning of things
- ☐ Analyzing mistakes or situations that went wrong
- ☐ Loss, including unfulfilled dreams, grief, and broken relationships
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

Which of these emotional states trigger ruminative thoughts?

☐ Feeling rejected, wronged, or misunderstood by others

☐ Being bored or tired

☐ Experiencing physical pain or tension

☐ Feeling disorganized or pressured

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

### **External Triggers**

Which of these situations trigger ruminative thoughts?

☐ When it's early in the morning

☐ When it's late at night

☐ When I'm alone

☐ Sitting and doing nothing

☐ Driving

☐ Checking social media, texts, messages, or emails

☐ Being alone in public, surrounded by strangers

☐ Withdrawing from people after getting upset

☐ Dressing, grooming, or shopping for clothes or cosmetics

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

Over the next week, go on a scavenger hunt for your triggers. Every time you have a bout of unhelpful rumination, record the thoughts, feelings, and situations that triggered them using the **Rumination Scavenger Hunt Chart** on the next page. Once you have the pattern down, you can start to intervene in the early stages.

The best way to intervene is to do something that fully occupies your mind so that it's hard to ruminate. **Absorbing activities** have that quality. They are different for everyone. They may be physical, like crafts, gardening, or sports; mental, like a board game or a good book; or social, like walking or dining with a friend. (See Chapter 5 for additional ideas on absorbing activities.)



# Rumination Scavenger Hunt

Each time you ruminate, record the following: *Date and Time* (When did it happen?), *Duration* (How long did it last?), *Place* (Where were you when it happened?), *Situation* (What was going on, or what were you doing, just before it happened? Were you alone or with others?), *Emotion* (What was your emotional or physical state just before it happened?), and *Subject* (What were you thinking about that spiraled into rumination?).

Date & Time	Duration	Place	Situation	Emotion	Subject
12/2, 10pm	2 hours	Home office	Shopping for Christmas gifts online	Anxious, tired, pressured	Remembering all the bad Christmases I've spent alone. Thinking: "Did I pick the right gift?" "Do my friends really like me?" "Will they remember me this Christmas?"

## Client Worksheet

# Functioning Assessment Short Test (FAST)

To what extent are you experiencing difficulties in the following areas?

		No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty
Autonomy	Taking responsibility for a household	0	1	2	3
	Living on your own	0	1	2	3
	Doing the shopping	0	1	2	3
	Taking care of yourself (physical aspects, hygiene)	0	1	2	3
Occupational Functioning	Holding down a paid job	0	1	2	3
	Accomplishing tasks as quickly as necessary	0	1	2	3
	Working in the field in which you were educated	0	1	2	3
	Managing the expected work load	0	1	2	3
	Occupational earnings	0	1	2	3
Cognitive Functioning	Ability to concentrate on a book or movie	0	1	2	3
	Ability to make mental calculations	0	1	2	3
	Ability to solve a problem adequately	0	1	2	3
	Ability to remember newly-learned names	0	1	2	3
	Ability to learn new information	0	1	2	3
Finances	Managing your own money	0	1	2	3
	Spending money in a balanced way	0	1	2	3
Relationships	Maintaining a friendship or friendships	0	1	2	3
	Participating in social activities	0	1	2	3
	Having good relationships with people close to you	0	1	2	3
	Living together with your family	0	1	2	3
	Having satisfactory sexual relationships	0	1	2	3
	Being able to defend your interests	0	1	2	3
Leisure	Doing exercise or participating in a sport	0	1	2	3
	Having hobbies or personal interests	0	1	2	3

\_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

Total = \_\_\_\_\_

# TEMPS-A Temperament Scale

Use the following scale to rate how well each of these different traits describe you. Check "yes" if that trait has characterized you for at least two years and you had it to some degree before age 21. Don't focus on how you feel right now when answering. Rather, look for traits that describe your personality over many years.

Part One	Check if "Yes"
I have always blamed myself for what others might consider no big deal.	
I'm the kind of person who doesn't like change very much.	
In a group, I would rather hear others talk.	
I often give in to others.	
I feel very uneasy meeting new people.	
My feelings are easily hurt by criticism or rejection.	
I am the kind of person you can always depend on.	
I put the needs of others above my own.	
I would rather work for someone else than be the boss.	
Part Two	Check if "Yes"
I'm usually in an upbeat or cheerful mood.	
Life is a feast which I enjoy to the fullest.	
I'm the kind of person who believes everything will eventually turn out all right.	
I have great confidence in myself.	
I often get many great ideas.	
I am always on the go.	
I can accomplish many tasks without even getting tired.	
I love to tackle new projects, even if risky.	
Once I decide to accomplish something, nothing can stop me.	
I am totally comfortable even with people I hardly know.	
I love to be with a lot of people.	
I have abilities and expertise in many areas.	
Normally I can get by with less than 6 hours of sleep.	
Part Three	Check if "Yes"
I am a grouchy (irritable) person.	
I am by nature a dissatisfied person.	
I often feel on edge.	

I often feel wound up.	
I often get so mad that I will just trash everything.	
When crossed, I could get into a fight.	
People tell me I blow up out of nowhere.	
When angry, I snap at people.	
I can get so furious I could hurt someone.	
I am so jealous of my spouse (or lover) that I cannot stand it.	
I am a very skeptical person.	
<b>Part Four</b>	<b>Check if "Yes"</b>
I often feel tired for no reason.	
I get sudden shifts in mood and energy.	
My moods and energy are either high or low, rarely in between.	
My ability to think varies greatly from sharp to dull for no apparent reason.	
I can really like someone a lot and then completely lose interest in them.	
I often start things and then lose interest before finishing them.	
My mood often changes for no reason.	
I constantly switch between being lively and sluggish.	
I sometimes go to bed feeling great and wake up in the morning feeling life is not worth living.	
I go back and forth between feeling overconfident and feeling unsure of myself.	
I go back and forth between being outgoing and being withdrawn from others.	
I feel all emotions intensely.	
The way I see things is sometimes vivid, but at other times lifeless.	
I am the kind of person who can be sad and happy at the same time.	
I daydream a great deal about things that other people consider impossible to achieve.	
I often have a strong urge to do outrageous things.	
I am the kind of person who falls in and out of love easily.	

# 24 Character Strength Survey

People tend to underrate their strengths, especially if humility is one of them. For each of the following character strengths, rate how well each trait describes you when you are not in a mood episode. Think back to those better days. How did you spend your time then? What strengths did you use? How would people who know you well describe your strengths?

## Curiosity

You are curious, interested, and questioning. Fascinated by learning and exploring. The process of discovery is just as enjoyable as the end result. You are open to new experiences and seek them out.

1 2 3 4 5 6 7 8 9 10

rarely sometimes very often

## Self-regulation

You are disciplined, balanced, and have good self-control. You think before you act and don't let your emotions run your life.

1 2 3 4 5 6 7 8 9 10

rarely sometimes very often

## Integrity

Honest in words and deeds, you live your life in a genuine and authentic way. People see you as "real" or "down to earth." You inspire trust and take responsibility for your own emotions and actions.

1 2 3 4 5 6 7 8 9 10

rarely sometimes very often

## Leadership

You can motivate and organize people to get things done. In groups, you make everyone feel included and work to resolve conflicts. You are focused, action-oriented, and help your team achieve its goals.

1 2 3 4 5 6 7 8 9 10

rarely sometimes very often

## Vitality

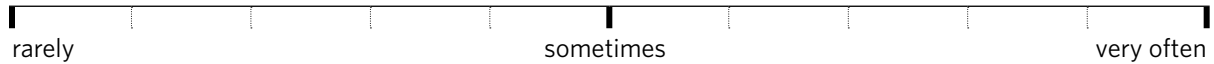
Life is an adventure, and you approach it with passion. Enthusiastic, energetic, lively, vigorous, and active. You pour yourself into things whole-heartedly.

1 2 3 4 5 6 7 8 9 10

rarely sometimes very often

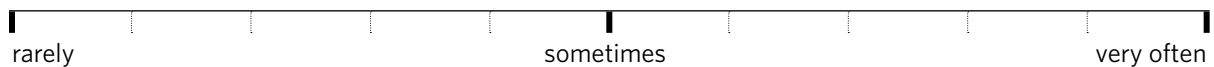
### Perspective

Others look to you for wisdom and advice. You see things in perspective and don't sweat the small stuff. You may not think of yourself as wise but your friends do.



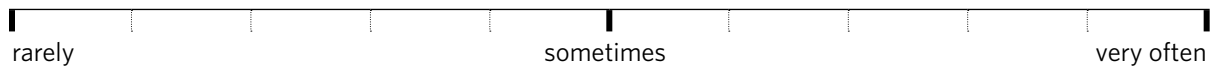
### Fairness

You treat all people the same and are guided by principles of equality, justice, and fairness. You seek facts and avoid assumptions. You strive to give everyone a fair chance and to keep biases or emotions from influencing your decisions.



### Forgiveness and Mercy

You are forgiving and understanding. You give people a second chance and are guided by mercy, not revenge.



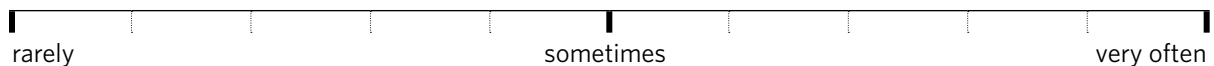
### Prudence

You are careful and cautious in your actions, well prepared for any risks that may lie ahead. You avoid saying or doing things that you might come to regret.



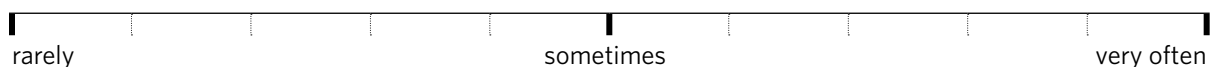
### Gratitude

You appreciate the people in your life and the good things that happen to you. Even when things don't turn out the way you wanted, you find something to be grateful for instead of dwelling on regrets. You don't take things for granted and take time to express your thanks to others.



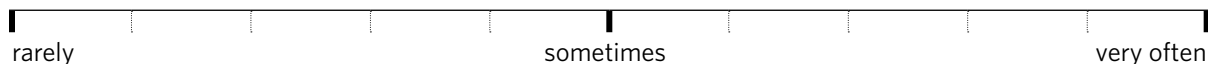
### Love

You are good at giving and receiving love. You care for those close to you and allow them to care for you. You form long-term, close relationships with people and enjoy sharing life with them and confiding in them.



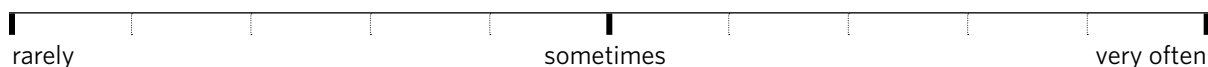
### Bravery

You do the right thing even in the face of danger, difficulty, and opposition from others. You act on your convictions and do not shy away from threats.



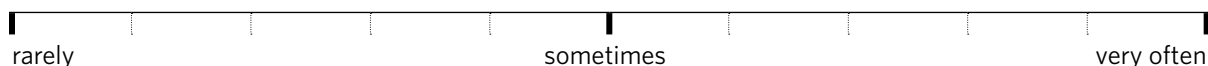
### Social Intelligence

You have people skills and emotional intelligence. You adapt well and can fit in with many types of people. You pick up on social cues, communicate well, and know how to make others comfortable. You have good intuitions about other people's motives, feelings, and needs.



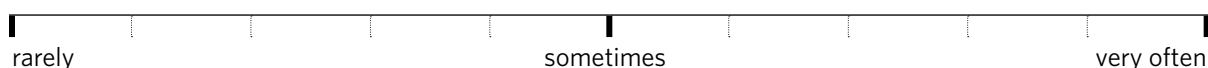
### Love of Learning

You love to learn new things and develop new skills, whether in school or on your own. You have many of the strengths described for curiosity, but also have the rigor of a scholar, working hard to deepen your understanding of subjects. You practice regularly to develop mastery of new skills.



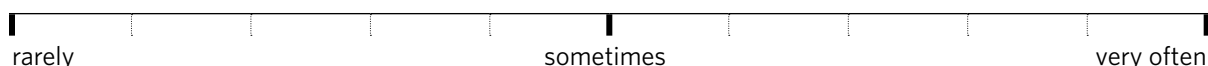
### Humility

You have a realistic view of your strengths and weaknesses, and don't tend to think you are better than others. You don't seek out fame or attention. You share credit and let your accomplishments speak for themselves.



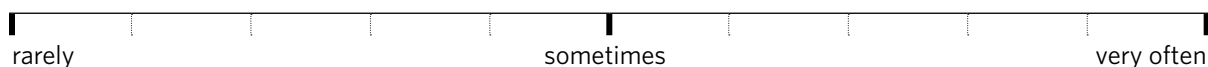
### Kindness

You are generous, nurturing, and compassionate to others. You notice when others are in need and are happy to lend a hand without expecting something in return. You are kind and considerate to friends and strangers alike.



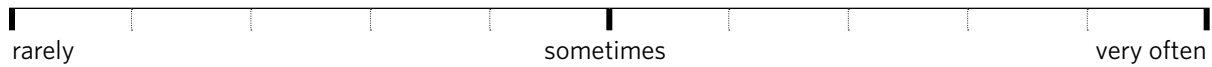
### Persistence

You enjoy completing things and can persevere through the difficult and tedious parts of tasks in order to get them done. You are focused and diligent, working hard to do things on time and get them done right.

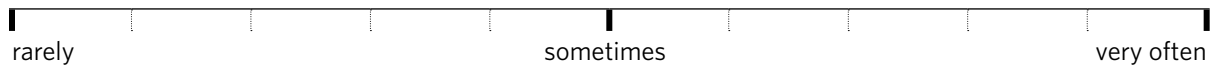


**Hope**

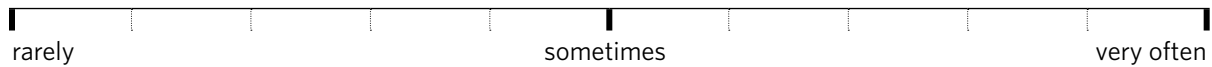
You believe that people can build a better future. Even when things don't go well, you maintain an optimistic outlook and don't let it get you down.

**Humor**

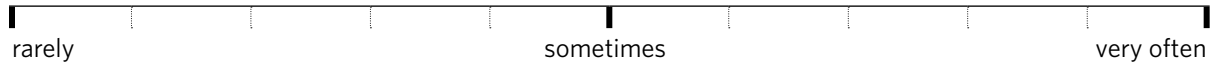
Light-hearted, playful, and good humored. You can be a tease, but mostly you enjoy bringing laughter and smiles to others.

**Appreciation of Beauty and Excellence**

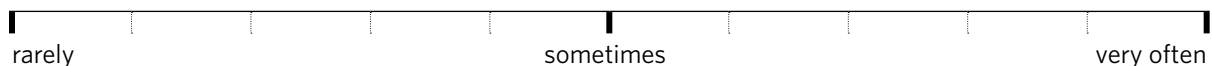
You are moved by beauty and excellence in art, nature, science, or athletics. You appreciate what it takes to achieve that excellence. You have a sense of wonder and awe.

**Creativity**

Inventive, original, and able to think outside the box. You are always looking for new ways to do things, whether in the arts, athletics, science, or finding solutions in the workplace.

**Open-mindedness**

You are not set in your ways and are able to change your mind when new evidence comes to light. You examine your assumptions, think things through, and don't jump to conclusions. You are good at critical thinking and can see many sides to things.

**Citizenship**

You work well as a member of a group or team. You are loyal to the groups you are a part of and value their rules and customs as your own. You are dependable, always doing your share and working hard for the success of the team.

**Spirituality**

Life has meaning and you seek to find the right path in that journey. You have faith in a coherent set of beliefs and are guided by a sense of purpose beyond yourself. You have a spiritual practice and may have had deep spiritual experiences.





# Helpful Interactions

## 1. Emotional Warmth and Empathy

Warm, accepting, and compassionate body language has a healing effect on the brain. It can include simple empathic statements like, “I see your point” or “I know what you mean,” or more specific comments like, “It must be hard to go through the motions each day when you’re depressed.” Empathy doesn’t mean that you agree with what someone is feeling – just that you *understand*, or *at least want to understand*, what they are feeling. It does not involve changing or judging them.

These gentler emotions are admittedly hard to come by during a crisis. If you feel unable to exhibit warmth and empathy, practice acting the *opposite* of your emotions. A simple visualization can help you do this. For example, just as an athlete imagines the ball going through the goal, picture someone who exudes warmth and calm. This could be a favorite celebrity, relative, minister, or teacher. Although you may feel like an actor at first, as the saying goes, “Fake it ‘til you make it.”

## 2. Positive Comments

While it helps to know the signs and symptoms of a mood disorder, it doesn’t help to point them out. Rather, pay attention to what your relative *can* do. Notice improvement. Admire their struggle. Notice how they came to dinner, instead of reminding them that they stayed in bed all day. Notice the healthy parts of your relative because what you shine a light on is what will grow. Use language that accepts things the way they are without judging it, trying to change it, or getting into motivations and causes.

## 3. Optimism About the Illness

Your loved one may forget that recovery is possible in the midst of an episode. Be careful that you don’t lose this awareness and that you openly express hope. Remember how your relative was before the episode, and communicate optimism that they’ll be that way again.

# Harmful Interactions

## 1. Critical Comments

Critical comments are often well-intentioned, but they stress the brain, particularly when someone is depressed. Avoid expressions that find fault, pass judgment, or point out problems. Watch for the word “should” in your mind and in your words. Try not to communicate that things “should” be different; they aren’t.

Critical comments often come about when families try to solve a problem that can’t be easily solved. Mood disorders don’t respond well to ordinary problem solving, and trying to fix an unsolvable problem just creates frustration for all.

Of course, you’ll still need to discuss problems, but reserve that for a regular, scheduled family meeting. Without this kind of structure, people can feel as though they are never safe from criticism and attack. During your meeting, use a neutral, “just-the-facts” tone. Avoid hot-buttons that tend to spiral into conflict. These buttons are different for everyone, but some common ones are talking about people’s intentions or how things affect you emotionally. It’s okay to talk about how things affect you, but keep that short and simple.

## 2. Scrutinizing Mood

Everyone gets emotional, whether they have a mood disorder or not, but trying to figure out whether your relative’s emotions are “normal” or due to their mood disorder is neither practical nor helpful. Treat their emotions as though they are real and valid. No one wants to hear, “Did you take your medicine today?” whenever they get angry.

At the same time, families have insight into symptoms that their relative may not see. When things are calm, ask your relative how *they* would like you to share your observations. One way to do this is to write your observations down in a brief paragraph that your relative can bring to their next doctor’s appointment and to avoid bringing it up at other times.

## 3. Trying to Win or Resolve Arguments

Too much talk stresses the mind, particularly if it’s already worn down by a mood episode. Make an agreement with your relative to stay apart if either of you get too hot-headed. Usually, that means going into separate rooms. Decide on a signal for this time out, like hanging a scarf on the doorknob. In addition, avoid trying to resolve fights in the evening. There’s no telling when that will end, and it’s more important to preserve sleep. The rested brain is much better at negotiations and compromise.

## 4. Over-Involvement

Over-involvement is a natural and loving reaction to someone who is depressed. It means you want to protect them, help them, and take over the areas of their life that are falling apart. It’s often driven by understandable fears, like suicide, school failure, or non-compliance with medication. Over-involvement may work from time to time, but in the big picture it makes things worse.

The problem with over-involvement is that it can keep your relative from owning their problems. It’s also stressful. People with depression already feel intense guilt and helplessness. Over-involvement magnifies those problems and makes them feel guilty for all the worry they put their family through.

Now, you might be thinking, “*What if they won’t get out of bed unless I wake them? What if they’ll miss their appointments unless I drive them, or skip their homework unless I do it with them?*” There’s no easy answer to these questions, but keep these guiding words in mind: Don’t do anything for your relative that they could reasonably do themselves.

That motto is different from that which many families live by, which is: Do everything for your relative that they might not be able to do themselves. In contrast, this new motto asks you to err on the side of *not* doing things. You won't get it right every time, and there will be situations where you need to step in because the consequences are too serious or dangerous. That's okay. It's the frequency that matters. Following this principle as *often* as you can will make a big difference. Stepping back and giving them space will hasten their recovery.

## **5. Hostility**

Hostility comes from the belief that your relative isn't doing enough to control their symptoms or doesn't really want to get better. These beliefs start out as thoughts like:

*"He wouldn't be like this if he tried harder."*

*"She doesn't want to get better."*

*"He just wants an excuse for his behavior."*

Nearly everyone who's lived with a mood disorder in the family has had those thoughts. The trick is to keep them from sticking. Let them pass through you, just as you let so much else pass by throughout the day: the random chatter of strangers, advertisements on TV, and the sound of a dog barking. If you pay them too much attention, these thoughts can multiply into beliefs that are hard to let go of, such as:

*"She may have a disorder, but she can control herself a lot more than she does. Whenever her friends come over, you can guarantee she's pleasant and perky as can be."*

All mood disorders react to their environment. The brain changes visibly in new situations and around different people. This is even true in neurologic illnesses like Parkinson's disease. Although people with Parkinson's can barely move, they will suddenly rise up and walk when they see a striking image, like a series of black and gold lines on the floor. However, that's not a reliable cure for Parkinson's. Eventually, the novelty wears off and they are back in the chair. The same phenomenon occurs when a person with depression is visited by friends: Dopamine spikes in their brain and, for a little while, they may not even seem depressed. However, if they were to move in with those friends, it would be a different story.

## **Where to Draw the Line**

Does this mean you need to lie down and accept everything your relative does? Not at all. The message is just that words rarely solve the problems that mood disorders bring. Families need to plan ahead for dangerous or destructive behavior. This involves action, not words – and your relative should have a strong voice in that plan.

Problems to anticipate include violence, suicidal behavior, substance abuse, overspending, and fights that impact children in the home. Hospitalization is not the only solution. Consider temporarily living apart, locking away guns or extra medication, and allowing family members to contact the treatment team or come to an appointment.

## **The Long-Term View**

If the advice in this handout sounds hard to follow, it's not – it's actually impossible! No one can get it right all the time. Fortunately, it's good enough to adjust the ratio: Raise the warmth and positivity, and decrease the anger, criticism, and tension. When you can't do that, insert a long pause by going into separate rooms.

Stick with the basics. Trying to do more than what is in these handouts tends to backfire. Recovery is slow, and it takes patience and some bravery to make it through. Don't forget to reward yourself along the way. You'll need a healthy dose of warmth and positivity as well.

# Top Causes of Depression

Depression has many causes, and understanding them can clear the path to recovery. Common causes of depression are included on the following list. Read through them and check off any items that apply to you, including any that you've been through in the past year.

## Stress and Relationships

- ☐ **Continuous stress.** Stress usually doesn't cause depression at first, but when problems go on too long (like months), and efforts to fix them keep failing, depression is a common result.
- ☐ **Trauma.** Trauma is an extraordinarily stressful event that involves a serious threat of death or injury. It can also include seeing that happen to someone else. Both recent and past traumas can cause depression.
- ☐ **Early childhood stress.** When children are neglected or abused by their early caregivers, it can lead to long-standing depression.
- ☐ **Major life transitions.** Changes that bring new roles and responsibilities can cause depression, particularly when they affect relationships. Examples include a new job or promotion, a recent move, graduation, retirement, or becoming a new parent.
- ☐ **Conflicts in relationships**
- ☐ **Grief and loss**, including the death of a pet
- ☐ **Shame.** Stressors that are associated with shame or a loss of status (e.g., job loss, school failure, bullying, marital infidelity) have a strong tendency to cause depression.
- ☐ **Social isolation**

## Mental Health

- ☐ **Incomplete recovery.** People stay out of depression longer if they recover fully. When mild symptoms remain, they can build up into full episodes, much like a small weed can take over a garden.
- ☐ **Stopping treatment too soon.** How long you need to stay on medication depends on your diagnosis, but the minimum is six months after completely recovering. Psychotherapy should also continue after recovery, at least until the gains made become steady habits on their own.
- ☐ **Insomnia and nocturnal activity.** Irregular or poor sleep is a risk factor for depression. So is being active in the late hours and sleeping in during the day.
- ☐ **Anxiety and avoidance.** Anxiety can make people avoid opportunities, and depression tends to set in gradually as life becomes more restricted by that avoidance. It's the avoidance, not the anxiety, that causes the depression.
- ☐ **The wrong diagnosis.** Antidepressants often don't work well in people who have bipolar depression or hypo/manic symptoms. There are other types of depression that respond better to particular antidepressants (see page 70).

- ☐ **Other mental health problems** can cause depression, and recovery is slower if they're not addressed. Examples include:

- ☐ Addiction and substance use
- ☐ Anxiety disorders (e.g., social anxiety, panic, excess worrying)
- ☐ Post-traumatic stress disorder (PTSD)
- ☐ Attention-deficit/hyperactivity disorder (ADHD)
- ☐ Personality problems, like borderline personality disorder
- ☐ Obsessive compulsive disorder (OCD)
- ☐ Autism spectrum disorders

### Seasons

Some people experience seasonal shifts in their mood. Fall and winter are the most common times for depression, although other patterns can occur. During which seasons does your mood tend to be worse?

- ☐ Winter
- ☐ Spring
- ☐ Summer
- ☐ Fall
- ☐ No pattern

### Genetics

- ☐ **Family history of mood problems.** Depression and bipolar disorder tend to run in families, and understanding your family history can point the way toward recovery. If a medication worked well for your family member, it may work for you as well. This is particularly true for lithium.

### Physical Health

- ☐ **Weight.** Antidepressants don't work as well if your body mass index (BMI) is over 30. (You can google "BMI calculator" to calculate yours.)
- ☐ **Chronic pain.** This is a two-way street. Unrelenting pain causes depression, and depression makes people more sensitive to pain.
- ☐ **Chronic health problems.** Living with a chronic medical condition that impairs quality of life (e.g., multiple sclerosis, cancer, renal failure, Parkinson's disease) increases the risk of depression.
- ☐ **Recent surgery, infection, allergies, or other inflammatory states.** When the body is under attack, whether from infectious bacteria or a surgeon's knife, it mounts an inflammatory response. That inflammation is a necessary form of self-defense, but it is also a cause of depression.
- ☐ **New medications.** Depression is listed as a side effect to many medications, but this is difficult to know for sure and depends on the person. For example, birth control medicine, statins, and pain medicines may improve or worsen mood. Some medications with strong links to depression

include: steroids (e.g., prednisone), isotretinoin, opioids, beta-blockers, interferons, acyclovir, some antibiotics (e.g., fluoroquinolone types like cipro), and any medicine that causes fatigue.

- ☐ **Poor diet.** Eating too many fried or processed foods, simple sugars, and saturated fats raises the risk of depression about 30%.
- ☐ **Lack of activity.** Aerobic exercise treats depression as well as an antidepressant.
- ☐ **High altitude living.** Lower levels of oxygen at higher altitudes can cause depression.
- ☐ **Other health problems.** The list of health problems that are linked to depression is long, but most of those associations are not very strong so it's best to consult with your doctor before drawing conclusions on this one. Some of the better-known causes are:
  - ☐ Thyroid or endocrine disorders
  - ☐ Head injury
  - ☐ Neurologic or brain illnesses (including stroke)
  - ☐ Sleep apnea
  - ☐ Low blood count (anemia)
  - ☐ Vitamin deficiencies (e.g., B- and D-vitamins, folate)

### Women's Health

- ☐ Childbirth in the past six months
- ☐ Recent or current menopause
- ☐ Worsening of mood around the menstrual cycle

### Work

- ☐ Nightshift work
- ☐ Long commutes. Work commutes over 30 minutes (one-way) raise the odds of depression, particularly if the travel is by car.
- ☐ Long work hours. Routinely working over 11 hours a day doubles the risk of depression.
- ☐ Feeling bullied or shamed at work
- ☐ Job loss or financial stress

### Other

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

# Subtypes of Depression

## **Atypical Depression**

Symptoms of atypical depression include:

- ☐ High appetite
- ☐ Tiredness or oversleeping
- ☐ Heavy feelings in the arms or legs
- ☐ Mood that is highly reactive to stress or rejection

## **Melancholic Depression**

Symptoms of melancholic depression include:

- ☐ Low appetite
- ☐ Waking up early in the morning
- ☐ Severe slowing or agitation in the muscles
- ☐ Mood worse in morning
- ☐ Mood that feels different from ordinary sadness (it may feel physical, or like an intense dread)
- ☐ Unshakable negative thoughts
- ☐ Mood that reacts very little to life events whether good or bad

# Top Mood Destabilizers

The following list contains some of the most common events that destabilize mood, particularly in bipolar disorder. Check any that have happened within the past three months, even if you think they weren't relevant to your current symptoms.

## Sunlight, Sleep, and Daily Routines

- ☐ Loss of sleep
- ☐ Changes in sleep schedule, including shift work
- ☐ Insomnia
- ☐ Rapid changes in sunlight (e.g., between February-April or September-November)
- ☐ Traveling across more than two time zones
- ☐ Change in physical activity, especially stopping exercise
- ☐ Change in daily routines (e.g., the *timing* of meals, sleep, social, or work activities)
- ☐ Change in the frequency of family get-togethers
- ☐ Change in church or spiritual activities

## Health

- ☐ Changes in medical health
- ☐ Changes in female hormones (e.g., pregnancy, childbirth, menstruation, menopause, or birth control pills)
- ☐ Head injury
- ☐ Consuming more high fructose corn syrup (e.g., from sweets, juice, breads, or sodas) or nitrated meats (e.g., beef or turkey jerky, Slim Jim's, hot dogs, bacon, salami, or pepperoni)

## Medications and Drugs

- ☐ Coming off mood stabilizers
- ☐ Starting medications that can destabilize mood (e.g., antidepressants, stimulants, steroids, testosterone, weight loss medications, and pain medications)
- ☐ Changes in psychiatric medications
- ☐ Starting new supplements, particularly St. John's Wort, SAME (s-adenosylmethionine), dehydro-epiandrosterone (DHEA), rhodiola rosea, or L-Glutamine
- ☐ Changes in recreational drug use (e.g., alcohol, pain medication, nicotine, caffeine, steroids, as well as the "harder" stuff)



**Recent Positive Stress**

- ☐ Job or school change, including new responsibilities, promotions, or change in work hours
- ☐ New romantic relationships
- ☐ Moving or changing residences
- ☐ Holiday, vacation, or trip
- ☐ House guests
- ☐ Parties, big events, or celebrations
- ☐ Birth of a new family member
- ☐ New achievement or financial success
- ☐ Other positive stress: \_\_\_\_\_

**Recent Negative Stress**

- ☐ Relationship or work conflict
- ☐ Grief, including loss of a pet
- ☐ Relationship loss, including divorce and separation
- ☐ Job loss or financial setback
- ☐ Legal problems
- ☐ Trauma. This is an extraordinarily stressful event that involves serious threat of death or injury. It can also include seeing that happen to someone else.
- ☐ Other negative stress: \_\_\_\_\_

**Other**

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

# Brisk Awakening

Brisk awakening is a technique that involves rising out of bed at the same time each day. This is hard to do when you're depressed. The following are the steps involved in brisk awakening:

## 1. Wake up and start your day at a regular time

Officially, the day starts when you get out of bed and stand upright. The nervous system shifts into high gear when you stand up, causing blood to pump more intensely so you don't faint. Those changes also set the biological clock, so if you wake up – and stand up – at the same time each day your energy, sleep, and mood will improve. "At the same time" actually means give or take 15 minutes. That's the margin of error that the biological clock can tolerate.

## 2. Morning routine

Establish a few routines to help you stay out of bed, like:

- Open the curtains and turn on the lights
- Disable the snooze button
- Make the bed
- Shower and dress (put on shoes!)
- Other:

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## 3. Energizing activity

Start your day with activities that make you feel more energized and alert. Energizing activities get you going and keep you going. Perhaps you are already doing these things in the evening, such as surfing the web or decorating the house all night. If that's the case, just move them to the morning, and save the passive, relaxing, wind-down activities for the hour before bed. The following are all qualities that characterize an energizing activity:

- It involves standing, moving, or changing positions, rather than sitting or lying down.
- You get absorbed or caught up in it.
- It's slightly addictive. The more you do it, the more you want to do it.
- It peps you up a little instead of leaving you drained.
- It's interactive instead of passive.
- It's something you look forward to.

**What's energizing to one person can be draining to another, so take these examples with a grain of salt and think about what works best for you:**

- Step outside and move around for 15 minutes
- Aromatherapy (mint, lemon, geranium, juniper, rosemary, and sage are activating)
- Make a cup of coffee or tea
- Make breakfast
- Take a cold shower or wash your hands and face with cold water (this improves wakefulness by causing blood vessel constriction)
- Get a head start on work or chores
- Get some sunlight or turn on bright lights
- Call a friend or talk with the people you live with
- Play energizing music, like dance, gospel, or exercise tunes (for a calmer effect, try nature sounds with a morning feel, like chirping birds)
- Sing, dance, or play a musical instrument
- Stretch
- Garden
- Take care of pets
- Go for a drive or run errands
- Other:

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### For Your Next Session

Over the next week, check the box for each step of brisk awakening that you completed.

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Woke at a regular time (____ a.m.)							
Got out of bed upon awakening							
Made the bed							
Engaged in energizing activity							

# Brisk Awakening: Troubleshooting

## **"Nothing energizes me."**

Depression can make it hard to feel energized. If everything you do feels the same, think of things that once felt energizing when you weren't depressed, or choose from the list on the previous page. Brisk awakening can work even if you don't feel the energy, it may just take longer.

## **"It's hard to get up."**

If you find that you are having difficulty getting up in the morning, try some of the following techniques:

1. Use a dawn simulator to wake up (see page 86).
2. Use a lively alarm clock (see page 88).
3. Make it a game. Keep a timer next to your bed to track your progress. Each morning, start the timer when you wake up, and stop it when you get out of bed. See if you can beat your record. Ideally, you'll be out of bed within a minute of waking.

## **"I set my alarm extra early because it takes me a while to get up."**

Although it's tempting to deal with morning fatigue by sleeping in a little longer, that second round of sleep can disorganize brainwaves in ways that cause even more grogginess when you wake up again. When it comes to sleep, focus on quality, not quantity.

# Dawn Simulator

It's not natural to wake up to sound. Loud alarm clocks jolt people out of deep sleep, leaving the brain in a groggy state called *sleep inertia*. The brain was designed to wake up to a sunrise. A steady increase in morning light lifts the brain from deep sleep to light sleep and into full awakening.

If your bedroom has small or north-facing windows, you may not be getting enough sunlight to wake up, especially in the winter months. Depression is common in winter, and lack of morning light is part of the cause. A *dawn simulator* improves this problem by creating a virtual sunrise in the bedroom. It works while you sleep, gradually turning on over 30-120 minutes.

## Choosing a Product

Dawn simulators are not regulated by the Food and Drug Administration, so it can be difficult to know which model is best. A good resource is the Center for Environmental Therapeutics, which is a non-profit group that tests light therapy devices. Their latest recommendations are on their website ([www.cet.org](http://www.cet.org)). A consumer group that makes recommendations is [www.sunriseclocks.org](http://www.sunriseclocks.org).

A good product will turn on gradually and peak with a bright light (at least 250 lux). There are models with built-in lamps, timers that connect to an existing light, and smart bulbs that turn on gradually. The built-in lamps offer a reliable source of light and use long-lasting LED bulbs. Timers are cost effective and allow people to keep their current lamp, but they only work with dimmable bulbs and need at least 75 watts. Smart bulbs will fit into an existing lamp and can be programmed to turn on gradually.

There are also apps that can convert a cell phone into a dawn simulator by slowly turning on the phone's flashlight. These have the advantage of being inexpensive and portable, but they don't emit enough light to improve mood. Still, some light is better than none. The following chart provides some good options in each category.

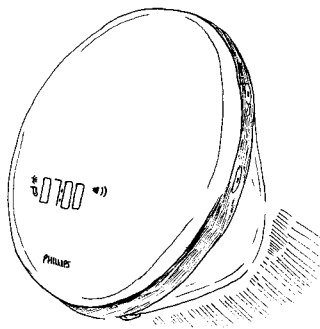
Dawn Simulators	
Lamps with timers	<p>These options have the best research support. Their built-in LED bulbs are long lasting and emit a spectrum of light that is comparable to sunlight.</p> <ol style="list-style-type: none"> <li>1. Nature Bright PER2LED: Recommended by the Center for Environmental Therapeutics, \$50-90</li> <li>2. Philips Morning Wake-Up Light HF3500, HF3510, and HF3520: Recommended by the National Sleep Foundation, \$97</li> <li>3. Lumie Bodyclock: Tested in clinical research, \$225</li> </ol>
Timers for existing lamps	<p>These options work with an existing lamp but require dimmable bulbs:</p> <ol style="list-style-type: none"> <li>1. LightenUp (<a href="http://windhovermfg.com">windhovermfg.com</a>), \$20-40</li> <li>2. SunRise Controller BioBrite, \$40-50</li> </ol>
Smart bulbs	Smart bulbs can be programmed to turn on gradually through a smart phone (e.g., Phillips Hue, \$200)
Apps	Apps are inexpensive and portable but may not be bright enough to help depression. Make sure to use an app that turns on gradually (e.g., Rise & Shine, Lichtwecker).

## How to Use It

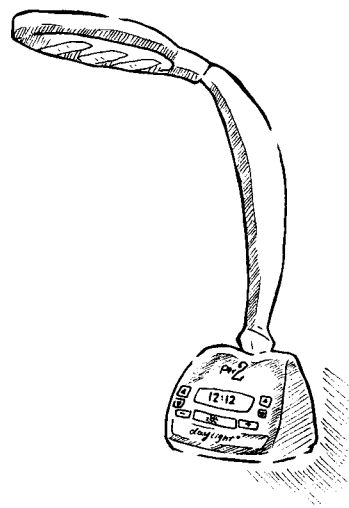
The dawn simulator should wake you up at the time you set, when the intensity of the light peaks. If it wakes you up too soon, move it away from your head. Bring it closer if it doesn't wake you up at all. Waking at a regular time improves mood and sleep, so it's best to have the dawn simulator turn on at the same time each day, give or take 15 minutes.

## Dusk Simulation

Some dawn simulators can also create a virtual sunset. In theory, this simulated dusk might improve insomnia, but this idea has never actually been tested. What does improve insomnia is warm, yellow light in the evening. The PER2LED simulator doubles as a yellowish reading lamp for use in the evening.



Philips Morning Wake-Up Light®



PER2LED by Nature Bright®

# Dawn Simulator: Troubleshooting

## **"I still can't get out of bed."**

Sleep inertia can be hard to break through. Position the lamp close to your head and use a high-wattage bulb if it doesn't wake you up. You can also pair it with a lively alarm clock that makes you get out of bed to turn it off. Once you're out of bed, try the ideas listed on the "Brisk Awakening" worksheet to keep you going. The following chart provides some ideas for lively alarm clocks:

<b>Lively Alarm Clocks</b>	
Clocky, Tocky, Blowfly	These alarm clocks run or fly away as they sound off, requiring you to get up and chase them down.
Smart Alarm Mat	An alarm that only turns off when you get out of bed and stand on a mat.
Shape Up Dumbbell Alarm Clock	A dumbbell-shaped alarm that will get you moving. It only shuts off after you've completed 30 curls.
IQ Alarm by Yanko	This alarm requires you to answer a few brain teasers before shutting the alarm off.
Smiley Alarm	Start your day with a smile. This app uses facial recognition software and only turns off the alarm if you smile. Research shows that smiling, even when it's forced, improves mood.
Sleep If U Can, Alarmy, Morning Routine	These apps require you to get up and photograph objects in your house to shut off the alarm.
Alarm Clock Xtreme, Mathe Alarm Clock, Puzzle Alarm	These apps require you to solve puzzles before turning off.
Wake N Shake	This app only shuts off the alarm when you vigorously shake the phone.

## Client Handout

# Morning Playlist

*Put Your Records On*, Corinne Bailey Rae

*Best Day of My Life*, American Authors

*Beauty in the World; I Try*, Macy Gray

*Girls Just Wanna Have Fun*, Cindi Lauper

*Three Little Birds; Coming in from the Cold*, Bob Marley

*Smile*, Uncle Kracker

*Happy*, Pharrell Williams

*Lean on Me; Lovely Day*, Bill Withers

*Can I Kick It*, A Tribe Called Quest

*Don't Stop Believin'*, Journey

*Send Me on My Way*, Rusted Root

*Take on Me*, A-ha

*I'm a Believer*, The Monkees

*Love Shack; Roam*, The B-52's

*Praise You*, Fatboy Slim

*Walkin' on Sunshine*, Katrina and the Waves

*Brown Eyed Girl*, Van Morrison

*Shout*, Isley Brothers

*I Get Around; Do it Again; Wouldn't it be Nice*,  
The Beach Boys

*Groove is in the Heart*, Deee-Lite

*Beautiful Day; Where the Streets Have No Name*, U2

*Rise Up*, Andra Day

*Good Day*, Nappy Roots

*I Will Survive*, Gloria Gaynor

*Come Dancing; Better Things*, The Kinks

*The Circle of Life*, The Lion King

*I Feel Good*, James Brown

*These are Days*, 10,000 Maniacs

*Hold on Tight*, Greg Holden

*Hey Ya!*, Outkast

*Hey Soul Sister*, Train

*Can't Stop the Feeling*, Justin Timberlake

*Everyday People*, Sly & the Family Stone

*I Can See Clearly Now*, Johnny Nash

*Bubbly; Goldmine*, Colbie Caillat

*You Got It*, Roy Orbison

*Sunshine*, Matisyahu

*Down Under*, Men at Work

*Uptown Funk*, Mark Ronson & Bruno Mars

*Love Train*, The O'Jays

*On Top of the World*, Imagine Dragons

*Stronger (What Doesn't Kill You)*, Kelly Clarkson

*Karma Chameleon*, Culture Club

*Up, Up, and Away*, Kid Cudi

*Dancing in the Streets*, Martha and the Vandellas

*Vacation*, The Go-Go's

*It's Amazing*, Jem

*Wake Me Up Before You Go-Go*, Wham!

*Centerfield*, John Fogerty

*Raise Your Glass*, Pink

*Faith*, George Michael

*Everyday*, Buddy Holly

*Sweet Persuasion*, Brett Dennen

*Ten Feet Tall*, Afrojack

*Sweet Caroline*, Neil Diamond



*Wotless, Kes The Band*

*Back in the Highlife; Higher Love; While You See a Chance,*  
Steve Winwood

*Zo!/, BLK JKS*

*My Shot, Hamilton Cast*

*Pick Yourself Up, Nat King Cole & George Shearing*

*Tubthumping, Chumbawamba*

*Stayin Alive, The Bee Gees*

*Money on My Mind, Sam Smith*

*Pumpin Blood, NONONO*

*Cecilia, Simon & Garfunkel*

*I'm Gonna Be (500 miles), The Proclaimers*

*MMMBop, Hanson*

*Dance Tonight, Paul McCartney*

*Come on Eileen, Dexys Midnight Runners*

*How Will I Know, Whitney Houston*

*Just Like Starting Over, John Lennon*

*Respect, Aretha Franklin*

*You Can Call Me Al, Paul Simon*

*Nothing's Gonna Stop Us, Starship*

*Right by Your Side, Eurythmics*

*All About that Bass, Meghan Trainor*

*Break My Stride, Matthew Wilder*

*I'm Still Standing, Elton John*

*Upbeat Movie Soundtracks (e.g., Mama Mia, Grease, Footloose, Dirty Dancing)*

### **Streaming Playlists**

Try these energizing playlists on your streaming service:

- Spotify: *Have a Great Day, Mood Booster, Good Vibes*
- Apple Music: *Get Happy, 100 Most Uplifting Songs Ever*
- Google Play Music: *Confident, Energetic*

Or search for these keywords: dance, exercise, happy, positive, mood, uplifting, energy, energizing, worship, or gospel.

### **Troubleshooting**

#### **"I can't stand happy songs."**

You're not alone. While some people find that positive lyrics distract from negative thoughts, others find them grating or anxiety-provoking. The aim is to find music that gets you moving, not happy music. If the lyrics make you more depressed or anxious, try instrumental tracks (search for binaural beats in the beta and gamma range) or nature sounds (search for "morning forest," "nature sounds," or "outside broadcast recordings"). Or, try no music at all.

# The Mozart Effect

A particular piece by Wolfgang Amadeus Mozart has forever changed how we view music and the brain. In 1993, Mozart's *Sonata for Two Pianos in D Major K. 448* was found to improve cognitive performance. The same piece was later shown to have a calming effect on seizures. That raises the question: Can specific types of music have a curative effect on the brain?

The songs on the previous handout playlist are meant to get you moving in the morning because physical activity in the early hours has antidepressant effects. But what if music can also treat depression? Studies suggest that the answer is yes. Music that brings you pleasure, or brings up positive memories, has been proven to improve mood. To get that effect, create a playlist that triggers positive emotions, and listen to it for about an hour a day.

It's best to find the tunes that are right for you, but you can also pull from the list of classic music that psychologists have used in studies of depression. Those are:

- Mozart, *Sonata for Two Pianos in D Major K. 448*
- Mozart, *Piano Sonata No 16 in C Major K. 545*
- J.S. Bach, *Italian Concertos, Badinerie*
- G.F. Händel, *The Arrival of the Queen of Sheba*
- Arcangelo Corelli, *Clavier Sonatas*
- Claude Debussy, *Preludes*
- Pieces from the album, "*The Most Relaxing Classical Album in the World...Ever!*"

# Antidepressant Calendar

"Nothing." That's how people with depression usually answer when asked what they do all day. But is it really possible to do nothing? Probably not. Depression makes people *feel* like they're doing nothing, but that feeling may not be as true as it seems. Even surfing the internet is doing something. So is lying in bed. Depression can also convince people that they have no power to make decisions – that things just happen to them and they play no role in the events of their lives. Sound familiar?

This exercise will help you notice what you're doing throughout the day. From that knowledge, we'll work to understand how those actions affect you and build a lifestyle that will lessen depression. But that's getting ahead of things. For now, start off the first week by just *noticing* how you spend your time – without changing anything.

## **Week 1: Look at what's happening**

For the first week, record how you actually spend your time each day. You can use the daily calendar provided on page 102, which is broken into half-hour chunks. The goal is to leave no blanks or "nothings." Thinking is an activity, so if you are lying in bed and worrying, write "in bed worrying."

## **Week 2: Look for antidepressant action**

During the second week, think about the main reason behind the things you do. Common ones are:

1. "I enjoy it."
2. "It's a responsibility I have to take care of."
3. "It's a step toward something better in my future."
4. "It's part of my beliefs and values."
5. "I was avoiding uncomfortable feelings or a difficult situation."

The first four reasons are called *approach* because you're moving toward something, while the last one, #5, is called *avoidance*. Depressed days are often filled with avoidance, but approach is an antidepressant. Use a colored marker to highlight the half-hour blocks where you were in approach mode. If you can't figure out the reason, or it's a mix of approach and avoidance, we'll talk more about it in session.

## **Week 3: What's the outcome?**

During the third week, continue to record your activities and the reasons that drive them. In addition, make a rough guess of how each activity influenced your mood or your life using the following coding system:

- + : Improved my life or mood
- : Worsened my life or mood
- +/- : Mixed results – it did some good, some harm
- ? : Unsure

It's okay if there are a lot of activities marked as "unsure." Depression can make everything feel the same, both the positive and the negative. If that's the case, think about how the activity affects your life rather than how it makes you feel. Talking to your child's teacher about their school problems probably won't lift your mood, but confronting it instead of avoiding it is likely to improve your life. Give that one a "+".

### **Weeks 2-4: Advanced planning**

By now you should have a list of activities that improve your life, lift your mood, or are pursued with approach rather than avoidance. The section on "Antidepressant Activities" (p. 123) will help you add to that list and give you a few things to sample. Now it's time to start planning them.

For the upcoming week, add a few activities from that list to your calendar. Start slow, and add just enough activities so you can complete them without getting overwhelmed. If you can't keep up, add less. If you're checking off your list with ease, add more.

The calendar will also help you tackle complex tasks that you've been avoiding. First, break the task down into smaller steps. Then, add those steps in one at a time. For example, let's say you have been putting off getting the sink repaired. First, schedule a time to research and find a list of plumbers. Then, schedule a time to call the plumbers and find out who can do the job for the right price. Finally, schedule a time for them to come and fix it.

### **Troubleshooting**

#### **"It's too much to do."**

Most people don't complete the whole calendar. That's okay. You can still make progress if you do it half-way.

#### **"I can't think of anything to schedule."**

In the beginning, it's good to choose random things to schedule as you experiment and find out what works for you. The section on "Antidepressant Activities" will give you some ideas.

Client Worksheet

# Daily Calendar

DATE:	Activity	Avoidance or Approach?	Outcome (+,-,+/-,?)
7:00 a.m.			
7:30 a.m.			
8:00 a.m.			
8:30 a.m.			
9:00 a.m.			
9:30 a.m.			
10:00 a.m.			
10:30 a.m.			
11:00 a.m.			
11:30 a.m.			
12:00 p.m.			
12:30 p.m.			
1:00 p.m.			
1:30 p.m.			
2:00 p.m.			
2:30 p.m.			
3:00 p.m.			
3:30 p.m.			
4:00 p.m.			
4:30 p.m.			
5:00 p.m.			
5:30 p.m.			
6:00 p.m.			
6:30 p.m.			
7:00 p.m.			
7:30 p.m.			
8:00 p.m.			
8:30 p.m.			
9:00 p.m.			
9:30 p.m.			
10:00 p.m.			
10:30 p.m.			
11:00 p.m.			
11:30 p.m.			
12:00 a.m.			

## Client Worksheet

# Breaking the Cycle Through Opposite Action

Mood episodes start with small symptoms that spiral out of control. One way to keep them from spiraling into a vicious cycle is to do the opposite of what your emotions are telling you to do. For example, depression drives people to give up, withdraw, and avoid action, while hypo/mania makes people stay up late, argue excessively, and act on impulse. Those behaviors, in turn, add fuel to the fire. The solution: to act the opposite of your mood.

Think about a recent time when you experienced early warning signs of a mood episode. What actions would have worsened the problem? Was there an opposite action that might have reversed it? Use the chart below to describe the situation, your mood, and an opposite action that might have turned things around. A couple of examples have been provided to get you started.

<b>Situation</b>	Discovered that a friend was spreading gossip about me
<b>My mood or emotions</b>	Rejected, hopeless, down
<b>Actions my mood was driving me toward</b>	Withdraw to the bedroom and stew over what people think about me
<b>Opposite action</b>	Go out with a friend to talk the problem over

<b>Situation</b>	Went on a date with someone I really like
<b>My mood or emotions</b>	Excitement, anticipation, can't wait to learn more about her
<b>Actions my mood was driving me toward</b>	Stay up late, read through her social media posts, call friends to share
<b>Opposite action</b>	Dim the lights, stretch, drink Chamomile tea and go the bed

<b>Situation</b>	
<b>My mood or emotions</b>	
<b>Actions my mood was driving me toward</b>	
<b>Opposite action</b>	

# Recognizing Avoidance

*Avoidance* is what people do to get away from something, whether it's an uncomfortable feeling or a difficult situation. Avoidance can either be helpful or unhelpful, depending on the purpose it serves and the outcome it leads to. For example, avoidance can work well for a short-term problem, where avoiding the issue gives you time to develop a solution. In contrast, if a problem has been going on for a long time, and avoidance just perpetuates it further, then it's probably not the helpful kind.

Use the checklist to identify the types of avoidant behaviors you have engaged in. Then, answer the questions at the end of this worksheet to see how avoidance has impacted you, both the helpful and the unhelpful kind.

## Common Forms of Avoidance

Check the examples of avoidance that you often engage in:

- ☐ Staying in bed
- ☐ Staying at home
- ☐ Avoiding conflict, confrontation, or self-assertion with people
- ☐ Worrying, obsessing, or stewing over problems
- ☐ Not taking on new challenges or risks
- ☐ Avoiding situations that require you to take on responsibility
- ☐ Withdrawing from people
- ☐ Hiding your true thoughts or feelings from others
- ☐ Avoiding situations where you might feel evaluated or judged (e.g., sports, music, exams, job interviews)
- ☐ Worrying, over-analyzing, or daydreaming as a distraction from problems that you really need to face
- ☐ Seeking reassurance from other people to avoid feeling uncertain
- ☐ Putting off difficult decisions
- ☐ Thinking about things you need to do instead of doing them
- ☐ Complaining about problems in ways that don't lead to solutions
- ☐ Using food, drugs, alcohol, or sedatives to numb emotions
- ☐ Suppressing emotions or trying to keep from thinking about painful subjects
- ☐ Avoiding activities that you used to enjoy
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

### When Avoidance Serves a Purpose

Here are a few examples where avoidance is helpful. Check any that you have recently engaged in:

- ☐ **Emotional avoidance** (e.g., suppressing emotions so you can focus better on a classroom lecture or work project)
- ☐ **Delay** (e.g., putting off a decision because you need more time)
- ☐ **Avoiding independence** (e.g., looking to others for reassurance when you are uncertain or need to connect with them for support)
- ☐ **Avoiding conflict** (e.g., withdrawing from an argument so you can cool down and revisit the issue more thoughtfully)

Think about a time when avoidance worked for you. Describe it with as much specific detail as possible.

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Now, describe a time when avoidance made things worse, using specific details. Even though it didn't work, did the avoidance provide any short-term emotional relief?

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What made these two situations different?

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What are you worried will happen if you reduce avoidance? Are there emotions or problems that will come up? List as many as you can. For example, this can include anxiety, embarrassment, rejection, conflict, failure, or loss.

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## Client Worksheet

# Avoidance Scavenger Hunt

Over the next week, jot down specific times when you intentionally used avoidance. For each example, record what you did and how it turned out. An example has been provided below to get you started.

Date	What did you avoid?	What did you do instead?	Did it work?
Ex. 2/20	Managing bills	Distracted myself by organizing the apps on my phone	No

## Client Worksheet

# Approach Action

Approach is the opposite of avoidance. It moves people toward action and new experiences instead of away from difficulty. The following chart contains a list of common approach actions. For each one, think about a time that you used this action and write an example of what you did in the second column. Use more recent examples when possible, and skip over any that don't apply to you. Finally, use the third column to describe the outcome of your approach action. Did it make things better, worse, a mix, no difference, or are you unsure?

Approach Action	What did you do?	Outcome
Taking direct action		
Asking other people for help or support		
Asserting your opinion		
Taking on risks or uncertainty		
Trying something new to see how it goes		
Making a decision		
Taking on a new responsibility		
Expressing your feelings to other people		
Socializing		
Planning an activity		
Putting a solution into place		
Learning a new skill		
Allowing yourself to experience feelings		
Remembering a difficult or painful event in full detail		
Speaking clearly with eye contact		
Other:		
Other:		
Other:		

## Client Worksheet

# Approach Scavenger Hunt

Over the next week, look for times when you were tempted to avoid but instead went for the approach. Take note of these examples throughout the day, and at the end of the day, write one of them down. Choose the action that you're most proud of, that turned out the best, or that was the most challenging. We'll talk about them at your next session.

Date	What were you tempted to avoid?	What did you do?	Did it work?
Ex. 2/20	Managing bills	Organized them into low, medium, and high priority	Yes

## Client Worksheet

# Avoidance Makeover

Do you have a list of things you've been avoiding? Whether you've been collecting them through the "Avoidance Scavenger Hunt" worksheet or just storing them up in your head, this exercise will help you make that list more manageable. Start with one item. Choose one that you're really motivated to overcome, or just choose one that's easy to tackle, and write it below.

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What's the main reason you've been avoiding this task? Match that with one of the reasons in the following chart, and try out the solution to the right of that reason. Do you have lots of reasons to avoid it? That's great – then it will match with many solutions, and you can use them all.

Reason to avoid	Solution
It's overwhelming	1. Break it down into smaller steps
I don't know where to start	
It's too complicated	
I don't know how to manage it	2. Practice and prepare
I'm no good at it	
I've never done it before	
I'm afraid I'll mess up	3. Focus on the process, not the outcome
What if I'm embarrassed or look bad?	
I'm worried it won't turn out well	
It makes me too nervous	
It's too difficult	4. Imagine how you'll feel when it's behind you
I don't have it in me	
It's probably not worth the effort	

Now let's look at those four solutions in more detail.

### **1. Break it down into smaller steps**

Some tasks are so overwhelming that you don't know where to begin. If that is why you've been avoiding it, bring it into session and we'll break it down into smaller, manageable steps.

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### **2. Practice and prepare**

Perhaps you are avoiding because you're out of practice or unprepared for the task. For example, job interviews are difficult for anyone, and most of us don't have much experience with them. You can better prepare by anticipating the questions that may be asked (an internet search helps here) and practicing your answers with a friend or in front of a mirror.

Are there specific ways you could prepare for the task? If the answer is "yes," then put the item on the back burner and focus on practice and preparation until you feel ready to take it on.

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### 3. Focus on the process, not the outcome

Are you avoiding something because you're worried about how it will turn out? In that case, the solution is to focus on the *process* of doing it rather than the outcome. This means accepting the possibility that it won't go well. "It's not whether you win or lose, it's how you play the game" or, for the creatively inclined, "It's art for art's sake."

Thoughts like "Am I good enough?... Am I doing it right?... Am I succeeding?" can distract you from actually doing it. Take socializing, for example. It's hard to hold a conversation when you're thinking about how you're coming across. Few outcomes are fully within our control, and being liked is not one of them. Social mingling is full of dead-ends, but if you focus instead on the process of making small talk, then you'll enjoy it more and eventually find the good friends you seek.

Is the task you've been avoiding one that would be easier if you focused on the process? Does anxiety get in the way of doing it? What specifically are you afraid will happen? Is it really as bad as it seems? How realistic or likely is it to happen? Write your answers here.

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Now, imagine doing the task for its own sake. What would that look like?

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#### 4. Imagine how you'll feel when it's behind you

Does lack of motivation keep you from taking it on? Do you dread the negative feelings you'll have when you first start doing it? Instead, imagine how you'll feel when it's done. How will life be different? What opportunities will it open up? Will it clear up some mental space that you've been using up with worry and guilt over the procrastination?

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On the other hand, perhaps you're avoiding it for a good reason. Perhaps this isn't the right time, and life would be worse if you tried to tackle it now. If you think this task is better left undone, write down your rationale here.

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#### Putting it into Action

Have you found a task that you're ready to take on? Use these final two steps to make it happen:

1. Schedule it on your calendar at a specific time and place.
2. Whether it's an ongoing task, like cleaning the kitchen, or a complex one, like building a social life, make it a routine. Set aside a regular time and place to do it each day.



# Turning Avoidance into Approach: Troubleshooting

Avoidance is hard to change. If you have thoughts that get in the way of that change, write them down and bring them to your next session. Some common examples that get in the way are listed below.

**"I'm avoiding because there's nothing I can do about it."**

If there's really nothing to be done, then you may be using healthy avoidance. Trying to fix an unsolvable problem only causes stress and frustration. Instead, work on something else while you put the issue on hold. What if there's nothing else to work on? Try the steps in "Crisis Survival" on page 120.

**"I avoid things I can't tolerate. I panic and can't do it."**

Make a list of all the feelings that get in the way of doing it. Then, look through the list and circle any feelings that you still have *even when you're avoiding the task*. How well is avoidance working to keep those negative feelings away? Bring the list to your next session and we'll look for other ways to manage those intense emotions. Meanwhile, try approaching something that's easier to tackle.

**"It's not worth it to change."**

How has avoidance affected your life and your relationships? How does it affect your self-worth? How much time and mental energy does it suck up? Write your answers down and bring them to your next session.

## Client Handout

# Crisis Survival

A crisis is a terrible situation without a ready solution. There are four basic steps to surviving a crisis:

### **Step 1. Look for solutions**

You may not be able to fully fix the problem, but look for partial solutions. There may also be solutions in the future, but the wait is long, like an upcoming medical appointment to determine whether a new mass is cancerous. If there's truly nothing more you can do in the meanwhile, don't frustrate yourself by trying to fix what can't be fixed.

### **Step 2. Accept your emotions**

Allow your emotions to come and go. Visualization can help. Picture your thoughts and emotions floating down a stream like leaves on the water. Some of those leaves are rotted and ugly, some look like they're on fire, and some look strangely beautiful. Rather than trying to stop the stream, allow it to flow, changing on its own. With this technique you can put a little space between you and your emotions, while still acknowledging their reality. It works better than trying to change them, getting caught up in them, or shutting them down entirely.

### **Step 3. Improve the moment**

You may not be able to change your emotions, but you can improve the moment while you wait for solutions to come. Do something different, something that will distract you from the worry at hand. If you're indoors, try walking in a forest. Outside? Come in, light some candles, and cozy up in a blanket. Try out activities from the "ACCEPTS" worksheet (page 122) or the "Antidepressant Activities" section of this chapter (page 123). Most of them can be done whether you're in a crisis or not.

### **Step 4. Don't make it worse**

When there's nothing you can do to improve a crisis, focus instead on how you can keep it from getting worse. Self-medicating, binge eating, sending angry emails, and letting go of the anchors that keep your mood stable are all examples of behaviors that make a crisis worse. The anchors that help stabilize mood are different for each person, but often include sleep, regular wake times, exercise, social supports, medication, and a healthy diet.

There are many possibilities to explore in those four steps. If something doesn't work for you, then move on to the next strategy. Keep a running list of strategies that work and those that make things worse (see **Sample Crisis Survival Guide**).

The goal here is not to solve the crisis or end the distress. Time fixes many problems that we can't fix ourselves, and it would be nice to be able to fast-forward to that better place. Short of that, improve the moments in that long wait, avoid the frustration of wrestling with problems that can't be solved, and stay away from things that make it worse.

# Sample Crisis Survival Guide

## **Distracting Activities:**

- Visit an animal shelter and spend time with dogs or cats
- Go for a walk
- Clean out some clutter
- Plan my next vacation
- Play *Words with Friends*®
- Shop for something inexpensive, and spend a long time looking for it
- Go to the movies

## **Soothing and Distracting Sensations:**

- Go swimming
- Aromatherapy
- Stand on one foot
- Chew on a strong flavor, like ginger, mint, citrus, or pepper

## **What to Avoid:**

- Breaking things
- Ranting on social media
- Staying in bed during the day
- Going to places where I'd be tempted to drink

# ACCEPTS: Seven Strategies to Survive a Crisis

When you are stuck with troubles that you can't resolve, these seven steps will help preserve some peace of mind and mental sanity.

**A**ctivities. Engage in activities that are easy and engrossing (see "Antidepressant Activities" for ideas).

**C**ontribute to others. Doing things for other people gets you out of your head.

**C**omparisons. Think of a time when things were worse, or of someone else whose problems are bigger.

**E**motions. Change your surroundings to promote positive emotions. Play your favorite music, engage with nature, watch a comedy, cook your favorite meal, or reminisce over positive memories.

**P**assing by. If you can't get negative thoughts out of your head, visualize them passing by like leaves floating down a stream.

**T**houghts. Find a simple, comforting thought and repeat it in your head, such as "This too shall pass," "Roll with it," "I will survive," or a spiritual text, poem, or song.

**S**ensations that soothe. Soothe your senses by taking a hot bath or shower, getting a massage, stretching, using aromatherapy, or savoring a piece of fruit.

# Absorbing Activities

When you are depressed, it's common for your mind to stir with rumination, worry, and self-doubt. The most effective way to pull yourself out of these depressive thoughts is to do something that fully occupies your mind. That is, to engage in **absorbing activities**. Although depression makes it hard to get absorbed, practice will help. What are things that you used to enjoy, were good at, or found engaging? Look back to times when you weren't depressed and think of activities that you found absorbing. The following list gives you some ideas to get you started.

- ☐ A lively conversation with a friend
- ☐ Playing sports, a board game, or a puzzle
- ☐ Comedy or entertainment
- ☐ Binge-watching a streaming series
- ☐ Researching, such as on the Internet
- ☐ Spiritual or religious activity
- ☐ Music or dance
- ☐ Engaging with pets or animals
- ☐ Gardening, hiking, or spending time near bodies of water
- ☐ Doing an art project, cooking, or knitting
- ☐ Riding a bike, exercise, or walking
- ☐ A warm bath
- ☐ Reading a book that's a page-turner
- ☐ Other:

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# Antidepressant Activity

Some activities can worsen depression, while others help fight it. What makes the difference? Antidepressant activities tend to be absorbing, engaging, and share at least some of these qualities:

1. Time flies when you engage in the activity.
2. You are not focused on yourself while doing it but, rather, on the activity itself.
3. It is challenging enough to hold your attention, but not so challenging as to be overwhelming.
4. It directly engages your senses (e.g., sight, touch, smell, taste, and hearing).
5. It provides you with clear goals and quick feedback.
6. It is slightly addictive. The more you do it, the more you want to do it.
7. You enjoy the activity for its own sake, rather than the outcome.
8. It serves a purpose greater than your own needs and desires, such as volunteering.

Looking back at your answers from the "Absorbing Activities" worksheet, use the chart on the next page to write down all of the activities that you identified as absorbing. Then, check off which qualities these activities fulfilled for you. From that list, choose a few to plan on your calendar at a specific date and time. Good choices need not have all eight qualities; just one will usually suffice.

# Antidepressant Activity Chart

Activity	Time flies	Lack of self-consciousness	Challenging enough	Sensory involvement	Clear goals, instant feedback	Slightly addictive	For the love of the game	A higher cause
Ex. Organizing my bookshelf	X		X	X	X			

# Walking Off Depression

If your goal is to get better from depression, then walk, don't run. *Brisk walking* for about 30 minutes a day or 45 minutes every other day treats depression with an effect that's as strong as an antidepressant. It also prevents depression even better than medication, and it improves memory and sleep as well.

Brisk walking is more than a walk but less than a jog. Ideally, it raises your heart rate by at least 10 beats per minute and makes you breathe a little faster. In other words, it's aerobic. Perhaps you already have some aerobics built into your day, or tasks that could become aerobic with a little modification, like putting on some dance music while you sweep the floor. The following are some ideas about how to incorporate more aerobic movement into your routine.

## Playful Aerobics

- Swim
- Hike in nature
- Put on audio books or music while you go for a walk
- Dance
- Join a kickball or softball league
- Turn business meetings into walking meetings
- Do jumping jacks
- Shoot hoops
- Roughhouse with your kids
- Roughhouse with your dog
- Go roller- or ice-skating
- Wash the car
- Try belly dancing
- Sign up for an adult gymnastics class
- Use a standing desk
- Park far away
- Play tag with your kids
- Go rowing
- Do your shopping and errands by foot
- Choose an active volunteer job, like Habitat for Humanity
- Explore a new area
- Jump rope or hula hoop
- Walk the dog, or someone else's dog, or volunteer at an animal shelter to walk a dog
- Join a martial arts class
- Do some aerobic cleaning (e.g., scrub, vacuum, sweep, mop, or rake)
- Bike to work



### Indoor Motion

- Join a YMCA or gym with an indoor walking path
- Walk your favorite shopping mall (many malls sponsor walking groups)
- Stay in your living room with a guided indoor walking video (try [www.walkathome.com](http://www.walkathome.com) or search for "happy walk" or "walk at home" on YouTube)
- Play active video games (e.g., Wii tennis, Wii fit, Just Dance)
- Place the treadmill in front of the TV or strap a tablet to your treadmill. You can only watch that show if you're on it.

What aerobic activities are you already doing each week? How much time do you spend on each of them?

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What are some areas where you could weave exercise into your day?

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If your current level of aerobics is close to zero, don't jump into 30 minutes a day. Instead, start with 10 minutes a day. That alone can make a difference. It's estimated that one in 10 cases of depression would be prevented by this minimal level of motion (Harvey et al., 2018). Once you've been able to stay consistent with 10 minutes a day for a week, move up to 20 minutes. After a week of success there, raise the dose to 30 minutes a day. Should you raise it further beyond that? Probably not. Only one in 12 people benefit from higher doses of aerobics. For the rest of us, it's overkill.

*"I have to exercise in the morning before my brain figures out what I'm doing."*

– Marsha Doble

# Social Rhythm Therapy

Social rhythm therapy is a treatment that stabilizes mood by restoring the daily rhythms of the biological clock. We can actually all use a little help from social rhythm therapy. The average person's biological clock runs a little behind, by about 15 minutes a day. However, people with mood disorders are hit especially hard by this disconnect because their clocks tend to lag even farther behind. This problem is more pronounced in bipolar disorder, but non-bipolar depression is close behind.

**The way to fix a broken biological clock is to reset it throughout the day.** The German's have a word for events that set the biological clock – *zeitgebers* – which roughly translates to “time-givers.” Morning sunlight and evening darkness are the most important zeitgebers. Other strong zeitgebers include goal-directed activities, socializing, meals (especially dinner), and exercise. Use this worksheet to identify some routines to keep your clock running smoothly.

## Goal-Directed Activity

Goal-directed activities – like work, school, and chores – alter brain chemistry, raising epinephrine and dopamine, and shifting the gears of the biological clock. It's the time that you first take on these activities each day that matters. Aim to start them at a regular time, give or take 15 minutes. The exact activity may vary from day to day, as long as it's active, goal-oriented, or productive in quality. Shopping, chores, work, reading, paying bills, running errands, doing crafts, planning trips, and taking online classes all count. What are some goal-directed routines you can use to wind up your biological clock each day?

Goal-directed activities	Start time

## Social Interactions

Social interactions can also set the clock, particularly if they are active and engaging. Talking to your kids in the car or planning a project with colleagues count as active social interactions, but sitting with strangers at a bus station probably doesn't. The reason: Active involvement with other people alters the neurohormones that set the biological clock. Can you recall the rush of attraction on a first date or the anger of a marital fight? Did you feel those interactions on a physical level, with a racing heart or nervous stomach? That was those neurohormones circulating in your body.

When social interactions get intense, it can feel uncomfortable, as if your nerves are overstimulated. Intense interactions can disrupt the clock, particularly if they happen in the evening and interfere with sleep. The following scale lets you rate the intensity of your social interactions from 0-3.

Rating		Effects	Examples
0	<b>Alone</b>	N/A	N/A
1	<b>Neutral.</b> Others are present but not involved.	Few emotional or physical effects	Making a deposit with a bank teller, waiting for a bus with strangers, saying hello to a neighbor
2	<b>Moderate.</b> Others are actively involved.	These interactions keep you engaged and involved, alert but not over-stimulated. It's easy to move on from these interactions without endlessly replaying them in your mind.	Making plans with your family, discussing a project at work, light conversation with a friend
3	<b>Intense.</b> Others are very stimulating.	These interactions make you excited, anxious, angry, or over-stimulated. They may cause physical sensations, like racing heart, tremor, or muscle tension. The effects linger so that it's hard to sleep or turn your mind off after them.	Major events or celebrations, which may be positive (a first date, wedding, reunion, or job interview) or negative (a funeral, argument, or feeling bullied or embarrassed)

To set your biological clock, think of some moderate-intensity ("level 2") interactions that you can build in at regular times in your day. As with goal-directed activities, these routines don't have to involve the same people every day.

For example, on weekdays, a morning work meeting could fill this role, and, on weekends, walking the dog could fill the role. That's right, pets count! When dog owners spend time with their canine, it activates the same areas of the brain that light up when they're talking with their best friend.

Moderately engaging social interaction	Start time

### **Sleep, Meals, Exercise, and More**

Goal-directed and social activities are not the only things that shift neurohormones. Just about anything that affects you physically can serve as a zeitgeber. For many people, the timing of meals and exercise has this effect. As you learned in Chapter 4, the time you get out of bed plays a big role too. Are there other routines that give a sense of structure to your day and help keep your energy and sleep on a stable course? List them here.

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### **Putting it All Together**

Once you've thought of some routines to start incorporating into your schedule, use the following "Social Rhythm Chart" to keep track of them and see how they affect your mood.

# Social Rhythm Chart

## Instructions

The following chart will help you keep track of the key routines that set your biological clock and balance your moods. In the first column, write down the routines you identified in the “Social Rhythm Therapy” worksheet. Remember, important routines to think about are goal-directed activities, social interactions, exercise, and meal times. The bookends of the day (morning and evening) are already included in the chart, as these are essential parts of your routine. Officially, the day starts when you get out of bed and stand up. Standing activates nerve cells that keep your blood pumping in the upright position, and those nerve cells help set the biological clock.

Notice that the chart doesn’t include the time you fall asleep. That one is harder to control than the time you get up, and worrying about it too much causes frustration and insomnia. Instead, create a wind-down routine and do it at regular times in the evening (see Chapter 6).

For each routine, identify an ideal time that you’d like to start it. Choose a time that’s likely to have a good effect on your mood and energy, as well as one that’s practical. You can adjust the “ideal time” as you try to figure out what works best. You can also use generic categories in the first column, like “goal-directed activity,” instead of identifying a specific activity. The specific activity may change from day to day but – ideally – the timing will not.

Each day, record the actual time that you started the routine. Aim for regular times (give or take 15 minutes). Next, rate how involved other people or animals were during the routine using the 0-3 scale previously described on page 137. Finally, at the bottom of the chart, rate your overall mood or energy level for each day using the following -5 to +5 scale:

Mood/ Energy	Level	Distressing?	Causes problems?	Able to pull out of it?	Other people notice?
Depressed, unmotivated, or low energy	-5	Very	Major	No	Yes
	-4	Yes	Major	Sometimes	Yes
	-3	Yes	Minor	Sometimes	Yes
	-2	Somewhat	Minor	Yes	Sometimes
	-1	No	No	Yes	No
	0				
Hypo/manic, energized, or irritable	1	No	No	Yes	No
	2	Somewhat	Minor	Yes	Sometimes
	3	Yes	Minor	Sometimes	Yes
	4	Yes	Major	Sometimes	Yes
	5	Very	Major	No	Yes

With continued use, this chart will help you see how changes in your daily routine affect your mood. If your mood gets worse, look back over the previous one to two weeks to see if there was a change in the timing of your routines or the intensity of your social interactions. For example, a drop in meaningful social interactions can trigger depression, while a sudden increase can trigger hypo/mania or mixed states. If things are improving, look back to see which routines helped make that difference.

[illegible]

# Social Rhythm Disruptions: Planning Ahead

## **Holidays, Trips, and Major Events**

Big events are stressful for everyone, even when they are positive. For people with bipolar disorder, they can trigger new episodes by disrupting daily routines. To reduce that risk, maintain regular timing with the routines you've identified on the "Social Rhythm Chart." Especially important are daily wake times, evening wind-down, and exposure to light and darkness at the bookends of the day.

Plan ahead with your travelling companions. What major activities do you anticipate? If there are exciting activities at night, can you opt out of them or take extra steps to protect your sleep? If any of your daily routines will get lost in the travel, can you substitute a similar one at the same time?

## **Jet Lag**

Jet lag is a powerful disruptor of the biological clock. Flying across more than two time zones is one of the top risk factors for new episodes in bipolar disorder. Traveling by land and sea doesn't cause as much of a problem because they allow time for the biological clock to adjust.

You can minimize these problems by slowly adjusting your sleep/wake times, and your exposure to light and darkness, before boarding the plane. By shifting those times over a few days rather than a few hours, your body will think it's going on a road trip instead of an airplane.

Jet Lag Rooster is a free, online program that creates a preventative plan before and after you travel ([www.jetlagrooster.com](http://www.jetlagrooster.com)). Developed by sleep scientists, it asks for your flight information and tells you how to adjust your sleep and when to seek light or darkness. A dawn simulator (Chapter 4) or blue light blocking glasses (Chapter 6) can be used at those times.

You can use this jet-lag plan to shift your daily routines. If the plan suggests moving your bedtime up an hour, move all your routines up an hour on that day. If it asks you to wake up an hour earlier, shift those routines back an hour.

## **Intense Activity**

Intense activities can feel good or bad, and they can be exciting or overstimulating. Although these types of interactions can include other people (e.g., first date, job interview, celebrations, heated arguments), they can involve solo pursuits as well, such as taking on new projects, online shopping, playing video games, watching sports or political commentary, or anything that makes you want to keep going, often at the cost of sleep.

Hormones surge during intense activities, and that can disrupt mood if the events happen too suddenly, randomly, or too late in the day. You don't need to avoid intense activities to keep your mood stable; you just need to try to keep them from disturbing sleep and, if possible, move them to the morning.

Intense interactions with other people are harder to control, so you may need to enroll the help of those close to you in the effort. You can invite your close friends or relatives to read the worksheets in this section so they understand that there's a valid medical reason behind your request. In addition, you can use the following chart to help you enlist their support and develop a workable plan together. That will likely involve creativity and compromise.

<b>Destabilizing Interaction</b>	<b>Effects</b>	<b>Management Plan</b>
<i>Ex. Arguments in the evening</i>	<i>Can't sleep even if we resolve the argument, more reactive and irritable the next day.</i>	<i>We can set aside time before 3:00 p.m. for heated discussions. I'll promise to pick up where we left off. I won't use this plan to avoid addressing issues.</i>



# Evening Wind-Down

Developing a wind-down routine in the evening helps stabilize mood and deepen sleep. To help you wind down at night, think of activities that are passive, meditative, relaxing, or just boring. These activities shouldn't compel you to stay up late doing more and more. They often have no goal other than to lull you into sleep. Examples include:

- Mindfulness meditation
- Journaling
- Visualizing pleasant scenes or abstract shapes
- Stretching
- Deep or rhythmic breathing
- Reading a dull book
- Doing a repetitive, boring chore
- Preparing clothes or food for the next day

What's right for some is wrong for others. For example, people who enjoy getting things neat and straight might find that folding clothes winds them up, while for others it's a bore. What are some activities that could help you wind down at night?

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In contrast, you want to avoid energizing activities at night. Move those things to the morning where they will help you wake up faster. The following are some examples of energizing activities:

- Problem solving
- Worrying
- Exciting projects
- Intense conversations
- Shopping
- Entertainment

# Reducing Blue Light Exposure: Troubleshooting

## **"I can't sleep in the dark."**

Low-blue lightbulbs are safe for the brain and won't interfere with melatonin. They give off an amber hue and are available as nightlights and regular bulbs. A good model is available at [lowbluelights.com](http://lowbluelights.com) for under \$10. Alternatively, search your favorite online retailer for "amber night light" or "blue-free night light." The following are some effective models:

- Maxxima MLN-16 Amber LED Night Light
- SCS Nite-Nite Light Bulb
- SCS Lighting Sleep-Ready Light

## **"I can't sleep without the TV on."**

A lot of people use TV to drown out distractions or worry at night. There's nothing wrong with that, except the blue light. Try podcasts, radio, or, even better, music, which has good evidence to improve sleep and mood when used at night (see page 151).

## **"The glasses aren't comfortable."**

It's a good idea to start with the \$10 glasses, but if they work well you may want to upgrade to a more comfortable pair at [lowbluelights.com](http://lowbluelights.com) or [somniaight.com](http://somniaight.com) (around \$50).

## **"I don't like to wear glasses."**

The glasses themselves are not necessary. Rather, all that's needed is to eliminate blue light. You could read in a very dark room with a low-blue bulb or a low-blue reading light. Bulbs that achieve this effect are listed above. Low-blue lamps are available at [somniaight.com](http://somniaight.com) and [lowbluelights.com](http://lowbluelights.com), or you can use the night mode on the PER2LED dawn simulator. Electronic devices will still pose a problem, but there are screen covers at [lowbluelights.com](http://lowbluelights.com) that can solve that.

## **"I don't want people to see me in them."**

These glasses help mood, but they are not just for people with mood disorders. Many professional sports teams wear them for their performance-enhancing effects. After all, they play better when they sleep better, and unlike steroids, there are no prohibitions against them. So many celebrities have taken them up that one journalist quipped about "celebrities trying to look cool by wearing blue-blocking lenses."

## **"Can I use a similar pair of amber glasses?"**

Probably not. Most blue light-blocking glasses do not block enough light to improve sleep and mental health. Others were designed for entirely different purposes, like night driving, computer safety, or video gaming.

### **“Can I still use electronics at night if I wear blue blockers?”**

That depends on how energizing they are. If you *really* want to use them, that may mean they are too engaging and better saved for morning. Generally, it's best to keep electronics out of the bedroom, and definitely don't leave the TV running while you sleep. It will saturate the room with blue light. In contrast, a pitch-dark room deepens sleep, reduces depression, and improves weight loss. If sound is comforting while you fall asleep, try listening to mindfulness apps, sleep-inducing music, or a mellow audio program, like a podcast, old-timey radio show, or book on tape.

### **“Can't I just adjust the settings on my devices?”**

Most electronic devices have settings to reduce blue light in the evening (TV sets are an exception). There's *Night Mode* on iPhone, *Blue Shade* on the Kindle, and *Twilight* or *Blue Light Filter* apps on Android. For computers, there are free apps that do a good job, such as *F.Lux* for Windows ([justgetflux.com](http://justgetflux.com)) and *Candlelight* by Oliver Denman for Mac.

However, these settings do not filter out enough blue light or take care of the many other sources of this wavelength. To test them, turn the settings on and pull up an image with something blue, like a rainbow. Then, look at the screen through a strong pair of blue light blocking glasses. Do the blue stripes in the rainbow change when you put the glasses on? If they do, then the app is not blocking enough blue.

A good way to use these apps is to set them to turn on around 6:00–7:00 p.m. Start to dim the lights in your home around that time too, particularly the bright energy-efficient bulbs. Smart bulbs, such as Phillips Hue, can be programmed to dim and shift toward a warmer spectrum in the evening. Then, around 8:00–9:00 p.m., put on the blue light blocking glasses. This strategy is not as beautiful as the sunset over the Blue Ridge Mountains, but it will do.

### **“Can't I just take melatonin?”**

That's been tried, but it's not the same. Artificial melatonin does not improve mood and only adds, on average, 10 minutes to the total sleep time. Melatonin is just the end result of a complex process that's set in motion when the brain enters a dark room.

### **“I tried the glasses, but they didn't make me tired.”**

The glasses are better at deepening sleep than helping people fall asleep. You can still get the health benefits from the glasses even if they don't improve your sleep. For example, some studies have found that the glasses improved mental health even when people slept less while wearing them.

### **“Can I wear them while driving?”**

No. You won't be able to see clearly enough to drive safely with them. Remember, yellow and blue make green, so green stop lights look yellow when the blue is stripped away – and that's just the start of the problems.

### **“I feel calmer when I wear the glasses. Can I wear them during the day?”**

These amber glasses have a calming effect, but wearing them before 6:00 p.m. can cause depression. Physiologically, it would be like being in a pitch-dark room during the day. That's not a big deal for a few minutes, but too much of that can flip your biological clock in the wrong direction.

# Dark Therapy in Six Steps

- 1. Evening.** At 6:00 p.m., put on blue light blocking glasses. Wear them until you're ready for bed, and keep the lights down as low as you're comfortable with. Don't take the glasses off unless you're in a pitch-dark room. Pitch-dark means you can't see your hand in front of your face.
- 2. Sleep.** Get your bedroom pitch-dark using the techniques on page 146. When you're ready for bed, lay down in the pitch-dark room and take the glasses off.
- 3. Overnight.** If you get up at night and turn the lights on, make sure to wear the glasses. Otherwise, remain in your pitch-dark bedroom throughout the night, whether asleep or not.
- 4. Morning.** At 8:00 a.m., turn on the lights, or use a dawn simulator to wake up. Don't wear the glasses during the day.
- 5. As you improve.** Once your symptoms improve, you can put the glasses on later in the evening. Move the start time up by one hour every two days until you're wearing them two hours before bed.
- 6. Prevention.** Once recovered, keep wearing the glasses two hours before bed and sleep in a pitch-dark room. Doing so will help prevent bipolar episodes, as well as other health problems, like cancer, weight gain, and diabetes. The glasses also deepen sleep quality, which improves concentration the next day.

**Troubleshooting:** If you can't get the room pitch-dark, use a sleep mask. If you can't tolerate complete darkness, use a low-blue nightlight. If you're used to having the TV on in the bedroom, try music or podcasts instead. (A good sleep-inducing soundtrack is *Weightless* by Marconi Union.) Don't expect this therapy to make you sleep. Dark therapy gives your brain many of the healing properties of sleep even if you're wide awake all night.

**Bottom Line:** During dark therapy, you'll need to be in virtual darkness (with blue light blocking glasses) or pitch darkness for the entire evening.

# Nighttime Music & Sounds

Relaxing music before bed improves sleep. It can be used both before and during sleep. Use the following worksheet to find out what types of music or sounds work best for you, and keep in mind there are always people who sleep better in silence.

Make a playlist of songs that could improve your sleep. Try natural sounds, white noise, and theta wave binaural beats as well. How does each method affect your sleep?

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If you have anxiety, racing thoughts, or wired energy at night, how does listening to an evening playlist affect those symptoms?

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How does listening to an evening playlist compare to silence?

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# First Aid for Insomnia

## 1. Wake up at a regular time.

Sleep is a 24-hour cycle, and the time that you fall asleep is just one point in that cycle. It's also the hardest point to control. Instead of struggling with the evening side, pour your efforts into the morning by rising out of bed at a regular time. The rest of the cycle is anchored to the morning, and irregular wake times make it harder to fall asleep when you need to. Insomnia doesn't make it easy to wake up in the morning, but stick to this rule even if it means you'll be sleep deprived that day. Follow the tips in Chapter 4 to help you get out of bed. Sleep deprivation is actually the best antidote to insomnia. It increases *sleep drive*, a biological force that helps people fall asleep.

## 2. Avoid daytime naps.

Napping drains the fuel that the body needs to fall asleep. That fuel is called *sleep drive*, and it builds up the longer you stay awake. If you still can't sleep after sticking to a regular wake-up schedule and avoiding daytime naps, you may wonder why that fuel isn't kicking in. There's another force that can override it: anxiety.

Anxiety trumps sleep drive, and for a good reason. It's not safe to fall asleep if danger is near. Unfortunately, the body can't tell the difference between anxiety about a predator and anxiety about sleep.

What if you're calm and worry-free but still can't sleep? It may be that your circadian rhythm is off. That rhythm, which is regulated by the time you wake up and the cycle of sunrise and sunset, has to be in place for sleep drive to take effect. The circadian rhythm breaks down when you wake at irregular times, have too much activity or light in the evening, or have an active mood problem like depression or hypo/mania.

## 3. Only use the bed for sleep.

The goal of this step is to train your body to associate the bed with sleep. That means no electronics, eating, worrying, or reading in bed. Sex and intimacy are allowed. Stay out of the bedroom, and definitely out of the bed, unless it is evening and you are falling asleep. Worry is one bedroom activity that's particularly hard to control. A dark bedroom is necessary for sleep, but the empty space invites worries, including the "what if I don't fall asleep" worry. It's tempting to turn to television or electronics to distract from the worry, but that will only prolong the insomnia. Two solutions:

- *Change your space.* If you're unable to sleep after about 20 minutes (just approximate – don't watch the clock!), then move to another room and sit in the dark until you feel tired. Then try again. If sitting in the dark is difficult, use a low-level yellow light and wear blue light blocking glasses.
- *Schedule time for worry.* Set aside a regular time in the afternoon to do all the worrying, problem solving, and planning you need to. Worry *on purpose* for 20 minutes, and do it in a room other than your bedroom. Think about everything you need to do and all that could go wrong. Write the worries down. If you run out of worries, go over the same ones again, but don't stop until the 20 minutes are up. By inviting worry in, this paradoxical technique gradually reduces anxiety and trains the brain to worry at an earlier hour.

#### **4. Only go to bed when sleepy.**

Trust your body to sleep when it needs to. As long as you don't nap in the day or fall asleep so early that you're up most of the night, this principle will not steer you wrong. When insomnia goes on too long, people lose trust in their body's natural sleep mechanisms. They try to take control of the sleep gears, but those were not designed for manual operation. The result is frustration and further breakdown of the gears.

There's a good reason that the sleep gears weren't designed for stick-shift mode. When you drive a stick shift, you have to be awake to operate the gears. Otherwise, the car would crash. That's the paradox of insomnia. Falling asleep is about as complicated as landing an airplane. There is no way that your body would let you operate such delicate controls unless you were wide awake, which means you'd never fall asleep.

Instead, you'll need to restore trust in your built-in sleep mechanisms in order to fall asleep. There are two:

- *Sleep drive*: The more sleep deprived you are, the more your sleep drive increases. Stay up too long, like two to three days, and eventually you'll crash. Guaranteed.
- *Circadian rhythm*: This is the 24-hour cycle that regulates sleep and other basic functions, like appetite and temperature. The circadian rhythm is regulated by morning light, evening darkness, the time you get out of bed, and other daily activities.

These mechanisms aren't perfect, but they're all we have. Allow your body to make mistakes, like staying awake at night when it ought to know better. Your sleep gears may be a bit rusty if you've had a tight grip on the steering wheel for a long time. This sleep program will put the right conditions in place so your natural sleep mechanisms can take over at the wheel. Give them time to relearn the road.

#### **5. Avoid caffeine, alcohol, and light in the evening.**

*Caffeine*. For most people, 2:00 p.m. is a good cut-off time for caffeine, but an earlier cut-off may be needed for highly caffeinated drinks or people who metabolize caffeine slowly. Chocolate is also a strong source of caffeine, particularly dark chocolate.

*Alcohol*. Alcohol is a tempting sedative, but its effects on sleep can be disastrous. For one thing, it's not just a sedative. It has stimulant properties as well. Alcohol also disturbs sleep waves, which means the sleep it brings is not as restorative. It often makes people wake up in the middle of the night, with worse insomnia than they started with. Even when it does work well, the solution is short-lived because tolerance quickly develops, causing an addictive cycle with worse insomnia.

*Light*. Use dim, yellow light in the evening and avoid electronics for one to three hours before bed (or wear blue light blocking glasses). Sleep in a pitch-dark room, or use an eye mask while in bed. Even small amounts of light (5-10 lux, the equivalent a nightlight) can interfere with melatonin, which is the hormone that enables sleep.

#### **6. Set the stage for sleep.**

Start a wind-down routine at the same time each evening. Relaxing activity before bed deepens sleep, while problem solving and engaging activity lightens it. A drop in temperature before bed helps activate sleep hormones. Program the thermostat to go down to the 60-65°F range at night. In the morning, have it rise to a warmer temperature to trigger wakefulness.

### **When will I see results?**

These six steps should work within three to four weeks. After that, you may have occasional nights of insomnia, but sticking to this plan will keep it from spiraling into a full-blown problem. If you don't see results, move on to the advanced steps for insomnia in the following section.

## **Troubleshooting**

### **"I've heard that insomnia is bad for your health, so isn't it dangerous to allow sleep deprivation?"**

Healthy sleep is not just about quantity. Timing and quality are just as important. Irregular circadian rhythms, like oversleeping in the morning or napping during the day, are also bad for your health. They can even be a medical problem in their own right, called *social jet lag*. Brief sleep deprivation, like the type we're using to reset your sleep, actually has a few medical benefits. It treats depression, reduces inflammation, and protects brain cells by raising levels of *brain-derived neurotrophic factor* (BDNF) (Schmitt et al., 2016).

### **"I can't function if I don't sleep, so I have to sleep in or take naps to catch up."**

Sleeping in and taking naps are temporary cures for a chronic problem. They also perpetuate that problem. If they were working for you, you probably wouldn't need this therapy. But if you really have insomnia, you are probably sleep deprived more days than not. This therapy requires you to keep that sleep deprivation at a steady level, and to ignore the urge for temporary relief through a daytime nap. It's similar to managing a skin problem, where the doctor asks you not to scratch the itch. Keep your eyes on the long-term gains, which are greater than the short-lived relief of a nap.

### **"Napping is part of my daily routine and helps me function."**

Napping can be healthy, particularly after age 60. Sleep can improve in that age group when it's divided into two shifts. The first shift involves a brief afternoon nap (45 minutes to two hours long), followed by a longer round of sleep in the evening. However, if you have insomnia it's a different story, even if you are over age 60. Napping needs to stop. Once you've recovered from insomnia, you can reintroduce the napping ritual. If your sleep stays stable, continue with regular naps; otherwise, it's best to give them up.

### **"My issue is not oversleeping. I wake up too early and can't fall back asleep."**

Use the 20-minute rule if you wake up too early. If you're unable to fall asleep after 20 minutes, get up and sit in the dark, or if you have the lights on, wear blue-light filtering glasses. Don't turn on the lights or start your day just yet. Stay in the dark until your wake-up time. That will keep your circadian rhythm from drifting too much.



# The Steps of CBT-I

## Step 1: Continue First Aid for Insomnia

During CBT-I, you'll continue to follow all but one of the basic steps outlined in the "First Aid for Insomnia" handout. To recap, those steps are:

1. Wake up at a regular time
2. Avoid daytime naps
3. Only use the bed for sleep (and intimacy)
4. ~~Only go to bed when sleepy\*~~
5. Avoid caffeine, alcohol, and light in the evening
6. Set the stage for sleep

\*In CBT-I, only rule #4 is going to change. Instead of waiting until you're tired to go to bed, you'll develop a set time to get in and out of bed. To figure out those times, you'll first need to take a few sleep measurements.

## Step 2: Measure Your Sleep

In the first week of this therapy, you'll measure two aspects of sleep: (1) the average time you spend asleep each day and (2) the average time you spend awake *in bed* each day. While you gather that information, sleep according to your usual habits and follow the basic first aid rules as best you can. Each night record:

1. The time you got in bed at night and the time you got out of bed in the morning.
2. The total hours you spent asleep (use your best guess; don't watch the clock).
3. The total hours you were awake in bed.
4. If using a sleep medicine, the milligrams (mg) you took.

The **Sleep Log** for week one (page 169) will help you gather this information. At the end of the week, add the hours you spent asleep for all seven days and divide by seven. That is your *average daily sleep*.

## Step 3: Restore Your Sleep Drive by Limiting Time in Bed

In the second week, you'll limit the time you spend in bed. The mild sleep deprivation this creates will intensify your sleep drive. It will be difficult at first, but as that drive grows, sleep will come more naturally.

First, take your *average daily sleep* from step 2 and add 1/2 hour. That number is the total amount of time you are allowed in bed each night. (The extra 1/2 hour is a buffer to give you time to fall asleep.) Whether you are asleep or awake, you can only lie in bed for that amount of time. If that sounds harsh, there is a cushion. You don't need to limit your time in bed by less than 5 hours. If you have bipolar disorder, you shouldn't limit it below 6½ hours. Bed deprivation beyond that is not necessary for this therapy to work. So, if you clocked in at 4 hours allowed in bed, feel free to move it up based on these guidelines.

You can schedule your time in bed for any period in the night, but it's best to keep it at a regular time. Most people base it on their wake-up time. For example, if they need to get up at 8:00 a.m. and are only allowed 6 hours in bed, they'll get into bed at 2:00 a.m. and out at 8:00 a.m. Alternatively, you can schedule it based on the time you're most likely to fall asleep. Suppose you fall asleep best around 10:00-11:00 p.m. When you stay up beyond that, you tend to be up all night. If you are only allowed 6 hours in bed, you could get in bed at 10:00 p.m. and set an alarm to get up at 4:00 a.m.

What should you do when you're not in bed and it's still evening? Stick with the evening routines in Chapter 6. Keep the lights low or wear blue light blockers, but don't get too relaxed. You don't want to accidentally fall asleep.

During this week of bed restriction, continue to record the time you spend awake and asleep in bed using the **Sleep Log** for week two (page 171).

#### **Step 4: Daily Fine-Tuning**

As you get into the third week of this therapy, you can start making nightly adjustments to the time allowed in bed with measure a called *sleep efficiency*. Sleep efficiency is the percent of time you spend asleep in bed. If you spend half your time in bed trying to fall asleep, your efficiency is 50%. An ideal number is at least 85%, meaning that you actually slept for at least 85% of the time you were in bed. Use the **Measure Your Sleep Efficiency** worksheet to help measure this.

## Client Worksheet

# Measure Your Sleep Efficiency

Efficient sleep means that you are asleep for most of the time that you're in bed at night. You can measure your sleep efficiency with a simple method.

First, add up the time you are in bed during a 24-hour period. Include times when you shouldn't have been in bed, like reading during the day or napping. Include times awake and asleep. Do not include times of intimate or sexual activity.

Time in bed: \_\_\_\_\_

How much time did you spend asleep in that 24-hour cycle? \_\_\_\_\_

Sleep efficiency = (Time asleep) / (Time in bed) \* 100 \_\_\_\_\_

### Example:

Vicky awoke at 9:00 a.m. and got out of bed. She tried to nap for **1 hour** in the afternoon but couldn't. In the evening, she laid awake **1½ hours** before falling asleep. She slept for **6 hours**, and then awoke earlier than expected. She stayed in bed for another **½ hour** and then got up.

Time in bed = 1 hour + 1½ hours + 6 hours + ½ hour = 9 hours

Time asleep = 6 hours

Sleep efficiency =  $6 / 9 * 100 = 67\%$

### Using Sleep Efficiency to Adjust Time in Bed

Maintaining healthy sleep is a lot like keeping a car on the road. If the car veers right, you turn a little to the left. If it strays to the left, you nudge the steering wheel to the right. In the first two weeks of this therapy, your sleep was off the road. You needed a strong pull to get you back on, which that first week of bed restriction was designed to accomplish. If your sleep didn't budge with that first week of bed restriction, try another week until you see an increase in your average time asleep.

Once you're on the road, you'll use your sleep efficiency to make small adjustments to the time you're allowed in bed, just as you nudge the steering wheel left and right to drive. When sleep worsens, tighten the reins and restrict time in bed a little more. When it improves, loosen the reins and allow more time.

Begin with the time you were allowed in bed from the night before. Then, calculate your sleep efficiency for that night. Use this guide to figure out if you need to tighten or loosen the amount of time in bed:

- Sleep efficiency less than 80%: Subtract 15 minutes from the time allowed in bed
- Sleep efficiency 80-85%: Continue with the same time allowed in bed
- Sleep efficiency greater than 85%: Add 15 minutes to the time allowed in bed

**Example:**

Vicky was sleeping well, so her sleep program advised her to allow a generous 8 hours in bed. On most nights she got 6½ to 7 hours of sleep, resulting in a sleep efficiency between 80-85% ( $6.5/8 * 100 = 81\%$ ). This let her keep to the 8-hour limit. Then, she had a rough night. Her sleep efficiency dropped to 67%. She lowered her time in bed by 15 minutes, from 8 hours to 7 hours and 45 minutes (or 7.75 hours).

The next two nights, she slept about 6 hours and 15 minutes, which brought her sleep efficiency to 81% ( $6.25/7.75 * 100 = 81\%$ ). Based on the guidelines for 80-85%, she kept her time in bed the same at 7 hours and 45 minutes. After a few days, she started sleeping 7 hours, which brought her sleep efficiency to 90% ( $7/7.75 * 100 = 90\%$ ). She then added 15 minutes to her time allowed in bed, returning it to 8 hours.

If you have bipolar disorder, you can use sleep efficiency with one modification: Don't restrict your time in bed to less than 6½ hours. That's a safety measure to keep away mania and mixed states.

Once your sleep is improved and you're making those daily adjustments, you'll no longer need to keep the visual sleep log and instead can track your sleep efficiency with the "Sleep Log" for week three and beyond (page 172).

**Further Reading**

There is a free app to guide you through these techniques. Search for "CBT-I Coach" in your app store or look online at [mobile.va.gov/app/cbt-i-coach](https://mobile.va.gov/app/cbt-i-coach). A good book is *Overcoming Insomnia: A Cognitive-Behavioral Therapy Approach* by Jack Edinger and Colleen Carney.



## Examples

### 1. Can't fall asleep

You go to bed at 10:00 p.m., toss and turn for 3.5 hours, and then fall asleep around 1:30 a.m. You sleep through the night and wake up at 9:00 a.m., which gives a total of 7.5 hours of sleep. Your sleep chart would look like this:

Date	Med?	Hours awake in bed (fill in boxes)						Time in and out of bed		Hours asleep (fill in boxes)																											
		4.5	4	3.5	3	2.5	2	1.5	1	0.5	IN	OUT	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5	5.5	6	6.5	7	7.5	8	8.5	9	9.5	10	10.5	11	11.5	12	
9/16	No										10pm	9am																									

### 2. Waking up during the night

On this night, you go to bed at 10:00 p.m. and fall asleep within 15 minutes. You wake up two times during the night, each time losing about 30 minutes of sleep to go to the bathroom and fall asleep again. Then, you awake a third time at 5:00 a.m. This time, you are unable to fall asleep, and lie in bed for 3.5 hours before getting up to start your day at 8:30 a.m. Your total sleep is around 6 hours, and you spent 4.5 hours awake in bed (or in the bathroom). Here is your sleep chart for this night:

Date	Med?	Hours awake in bed (fill in boxes)								Time in and out of bed		Hours asleep (fill in boxes)																								
		4.5	4	3.5	3	2.5	2	1.5	1	0.5	IN	OUT	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5	5.5	6	6.5	7	7.5	8	8.5	9	9.5	10	10.5	11	11.5	12
9/16	No											10pm	8:30am																							

### 3. Taking daytime naps

Although daytime naps should be avoided during this therapy, still chart them if they occur. You can use a separate color for that. Imagine you are so tired that you fall asleep on the sofa from 4:00 p.m. to 6:00 p.m. Later that night, you have insomnia and lie in bed from 11:00 p.m. to 1:00 a.m. You then take 5 mg of zolpidem (Ambien), which quickly puts you to sleep, and you wake up at 7:00 a.m. You would add the nap time to your total time asleep that day like this:

Date	Med?	Hours awake in bed (fill in boxes)																		Time in and out of bed		Hours asleep (fill in boxes)																	
		4.5	4	3.5	3	2.5	2	1.5	1	0.5	IN	OUT	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5	5.5	6	6.5	7	7.5	8	8.5	9	9.5	10	10.5	11	11.5	12			
9/16	5mg											11pm	7am		nap																								

# Sleep Log: Week Two

What time are you most likely to fall asleep at night? \_\_\_\_\_. What time do you need to get up each morning? \_\_\_\_\_.

Devise a schedule using those two times and your total time allowed in bed. Ideally, you would get in bed about 1/2 hour before you are likely to fall asleep and wake up at the time you need in the morning. You'll probably need to compromise, adjusting the in-bed and out-of-bed times to get the best fit.

*Ideal schedule:* Time in bed: \_\_\_\_\_. Time out of bed: \_\_\_\_\_. Total time allowed in bed: \_\_\_\_\_.

Write those times on this sleep log and follow them for Week 2, still recording the time you spent asleep and awake in bed.

Date	Med?	Hours awake in bed (fill in boxes)								Time in and out of bed		Hours asleep (fill in boxes)																								
		4.5	4	3.5	3	2.5	2	1.5	1	0.5	IN	OUT	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5	5.5	6	6.5	7	7.5	8	8.5	9	9.5	10	10.5	11	11.5	12

# Sleep Log: Week Three and Beyond

[illegible]



# The Antidepressant Diet is Not a Diet

A new antidepressant was discovered in 2017: food. For those of you who've experienced sugar highs, caffeine rushes, or alcohol buzzes, this news probably doesn't come as a surprise, but this antidepressant food is a different kind of medicine. Its effects build slowly over weeks and months. Instead of a quick chemical effect, it improves the health of the brain. It lowers inflammation and provides nutrients that strengthen and repair brain cells.

The food that does all this is found in the Mediterranean diet. It's high in vegetables, fruits, fish, nuts, whole grains, and healthy oils. Just as important, it's low in the foods that impair brain health: sweets, fried foods, and fast or processed foods. It's rated among the top diets for physical health, and its benefits in depression are impressive as well. In particular, switching from a Western-style diet to a Mediterranean one treats depression with an effect as powerful as that of an antidepressant. It also improves memory and concentration, and it lowers the risk of dementia by 50% (Morris et al., 2015).

The antidepressant diet is not a diet in the traditional sense. Calories are not restricted, and no food is outlawed. It's also simple enough that people with severe depression have been able to follow it, and even doing it halfway still brings noticeable benefits. Here are some features of this diet:

**1. It's a minimal effort diet.**

The point of this diet is to feel good. Enjoying your meals, and the way you feel after those meals, is part of that plan. Rigid rules and calorie counting are not.

**2. You don't have to count calories.**

You can eat as much as you want with this diet, as long as you shift toward more brain-healthy foods and less brain-unhealthy foods.

**3. It's not a fad diet.**

This diet has been around for centuries. It is grounded in the traditional foods of Mediterranean countries in Southern Europe, Northern Africa, and the Middle East. People from those regions live longer, healthier lives, and the food they eat is a part of the secret to their good health.

**4. It can lead to weight loss.**

Although this isn't a weight loss diet, weight loss can be a side effect. Calorie counting diets can shed pounds, but their effects are generally short-lived. In contrast, Mediterranean foods work like a good weight-loss medicine by improving metabolism, lowering appetite, and reducing belly fat. In one study, the Mediterranean approach caused more weight loss over the long term than calorie counting.

**5. You don't have to give up fats.**

Healthy fats from nuts, fish, and extra virgin olive oil are not only allowed, they're encouraged.

**6. It's not expensive.**

By cutting out snack foods, sodas, and desserts, the savings with this diet can be big. Studies find that people spend less on food when they switch from the Western diet to the Mediterranean diet.

**7. Perfection is not the goal.**

This diet is about feeling good, not nutritional purity. You don't need to buy organic vegetables or grass-fed, hormone-free meats to see results. Frozen and canned foods are allowed. We'll get picky about a few things, like extra virgin olive oil and 100% whole grains, but beyond that you can relax at the grocery store.



# 10 Ways to Depression-Proof Your Diet

The steps below will help you get started on the antidepressant diet.

## 1. Focus on how you feel after the meal.

Sugar, salt, and processed foods taste good in the moment. A few hours later, though, they cause uncomfortable cravings for more. They're designed for addiction. The flavors of the antidepressant diet are more complex and will take some time to adjust to. These foods aren't instantly rewarding, but if you focus on how you feel in the hours after a meal, then you might appreciate a difference. Compared to a fast food meal, you're likely to feel more energized, lighter, and mentally clear after an antidepressant meal. These foods stabilize metabolism, which means fewer sugar cravings and hunger pains throughout the day.

## 2. Enjoy your meals.

In the Mediterranean culture, people savor their food over long, languid meals. Find foods that you like, eat outdoors, share meals with friends, and fill your plates with beautiful colors of fruits and vegetables. It takes about 20 minutes for the brain to register that you've eaten, so slow down the process and appreciate the flavors as you eat.

## 3. Swap soda for water.

Make water your go-to drink. Or use tea or flavored water without any sweeteners. That includes artificial sweeteners, which cause more depression and health problems than regular sugar. Sugar spikes strain the brain, so swapping out soda for unsweetened drinks will make a big difference in your wellbeing. Always have a glass of water with an alcoholic beverage. If insomnia is an issue, avoid caffeinated beverages after 2:00 p.m.

## 4. Snack on nuts and berries.

These are packed with brain-protecting nutrients and appetite-stabilizing protein and fiber. Whole-grain snacks like homemade popcorn or whole-grain bread dipped in extra virgin olive oil are also encouraged.

## 5. Use sweets as a reward.

Limit sugar, but enjoy a small serving of sweets on special occasions or as a reward for the positive changes you've made. Choose desserts with dark chocolate, honey, nuts, or berries.

## 6. Swap white flour for 100% whole grains.

For bread, cereal, pasta, rice, and crackers, choose products with "100% Whole Grains" on the label (see "Whole Grain Taste Test" handout). Swap white rice for a whole grain variety, like brown rice, wild rice, quinoa, or farro.

## **7. Find vegetables you like and include them in every meal.**

Aim for variety of colors, and try to include green leafy vegetables and tomatoes. Keep fresh leafy greens on hand and sprinkle them wherever you can: on pizzas, in omelets, between bread, or under a piece of grilled meat.

## **8. Swap butter and oil for extra virgin olive oil.**

Olive oil is good for the heart and the brain, and the extra virgin type is packed with anti-inflammatory nutrients.

## **9. Shift your protein.**

Eat more beans and fish. Enjoy chicken, poultry, eggs, and lean red meat in moderation. Dairy is another good source of protein, and this diet encourages reduced-fat milk, cheese, and plain yogurt. Buy the plain yogurt variety and sweeten it to taste with fruit and honey.

## **10. Slowly cut back on junk food, fast food, fried food, and highly-processed foods.**

These are the foods that cause depression, but they are hard to give up. Save this step for last. After you've made the other changes, you won't have much room for these types of foods. You even may not want them at all as you become more aware of the way they make you feel.

### **What are Highly-Processed Foods?**

Processing helps foods stay shelf-stable. It's also used to improve their color, texture, and taste or, as some would argue, make them more addictive. Technically, bread, cheese, and canned beans are processed, but not in a way that is a problem on this diet. It's ultra- or highly-processed foods that you need to avoid. These include frozen or packaged meals, fast food, fried food, hot dogs, cold cuts, bacon, sausage, soda, chips, microwave popcorn, candy, frozen desserts, sugary breakfast cereals, energy bars, bottled drinks, Frappuccinos, pre-mixed baking items, margarine, and premade sauces.

Be careful, as highly-processed foods can still say "organic" or "natural" on the front, but that doesn't mean they are healthy. To shop smart, count how many unfamiliar chemicals are on the ingredient panel. Stick with products that have the least of these.

### **Sugar and Salt**

When shopping, look for foods that are low in sugar and salt, particularly the "added sugars" which are usually listed separately on the nutrition panel. The American Heart Association recommends keeping these added sugars to a maximum of 25 grams a day for women and 36 grams a day for men, and that's sound advice for the brain as well. Spikes in sugar are not good for the brain, and one common "added sugar" — high fructose corn syrup — has been linked to mania and depression.

It's tempting to switch to artificial sweeteners, but think twice before you do. They may have zero calories, but they still cause as much weight gain as regular sugar. Artificial sweeteners kill the good bacteria in the gut and cause the gut's lining to breakdown, a condition called "leaky gut." The result is that toxic materials leak into the blood stream, causing inflammation, metabolic changes, weight gain, and diabetes. Eventually those changes irritate the brain, which is why artificial sweeteners are linked to higher rates of depression than regular sugar.

# Whole Grain Taste Test

Whole grains are good for you because they contain the healthy parts of the grain that are rich in fiber and vitamins. In contrast, those nutrients are stripped away in flours. Those nutrients protect you from a sugar rush. It's the same reason that eating the whole fruit is healthier than drinking fruit juice. The extra fiber in the fruit slows down the rush of sugar.

Unless you bake them from scratch, most of your whole grains will be store bought. When shopping for whole grains, look for products that are low in sugar and salt, high in fiber, and free of chemical additives. The following products have been blessed by professional taste testers and contain 100% whole grains.

## **Whole Wheat Pasta**

Bionaturea Organic 100% Whole Wheat  
Barilla Whole Grain Penne  
Ronzoni Healthy Harvest  
Trader Joe's Organic Whole Wheat  
DeBoles Organic Whole Wheat  
Rao's Homemade Whole Wheat Penne

## **Whole Wheat Bread**

### *Sliced Breads*

Arnold Whole Grain Double Protein  
Freihofer's Country Stone Ground 100% Whole Wheat  
Nature's Harvest Stone Ground 100% Whole Wheat  
Eureka! Seeds the Day Organic  
Whole Foods Market Organic 100% Whole Wheat  
Nature's Own: Premium Specialty 12 Grain or Double Fiber Wheat  
Pepperidge Farm: Farmhouse Soft 100% Whole Wheat and Whole Grain 15 Grain  
Vermont Bread Company Yoga Bread  
Rise Organic Bakery 100% Whole Wheat  
Martin's 100% Whole Wheat Potato Bread  
Rubschlager 100% Whole Grain Pumpernickel Bread

### *Sprouted Breads*

Most sprouted breads are whole grain. Popular brands include Angelic Bakehouse, Alvarado Street Bakery, Ezekiel, Shiloh Farms, and Silver Hills Bakery Sprouted Breads.

### *English Muffins*

Thomas' 100% Whole Wheat  
Orowheat 100% Whole Wheat

### *Pita and Flatbreads*

Flatout 100% Whole Wheat Flatbread  
Thomas' Sahara 100% Whole Wheat Pita

### *Buns*

Ozery Bakery Onebun  
Nature's Own 100% Whole Wheat Buns  
Angelic Bake House Sprouted Buns  
Arnold Select 100% Whole Wheat Rolls

### *Pizza*

Angelic Bakehouse Sprouted Flatzza Pizza Crust  
Trader Joe's Whole Wheat Pizza Dough  
Boboli 100% Whole Wheat Thin Pizza Crust

### *Pancakes*

Hodgson Mill Whole Wheat Pancake Mixes  
Kodiak Cakes Whole Wheat Pancake Mixes

### *Cereal*

Oatmeal (avoid "instant" oatmeal)  
Muesli cereal, fiber and bran cereals, granola, porridge  
Good brands with whole grain options include Fiber One, Ezekiel 4:9, Engine 5, Kashi, and Grape Nuts.

### *Rice*

Brown rice, wild rice, and quinoa

### *Snacks*

Crackers made with 100% whole grains, brown rice, or nuts  
Home popped popcorn (pop on the stove with olive oil)

### *Gluten-free Whole Grains*

Corn, buckwheat, sorghum, teff, millet, amaranth, arrowroot, and oats labeled "gluten free." Flours made from beans and nuts will also work. Quinoa, brown, and wild rice are gluten-free. Avoid whole wheat, rye, and barley grains if you're gluten-free.

# Antidepressant Foods: The Full List

**“Eat more of...”** These are brain super-foods. The more you eat, the better.

**“Eat in moderation...”** These foods support brain health in small doses, but too much can cause harm.

**“Eat less of...”** You could avoid these foods entirely, but that would be no fun. They do some harm, but your body can repair the damage if you space them out in small amounts.

Eat more. It's all good...	
<b>Vegetables</b>	<p><b>Best options:</b> Green leafy vegetables (the darker the better), tomatoes, eggplant, purple corn, sweet potatoes, and orange, yellow, and red vegetables. However, better to aim for variety than to eat only the “best” options.</p> <p><b>Tips:</b> Frozen vegetables often contain more nutrients than fresh ones. Look for bags of loosely frozen veggies instead of the ones frozen in a solid block of ice.</p>
<b>Fruit</b>	<p><b>Best options:</b> Blueberries, strawberries, cranberries, cherries, blood oranges, citrus fruits, and concord grapes.</p> <p><b>Tips:</b> Unlike vegetables, fruits are better in their fresh form. For dried fruit, look for unsweetened products.</p>
<b>Nuts, seeds, olives</b>	<p><b>Best options:</b> Walnuts, hazelnuts, and almonds. Flax, chia, and hemp seeds.</p> <p><b>Tips:</b> Peanut butter and other spreadable nuts count, but look for low-sugar options. Avoid salted nuts. They can raise blood pressure.</p>
<b>100% whole grains</b>	<p>See <b>Whole Grains Taste Test</b> for ideas</p> <p><b>Real whole grains:</b> Labeled “100% whole wheat” or “100% whole grains;” or the first ingredient is “whole grains” or a specific whole grain, such as whole wheat, corn, cornmeal, oats, rye, buckwheat, wheat germ, wheat bran, barley, spelt, sorghum, amaranth, millet, bulgur, kañiwa, farro, teff, or triticale.</p> <p><b>Fake whole grains:</b> Wheat bread (it's only whole if it says whole wheat), multigrain bread, and products labeled “made with whole grains”. Those made with enriched or refined flours, white rice, gnocchi, white pasta, or corn flakes.</p>
<b>Fish</b>	<p><b>Best options:</b> Oily fish are high in omega-3s, including salmon, tuna (either fresh ahi tuna or canned light tuna), sardines, caviar, and mussels. Low-mercury options (best for children and pregnant women) include: canned light tuna (not white or albacore tuna), shellfish, salmon, catfish, flounder, sole, trout, black sea bass, tilapia, pollock, anchovies, herring, and perch.</p> <p><b>Tips:</b> Fresh, smoked, canned, and frozen all count. Most “fresh” fish at the grocery store is defrosted, so opt for frozen fish and defrost when ready. Minimize contaminants like mercury by removing the skin and fat before cooking. High-mercury fish include marlin, shark, swordfish, tilefish, pike, king mackerel, orange roughly, and bluefin tuna.</p>
<b>Beans</b>	In addition to beans, edamame, humus, tofu, and falafel count.

<b>Eat in moderation. Good in small doses, harmful in excess...</b>	
<b>Extra virgin olive oil</b>	<p>Olive oil is healthy because it is low in saturated fats, but extra virgin olive oil has brain-healthy antioxidants.</p> <p><b>Tips:</b> Extra virgin olive oil burns at temperatures above 325-375°F. For high-temperature cooking, use oil with a higher smoke point, like regular olive oil (465°F) or safflower oil (510°F).</p>
<b>Red meat</b>	<p><b>Best options:</b> Lean meats like roast beef, bison, buffalo, ostrich, 95% lean ground chunk, and beef cuts labeled "loin" or "round."</p> <p><b>Cooking tips:</b> Trim the fat. To reduce glycation toxins, cook at a low temperature and marinate in lemon or vinegar for an hour.</p>
<b>Poultry</b>	<p>Chicken, turkey, duck, quail, pheasant.</p> <p><b>Cooking tips:</b> Removing the skin will lower the saturated fats. If roasting, remove the skin after cooking so the meat doesn't get too dry.</p>
<b>Dairy</b>	<p><b>Best options:</b> Plain, unsweetened yogurt, Greek, Icelandic (Skyr), and probiotic yogurts (Kefir). For cheese, opt for hard cheese, feta, and ricotta.</p> <p><b>Tips:</b> Vegetarians, vegans, and those with lactose intolerance can opt for soy- or nut-based milk (preferably unsweetened).</p>
<b>Eggs</b>	<p><b>Best options:</b> Look for "free range" eggs and those that are high in omega-3s, a healthy fat that is essential for brain function.</p> <p><b>Tips:</b> Limit to 3 egg yolks per week if you have diabetes, high cholesterol, or heart disease.</p>
<b>Eat less. These mostly cause harm ...</b>	
<b>Fried, fast, sweet, and processed foods</b>	<p>Maximum of three 120 calorie servings per week of:</p> <p>Sweets, sodas, chips, fast food, ultra-processed foods, fried foods, bacon, sausage, deli meats. Bread, pasta, rice, or snacks that are not 100% whole grains.</p> <p>Butter, margarine, and packaged condiments (jelly, ketchup, mayonnaise).</p>
<b>Alcohol</b>	<p>Maximum 1.5 standard drinks/day. Red wine is preferred. Drink a glass of water with each alcoholic beverage.</p> <p>1.5 standard drinks = 6.8 ounces wine, 2 bottles beer (1 bottle if it's high gravity), 2 ounces spirits, or 5 ounces sherry or port.</p>
<b>Extra credit...</b>	
<ul style="list-style-type: none"> <li>• <b>Vinegar and spices</b> are good for the brain, particularly balsamic vinegar, basil, turmeric, cinnamon, garlic, ginger, marjoram, mustard, oregano, rosemary, saffron, sage, and thyme.</li> <li>• <b>Unsweetened Tea.</b> 3-6 cups of tea a day lowers the risk of depression, particularly black, green, and white teas.</li> </ul>	



# Antidepressant Foods: Serving Guide

The following chart provides recommended servings for each food group, but these are just a rough guide. Start with the easiest changes and build from there. The more you do, the better you'll feel. You should see a little benefit a few hours after a healthy meal, more improvement in two to four weeks, and a bigger change in depression after two to three months.

Eat more. It's all good...		One serving is:
<b>Vegetables</b>	Ideally 6 servings/day. Include green leafy vegetable or tomatoes in at least one of those servings. Mushrooms count, but minimize potatoes to one serving a day unless it's a sweet potato.	Leafy vegetables: ½ cup cooked or 1 cup raw Other vegetables: ½ cup raw or cooked
<b>Fruit</b>	Ideally 3 servings/day. Include berries every day. Limit juice to one serving a day.	Fruit (fresh, frozen, or canned): ½ cup Dried fruit: 1½ tablespoons Juice: ½ cup
<b>Nuts, seeds, olives</b>	Ideally 1 serving/day	Nuts and seeds: 1 ounce (about ¼ cup) Olives: 3 ounces
<b>100% whole grains</b>	Ideally 5-8 servings/day (eat closer to 8 if you're physically active)	Bread: 1 slice. Rice, pasta, oatmeal, or muesli: ¼ cup. Cereal: ⅔ cup.
<b>Fish</b>	Ideally 2 servings/week. At least one of those should be an oily fish like salmon.	3 ounces cooked
<b>Beans</b>	Ideally 4 servings/week	Beans: ½ cup Hummus or tofu: ⅓ cup
Eat in moderation. Good in small doses, harmful in excess...		One serving is:
<b>Extra virgin olive oil</b>	Maximum 3 tablespoons/day	
<b>Red meat</b>	Maximum 3-4 servings/week	3-4 ounces cooked.
<b>Poultry</b>	Maximum 2-3 servings/week	3 ounces cooked (= one breast or a leg + thigh)
<b>Dairy</b>	Maximum 3 servings/day of milk, cheese, yogurt	Milk: 1 cup milk (250 mL) Yogurt: 200 grams Hard cheese: 40 grams Soft cheese: 120 grams
<b>Eggs</b>	Maximum 6 eggs/week	People with high cholesterol or heart disease may need to limit eggs further

# Antidepressant Food Swaps

Food	Substitutions
Chips	Popcorn made at home with olive oil (hold the butter)
Crackers	100% whole wheat crackers or crisp breads
Snacks	Celery, carrots, apples, or pepper strips with a dip or nut butter; strawberries with goat cheese; fruit; nuts; or edamame
Ranch dip	Salsa, hummus, chili, tzatziki (or other yogurt dip), baba ghanoush (roasted eggplant), pesto, balsamic vinegar with extra virgin olive oil, olive tapenade, or almond butter
Creamy salad dressings	Salad dressings made with extra virgin olive oil, balsamic vinegar, lemon juice, honey, or mustard
Mayonnaise	Mashed avocados, olive oil, or mustard
Butter	Extra virgin olive oil
Extra salt	Extra herbs, peppers, or spices
Salt cravings	Olives, feta cheese, crackers or pretzels made with 100% whole wheat, hummus, pesto, olive-oil popped popcorn, salted nuts, kimchi, dried nori (seaweed) strips. Sprinkle salt in extra virgin olive oil and dip whole wheat bread in it.
Jelly	Chopped berries with a little bit of honey
Yogurt with sugary fruit	Greek or Icelandic (Skyr) yogurt. Start with plain yogurt and add berries, nuts, and – only if needed – honey or maple syrup.
Sauces with cheese, cream, or butter	Tomato sauce or pesto
Potatoes	Sweet potatoes
White rice	Brown rice, wild rice, whole wheat couscous, or quinoa
Pasta	100% whole wheat pasta
Biscuits	100% whole wheat English muffins
Sandwiches on white bread	Sandwiches on 100% whole wheat bread
Deli meats	Chicken or turkey breast (these are less processed than the packaged slices); hummus
Hamburgers	Bean, veggie, turkey, or salmon burgers on 100% whole wheat buns
Ice cream	Pudding made with skim or 1% milk; canned pears sprinkled with cinnamon and cocoa nibs; frozen grapes
Cookies and candy	Nuts and dried berries, dates, and dark chocolate (>70% cocoa)
Coffee creamer	Coffee creamer has no real cream and is full of trans fats and sugars. Instead, substitute real cream or milk, or even better – almond or soy milk.
Milkshake	Fruit smoothie (try banana, honey, and yogurt)
Soft drinks	Iced tea (unsweetened or sweetened with a little honey), plain sparkling water
Fruit and sports drinks	Use coconut water or make your own water by soaking cucumber, mint, citrus, or berries in a pitcher.
Energy drinks	Green or matcha tea
Beer or cocktails	Red wine (5 ounces a day, about ½ metric cup)

# Slightly Healthier Junk Food

If you find it hard to let go of junk food, or just want to make those three servings a week as healthy as can be, try some of the healthier junk foods from the following list. What could go wrong? Well, they still have too much sugar and salt, and they aren't free of processing, but they are worlds better than the old-school junk food. They are the lesser of evils.

Food	Examples
Desserts	Look for recipes that are loaded with fruit, vegetables (e.g., sweet potatoes, pumpkin, or carrots), nuts, nut butter, seeds, whole wheat, oats, olive oil, yogurt, or dark chocolate.
Fruit and nut bars	Kind Bars, Raw Revolution, Rx Bars, Abound, Larabar, Balance, Pure Organic Brand
100% whole wheat crackers	Mary's Gone Crackers Ak-Mak Sesame Cracker 100 Whole Wheat Crisp breads (e.g., Wasa or Finn Crisp Original Rye) Carr's Whole Wheat Crackers 365 Everyday Value (Whole Foods) Woven Wheat Baked Crackers Kashi Heart to Heart Whole Grain Crackers Nabisco Triscuit 100% Whole Wheat Crackers Ritz Toasted Chips 100% Whole Grain
100% whole wheat chips and pretzels	SunChips 100% Whole Wheat Chips Way Better Snacks Tortilla Chips Snyder's Whole Grain Tortilla Chips Snyder's Whole Wheat Pretzel Sticks Beigel Beigel 100% Wheat Pretzels Unique Sprouted 100% Whole Grain Pretzel Splits
Chips made from beans and veggies	Flamous Falafel Chips Beanitos Chips Kashi Hummus Crisps The Mediterranean Snack Food Baked Lentil Chips Dry Roasted Edamame

## Client Worksheet

# Weekly Food Record

Track your progress with the antidepressant diet by checking a box every time you have a serving in that food group. The number of boxes represents the recommended servings. More servings may be needed if you're very active, and these optional servings are drawn in light gray (for example, there are 5-8 servings/day for whole grains). For a few categories, there are specific foods that are good to include, like green leafy vegetables, berries, or oily fish. These can be marked by shading the entire square.

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
<b>Eat more...</b>	<b>Minimum Servings</b>						
Vegetables	☐☐☐ ☐☐☐	☐☐☐ ☐☐☐	☐☐☐ ☐☐☐	☐☐☐ ☐☐☐	☐☐☐ ☐☐☐	☐☐☐ ☐☐☐	☐☐☐ ☐☐☐
	■ = green leafy vegetables or tomatoes (ideally 1/day). Max 1 potato/day						
Fruit	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
	■ = berries (ideally 1/day)						
Nuts	☐	☐	☐	☐	☐	☐	☐
100% Whole grains	☐☐☐ ☐☐☐ ☐☐	☐☐☐ ☐☐☐ ☐☐	☐☐☐ ☐☐☐ ☐☐	☐☐☐ ☐☐☐ ☐☐	☐☐☐ ☐☐☐ ☐☐	☐☐☐ ☐☐☐ ☐☐	☐☐☐ ☐☐☐ ☐☐
Fish	☐☐ ■ = salmon and other oily fish (ideally 1-2/week)						
Beans	☐☐☐☐						
<b>Moderate...</b>	<b>Maximum Servings</b>						
Extra virgin olive oil†	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
Lean red meat	☐☐☐☐						
Poultry	☐☐☐						
Milk, cheese, yogurt	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
Eggs	☐☐☐☐☐☐						
Alcohol	☐	☐	☐	☐	☐	☐	☐
<b>Eat less...</b>	<b>Maximum Servings</b>						
For special occasions	Each box represents a 120 cal serving ☐☐☐ Sweets, sugary drinks, and white breads. Fried, fast, and ultra-processed foods.						
<b>Don't forget...</b>							
Drink lots of water							
Exercise daily							

†Each box is one tablespoon