Project DIRECT-sc

Depression Intervention via Referral, Education and Collaborative Treatment - Self Care

Instruction manual for SELF-CARE COACHES

December 1, 2014 Version for Dissemination

Based on Manual used in the DIRECT-sc trial:
"Effectiveness of a Self-care Intervention for Depression in Primary Care Patients With Chronic Physical Illnesses"

ClinicalTrials.gov Identifier: NCT01521013

Prepared by:
Martin Cole, MD FRCPC; Jane McCusker, MD DrPH;
Marie-Ève Pelland, PhD; Joannie Poirier-Bisson, PhD

Funded by :

Fonds de recherche Santé Québec

St. Mary's Research Centre

Project DIRECT-sc:
Depression Intervention via Referral, Education and Collaborative Treatment - self-care

Acknowledgements:

Sections of this manual were adapted (with permission) from:

"A Recovery Programme for Depression (2007 Edition)" by Dr. Karina Lovell (University of Manchester) and Dr. David Richards (University of York).
http://www.mentalhealthshop.org/products/rethink_publications/recovery_booklet.html

"IMPACT Evidence-based depression care program" led by Dr. Jürgen Unützer (University of Washington)
http://impact-uw.org/

The Antidepressant Skills Workbook is included in the DIRECT-sc toolkit, with permission from Dr. Dan Bilsker (Simon Fraser University).

The film "Finding a Way out of Depression" (*Sortir de l'ombre* en français) was produced in 2001 by Sogestalt Télévision, Québec. It is included in the DIRECT-sc toolkit with permission from the production company.

The brochure for family and friends of DIRECT-sc patients was adapted with permission from information on the Families for Depression Awareness website. Families for Depression Awareness is a nonprofit organization in the United States that helps families and friends recognize and cope with depressive disorders.

The DIRECT-sc Mood monitoring sheets were inspired by scales commonly used by therapists providing cognitive behavioural therapy (CBT).

Project funding provided by:

Fonds de recherche du Québec - Santé (FRQS)
Mental Health Team Grant (2009-2013)

Manual version: December 1, 2014
Previous versions: October 9, 2013

Table of contents

This manual was used as part of a study at St. Mary's Research Centre.[1] Some study-specific information has been removed while other information in this manual will need to be adapted to the context in which it is being used.

In our study, patients were primary care patients with chronic physical conditions and co-morbid depressive symptoms. Patients received a self-care toolkit and half of them received regular calls from a self-care coach as detailed in this manual. These lay coaches were trained by a licensed clinical psychologist.

1. Information on depression

Depression is a frequent and often debilitating condition. Individuals suffering from chronic illnesses are more likely to suffer from depression. As a self-care coach, it is important that you are well informed about depression, its symptoms and the strategies used in this intervention.

Depression

Depression is characterized by the following symptoms and represents a change from previous functioning.

1) Depressed mood most of the day, nearly every day (e.g. feels sad or empty) or observation made by others (e.g. appears tearful).
2) Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
3) Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day.
4) Insomnia or hypersomnia nearly every day.
5) Agitation or retardation nearly every day (feelings of restlessness or being slowed down).
6) Fatigue or loss of energy nearly every day.
7) Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
8) Diminished ability to think or concentrate, or indecisiveness, nearly every day.
9) Recurrent thoughts of death or suicide

The symptoms of depression need to cause clinically significant distress or impairment in social, occupational, or other important areas of functioning for the condition to be diagnosed as depression.

---

[1] McCusker J, Cole M, Yaffe M, Strumpf E, Sewitch M, Sussman T, Ciampi A, Lavoie K, Platt RW, Belzile E. A randomized trial of a depression self-care toolkit with or without lay telephone coaching for primary care patients with chronic physical conditions. General Hospital Psychiatry. 2014:Revision submitted October 14, 2014.

Individual variations

While depression is often portrayed by images representing sadness, symptom presentation can vary greatly from one individual to another, and sometimes from one depressive episode to another in the same individual. Some people may present sadness, fatigue, increase in appetite, hypersomnia, and feelings of worthlessness while others can present loss of interest, agitation, decrease in appetite and weight, inability to concentrate, and insomnia. Both groups of people suffer from depression, but they have significantly different presentations and complaints. It is important to be aware of these variations since you will be coaching many individuals with different symptoms. Also, some people will be more vocal about their symptoms and difficulties, while others may seem unbothered. However, appearances can be deceiving. While presentations and complaints can vary a lot from person to another, they all suffer significantly. This is important to remember as you will be the only person guiding these patients through the intervention.

2. The DIRECT-sc self-care toolkit

Each person you coach receives a self-care toolkit. This toolkit is presented as a binder, so patients can keep all their tools conveniently together.

As the self-care coach, it is very important that you are very familiar with all the items in the self-care toolkit. You should read through/watch/listen to each tool several times so that you are entirely comfortable with all content. You should know these tools inside and out.

Try all the tools for yourself. For the tools that require writing, like the Antidepressant Skills Workbook and the Mood Monitoring sheets, write on them, and use them as you would expect a patient to. Watch the DVD, listen to the relaxation CD and to the CD that comes with the Antidepressant Skills Workbook. You must be familiar will all aspects of the toolkit.

2.1 Overview of the toolkit

The toolkit includes tools separated into two categories to facilitate navigation for patients: core and supplemental.

The 3 core tools are: a DVD film, the Antidepressant Skills Workbook, and Mood Monitoring Sheets. These 3 core tools comprise the basic tools for treatment of depression. All patients should be introduced to these tools. All 3 core tools should have been recommended by the end of the 2nd contact and ideally at least one should be used regularly by patients by the end of the intervention.

The *supplemental tools* (see details on next page) should be recommended as necessary.

The final material in the toolkit, the Patient Health Questionnaire (PHQ-9), is included to help the patient follow along when you complete the PHQ-9 with them. The PHQ-9 is also helpful in selecting specific tools to recommend to the patient. It is described in section 2.4 of this manual.

Table 1: Overview of the self-care Toolkit for cancer survivors

Core tools	
Film: Finding a way out of depression	In this video, people with depression give an account of the effect the illness had on them and their recovery. Professionals give advice on how to recognize and treat the disease.
Antidepressant Skills Workbook	Incorporates cognitive behavioural principles, used across Canada. The Workbook includes sections on: 1) Information on depression and depression treatment 2) Information and exercises about CBT related skills: a) Reactivation and goal setting b) Realistic thinking (dealing with negative thoughts) c) Problem solving 3) Reducing the risk of relapse 4) Information on diet, physical activity, sleep, caffeine, drugs and alcohol.
Mood Monitoring Sheets	Allows individuals to rate their mood up to 3 times a day using a 10-point scale and to record relevant thoughts, activities or events which may have influenced mood.
Supplemental tools	
Relaxation CD	Based on progressive muscle relaxation techniques
Medication/ appointment tracker and information on medication misuse	1) A table to allow patients to track which medications need to be taken and when, and to make notes about upcoming medical appointment, with space to mark down questions to ask treating physicians. 2) Helpful information regarding the importance of following instructions for medication use
Emotional eating	A tool to help patients to manage eating behaviours
Community resources	List of local support and self-help groups and resources available in the community (for chronic disease, depression and physical activity).
Suggested websites and readings	1) A series of Canadian websites available in English and/or French, which offer information on depression. 2) A list of books, available in most libraries.
Booklet for family members and friends (in the pocket at the back of the binder)	Adapted from Families for Depression Awareness, this booklet includes information for relatives who provide emotional support to patients and includes a list of local resources for caregivers who need support themselves.
Other	
Patient Health Questionnaire (for use by coach)	This item is included to help the patient follow along when you complete the monthly PHQ-9 with them. It is described in section 2.4 of this manual.

The **table of contents** is numbered and colour coded to make it easier for the patients to navigate through the different sections of the binder. It will also help you direct the patient to the right section of the binder. If for example you want to direct them towards the Antidepressant Skills Workbook, you can say "It is in section 2 of your binder, the tab is light orange".

2.2 Core material

The core material includes 3 tools that all patients should consult at least once with you. Ideally, at least one core tool should be used regularly by patients by the end of the study.

2.2.1 The DVD film "Finding a Way out of Depression"

Description

This film is about 30 minutes long; it uses patient testimonials to demonstrate how many people feel about and cope with depression. Interviews with experts in the field provide information on causes and treatment options for depression. This tool requires no "work" on the part of the patient (no writing, no planning...).

Benefits of the tool and how to encourage patients to use it

- Gives some basic information about depression to patients who want to engage in their self-care.
- Patients who are worried about the stigma associated with depressions, or those who may not identify with the "depressed" or "low mood" labels. By watching other normal people talk openly about their feelings, it may help the patient realize they don't need to be ashamed of how they are feeling and that it is possible to overcome depression.
- Patients who need some help sharing their experiences with family or friends. The patient can watch the film with a spouse for example and get a discussion going about how low mood is affecting them both.

What a patient might ask

I can't get the movie to play…

Technical inquiries on operating the DVD/VCR should be expected. Respond to questions by troubleshooting to the best of your ability. If a simple solution can't be found quickly, ask if there is someone in the home to help the patient with this.

Can you tell me more about medications?

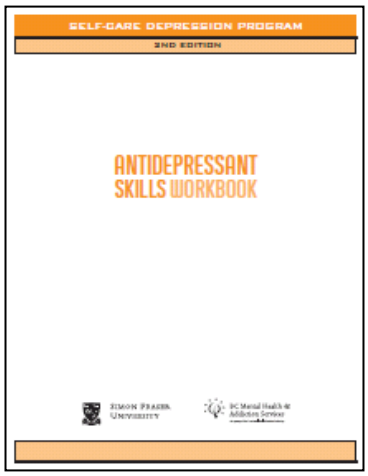
Patients might inquire about any given topic related to depression. If questions go beyond the information available in the film, you can refer patients to the "Antidepressant Skills Workbook" which has a more thorough section on depression (pages 3-18).

If a patient asks a question about depression to which you do not have an answer, don't be shy about telling him/her that you don't know but that you can try to find out before your next call with him/her. You can discuss the question your supervisor before speaking with the patient again.

2.2.2 The Antidepressant Skills Workbook + audio CD

Description

The workbook consists of a detailed description of depression (pages 1-17), and suggests three strategies for improving depression: reactivating your life, thinking realistically, and problem solving . The table of contents (of the workbook itself) is a good reference for finding the different sections in this workbook. As with all other tools, you should be very familiar with the content of the workbook, understanding the various sections and the progression of the information presented.



Again, as with other tools, it is important to emphasize that the workbook belongs to the patient. They may photocopy anything, write on it however they want, cut things out; it's theirs now.

Throughout the workbook there are workbook-activities. The patient is supposed to write in these fields in response to the prompting questions. A symbol of a pen will appear next to each of these fields. Some of these workbook-activities are also found in the back of the workbook for further use.

The audio CD that accompanies this workbook begins on page 18 and continues through the three antidepressant skills sections and Margaret's story, on page 53. Some patients may find it helpful to listen to the audio before starting with the full workbook.

Benefits of the tool and how to encourage patient to use it

The workbook incorporates basic information about depression but adds the extra element about understanding thoughts and feelings. The workbook offers exercises to self-manage inactivity and negative thinking and solve problems.

What a patient might ask

Can I write in this book?

Respond that the book is theirs to write in; they can write whatever they like. They can also photocopy the worksheets, or download and print those same pages from the internet.

I don't want to write in here because my kids might see it.

Some patients may be reluctant to write in their book because of worry that someone else will find it. Try to suggest that the patient find a place where the workbook will not draw attention and will remain private

Below is an example you can use for guiding the patient through the Antidepressant Skills Workbook.

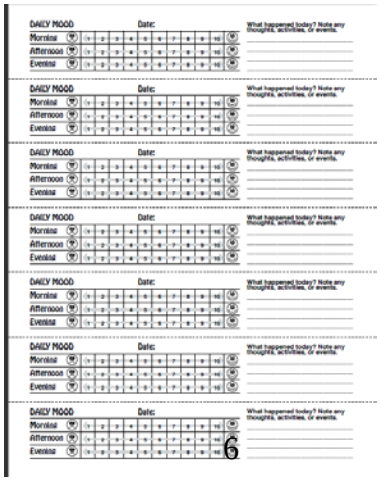
- The table of contents (of the workbook) is a good reference for finding the different sections in this workbook. You can always refer back to this in case you need some guidance.
- The introduction tells you what you can expect to find in this workbook, and how it might help you if used correctly.

- To use this workbook, it is important that you write down your ideas when the workbook asks you to do so. Wherever you are supposed to write something, you will find a small picture of a pen, and some blank lines for you to write on.
- What is Depression (page 5) will tell you about the different types of symptoms people experience in mild and major depression.
- What Causes Depression (page 6) explains 5 different causes of depression.
- The next section More About Medication gives you widely accepted advice on taking your medication.
- The Antidepressant section (page 18) is the largest section in this workbook. You can listen along with the CD from this point on.
    - There are 3 parts to the Antidepressant Skills section: Reactivating Your Life, Thinking Realistically, and Solving Problems Effectively. In each of these 3 parts, you will be asked to write different things in the workbook. It is important that you try to follow the workbook's instructions in these sections. Remember, the workbook is yours to write in!
- Reducing the Risk of Relapse helps you find the right strategies to prevent a depression relapse in the future, and how to handle a relapse if it occurs.
- The Story of Margaret is about someone suffering from depression. You can read her story to see how she used the antidepressant skills workbook to better her depressed mood. At this point, the recording on the CD ends.
- Suggested Readings gives you a list of books recommended by the authors about depressed mood.
- The Useful Information section is a few pages of recommendations on healthy lifestyle choices. The areas discussed are Diet, Physical Activity, Sleep, Caffeine, and Drugs and Alcohol.
- Last is the Worksheets section, which gives you copies of some of the worksheets you might have filled out in the Antidepressant Skills section in the workbook. You can photocopy these and use them as much as you like.

2.2.3 Mood monitoring sheets

Description

These sheets are a mood diary for the patient. Opening the section in the binder, the patient will find the instructions page which describes how to use the tool. There are three mood scales per day – morning, afternoon, and evening – for the patient to complete each day. There is a box for them to write any comments they had after each day. On the back there is a page dedicated for reflection; the patient can comment on how their mood has been progressing.



It is important to emphasize that it takes very little time (i.e., a minute or two) to use the mood monitoring notebook *at least* once daily.

It is also important to emphasize that there are no right or wrong answers, and to make clear that no one but the patient will be looking at this tool.

Benefits of the tool and how to encourage patient to use it

- Patients may have trouble seeing the link between what they do and how they feel. As a coach, you should not make the link explicit to patients, but rather encourage them to take a few minutes to complete the charts each day and prompt them to think about what may have caused a good or bad mood.
- **Patients can begin with the mood monitoring sheets to help them plan activities that they identify as being mood boosters. They should be encouraged to use the Mood Monitoring diary in conjunction with the Workbook**: if the patient notices that certain activities improve mood, they can use the "Reactivating your life" section of the workbook to help them plan time for these activities. If the patient notices that certain problems are lowering their mood, they can use the "Problem solving" section of the Workbook to develop strategies to deal with those problems.

What a patient might ask

Do I have to do this three times a day?
What do I write in the comment boxes?
Am I doing this right?

Expect some questions about how to fill out the chart, and what they should write in the comments boxes. These should be easy to answer once you are familiar with the tool and have tried using it yourself for a few days. **Try using the tool yourself for at least a week!** Then, try an example with the patient.

I don't think this is working. Why should I do this?

Patients may not immediately see the value of charting their mood each day. Again, you do not want to do the work for them, but you will want to help them see that certain thoughts or activities affect mood. Try to fill it with the patient to explain each section and help them with potential obstacles. Patients may then feel more motivated to plan rewarding activities or to work on some skills detailed in the Antidepressant Skills Workbook (realistic thinking, problem solving etc) so they can better control their thoughts.

2.3 Supplemental materials

The kit also includes supplemental materials, which may not be necessary for all patients but which can be a great help to some. These materials include a relaxation CD and information on medication misuse, emotional eating, a list of community resources, suggested websites and books and a booklet for family members and friends.

2.3.1 The relaxation CD

Description

This CD is about 30 minutes long, and comprises a progressive muscular relaxation technique. The tool requires little work from the patient other than listening to it in a quiet environment and following the instructions.

Best suited for which patients?

- Patients who complain of restlessness or anxiety
- Patients who complain of insomnia, or having trouble falling asleep.

What a patient might ask

I can't get the CD to play…

Technical inquiries on operating the CD should be expected. Respond to questions by troubleshooting to the best of your ability. If a simple solution can't be found quickly, ask if there is someone in the home to help the patient with this.

Can you tell me more about anxiety or insomnia?

Patients might inquire about any given topic related to depression, such as anxiety, restlessness and insomnia. You can refer patients to the "Antidepressant Skills Workbook" which has a more thorough section on depression (pages 3-18).

If a patient asks a question about anxiety or insomnia to which you do not have an answer, don't be shy about telling him/her that you don't know but that you can try to find out before your next call with him/her. You can discuss the question with your supervisor before speaking with the patient again.

2.3.2 Medication Misuse Information

Description

This section was designed for any patient who has difficulty managing their medications.

This document describes:

- The need to understand how to follow instructions for taking medication
- Instructions on what the patient should do when visiting the doctor
- Steps to manage medication at home

The section also includes a chart that the patient can fill out to help him/her keep an overview of all their medication.

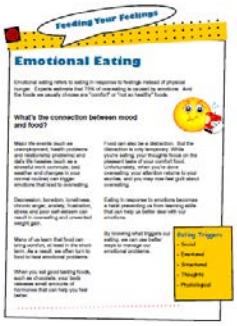
Best suited for which patients?

- Patients who have difficulty managing medication, forgetting doses or not taking the prescription how the doctor prescribed

2.3.3 Emotional Eating Information

Description

This document was designed for any patient who has changing eating behaviours and uses eating as a response to feelings.



This document describes:

- The connection between mood and food
- How to identify triggers
- The difference between emotional and physical hunger
- Steps to managing emotional eating
- Possible difficulties patients may encounter when trying to deal with this issue
- Helpful websites

Best suited for which patients?

- Patients who have difficulty separating emotional and physical eating, who eat more than usual and who may have experienced weight gain or who are trying to lose weight.

2.3.4 Community Resources

Description

A list of organizations for: physical activity, chronic illness support, and depression support. The list presents a sample of organizations available in each of the three categories. It should be tailed to reflect resources available in your community.

Best suited for which patients?

- Patients who are trying to set goals to increase their activity level, who are seeking support for their chronic illness, or who are seeking support for their depression.
-

What a patient might ask:

The resources are too far from my house, I can't use them.
I found something, but it was too expensive. Can you help me find something less expensive?
A patient may not live near enough to the locations, or may simply not want to go to any of the listed organizations.

It is important that you help the patient find a community organization by:

1. finding out what category organization they want to use
2. finding out which neighbourhoods are within a reasonable travel distance from their home

Once answered, check if there are organizations on the list that satisfy these requirements (in case the patient missed them).

If there are, notify them. If there are not, tell them that you will try to find a suitable community resource for the next contact.

After the phone call is over, use reference books to locate a suitable organization. If such an organization doesn't exist, try to find a similar replacement, and suggest it to the patient at the next phone contact.

3 suggested reference books for the Greater Montreal area:

1. Directory of Community Services of Greater Montréal
2. Répertoire des ressources en Santé Mentale du Montréal Métropolitain
3. Directory of Self-Help Groups in the Greater Montréal Area
4. The patient's CSSS

The Directory of Community Services contains lists of community organizations in Montreal. They are organized alphabetically, by classification, district, and languages offered. Note that the English side of this book lists only those organizations that offer services in English, or English and another

language. Thus the French side contains those organizations that offer services in French, or French and another language. There will be some overlap between the two sides of this book, but some organizations will be exclusively on one or the other side. This book should contain all those organizations (and more) listed in the two other books.

The Répertoire des resources en Santé Mentale du Montréal Métropolitain deals specifically with mental health resources; in it you will find resources such as hotlines or self-help or support groups for patients or for family members of those with mental health problems. Though many of the groups herein are dedicated to other mental illnesses, there are still a good number of resources dedicated to depression. Note that this book is exclusively in French, but some of the resources are offered in English, French, or are bilingual.

Directory of Self-Help Groups in the Greater Montréal Area is organized similarly to the Directory of Community Services, but more specifically contains self-help or support groups in Montreal. Note that this book does not organize by district.

Each CSSS in Québec has a website with information on care and services offered in the community. For patients outside the greater Montréal area, you can ask the patient for his/her CSSS. If the patient does not know, you can search online for it with their postal code.
Once at the main web page, click on Care and Services, and then on Community resources.

Know what the patient wants
Depending on which area the patient wants to activate, different resources will need to be channelled. In addition to asking prompting questions for community resources, keep in mind the following:

- The language(s) spoken by the patient
- The mobility of the patient
- Anything you have noticed about them that could guide your choice

Be Creative

- The patient may not want to be helped; try suggesting a volunteer service for them to join. That way they will be involving themselves with the community, getting active, helping others, and benefiting all at once.
- Public libraries often have events that are open to the public; this is a good way for the patient to engage in personally rewarding activities
- YMCAs are a diverse resource that can be useful to most people; some YMCAs offer free-of-charge use of the swimming pool on selected days; use their website to see complete schedules

Verify the resource
Before calling the patient back with the resource, check that it is currently offering whatever program you found by calling them. This will only take a few minutes to do, but will build the patient's confidence in you because the resource you suggested could deliver what you said it would.

2.3.5 Suggested websites and readings

Description
A list of references for books and websites concerning depression

Best suited for which patients?

- For patients who ask for additional material on depression.

2.3.6 Booklet for family members and friends

Description

A booklet to give to family or friends who may want to know more about the patient's experience or how to help the patient

This short booklet describes:

- why family and friends are important for someone with depression;
- how to deal with your own emotions as you support a depressed person;
- how to best help someone manage depression;
- questions to ask when accompanying a depressed patient to the doctor's;
- some sources of support for those who care for someone with depression.

Best suited for which patients?

For patients who often speak about a family member or friend who is involved in the patient's care.

Not all patients will have someone in their lives they will want to give the booklet to - it is provided as an option and need not be used.

2.4 PHQ-9

2.4.1 Overview

The Patient Health Questionnaire (PHQ-9) is a brief instrument which enables practitioners and patients to monitor key symptoms of depression/low mood. Blank copies of the PHQ-9 are placed in your coach agenda, in the sections when you will need it.

If the patient complains about having to answer the same questions during every session, explain that answers to these questions can change from week to week and that you are looking to see if there has been any change in the way the patient has been feeling. Ask them to use the copy of the Patient Health Questionnaire provided in their self-care binder to make following along easier.

The PHQ-9 will be administered at every phone call. It will help you identify what some of the problem areas are and suggest an appropriate tool in response.

2.4.2 Administering the PHQ-9

Tell the patient you will be going through the PHQ-9. Run through all the questions in order and prompt the patient for an answer as needed.

For example, you would say "*Over the last 7 days, how often have you been bothered by little interest or pleasure in doing things?"* If the patient says "*not at all",* move on to the next question. Do not probe.

If the patient says he/she does not know or if he/she refuses to answer, you will leave the line blank and indicate beside the question that the patient refuses to answer.

For a 2-poled question – "*trouble falling or staying asleep, or sleeping too much"* – you may want to preface the question with "*have you been bothered by sleeping problems: for example trouble falling or staying asleep, or for example sleeping too much"*

Circle the number corresponding to the answer the patient gives, as we've done in the example on the next page. If patient says "only 1 day", mark as "several days".

	Over the last 7 days, how often have you been bothered by	Not at all	Several days	More than half the days	Nearly every day	Don't know
a	**Little interest or pleasure in doing things**	0	1	(2)	3	0
b	**Feeling down, depressed, or hopeless**	0	1	2	3	0
c	**Trouble falling or staying asleep, or sleeping too much**	0	(1)	2	(3)	0
d	**Feeling tired or having little energy**	0	1	2	(3)	0
e	**Poor appetite or overeating**	0	1	(2)	3	0
f	**Feeling bad about yourself – or that you are a failure or have let yourself or your family down**	0	(1)	2	3	0
g	**Trouble concentrating on things, such as reading the newspaper or watching television**	0	1	(2)	3	0
h	**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	0
i	**Thoughts that you would be better off dead or of hurting yourself in some way**	0	(1*)	2*	3*	0

TOTAL SCORE: _____

IMPORTANT:

***If score for the last question is 1,2 or 3 follow the protocol for suicidal thoughts (see section 4)**

2.4.3 Scoring the PHQ-9

Scoring the PHQ-9 is as simple as adding up the numbers you circled during administration of the questionnaire.
If the patient is unable or refuses to answer one of the questions, estimate the worst possible answer to the question and add this to the score. Make a note that these answers were estimated. If this increases the score to an alert level, follow the appropriate protocol (see below and see section 4).

Score	**Severity**
<10	No/Mild depression
10-14	Moderate depression
15-19	Moderate to severe depression
>20	Severe depression

<u>IMPORTANT:</u>

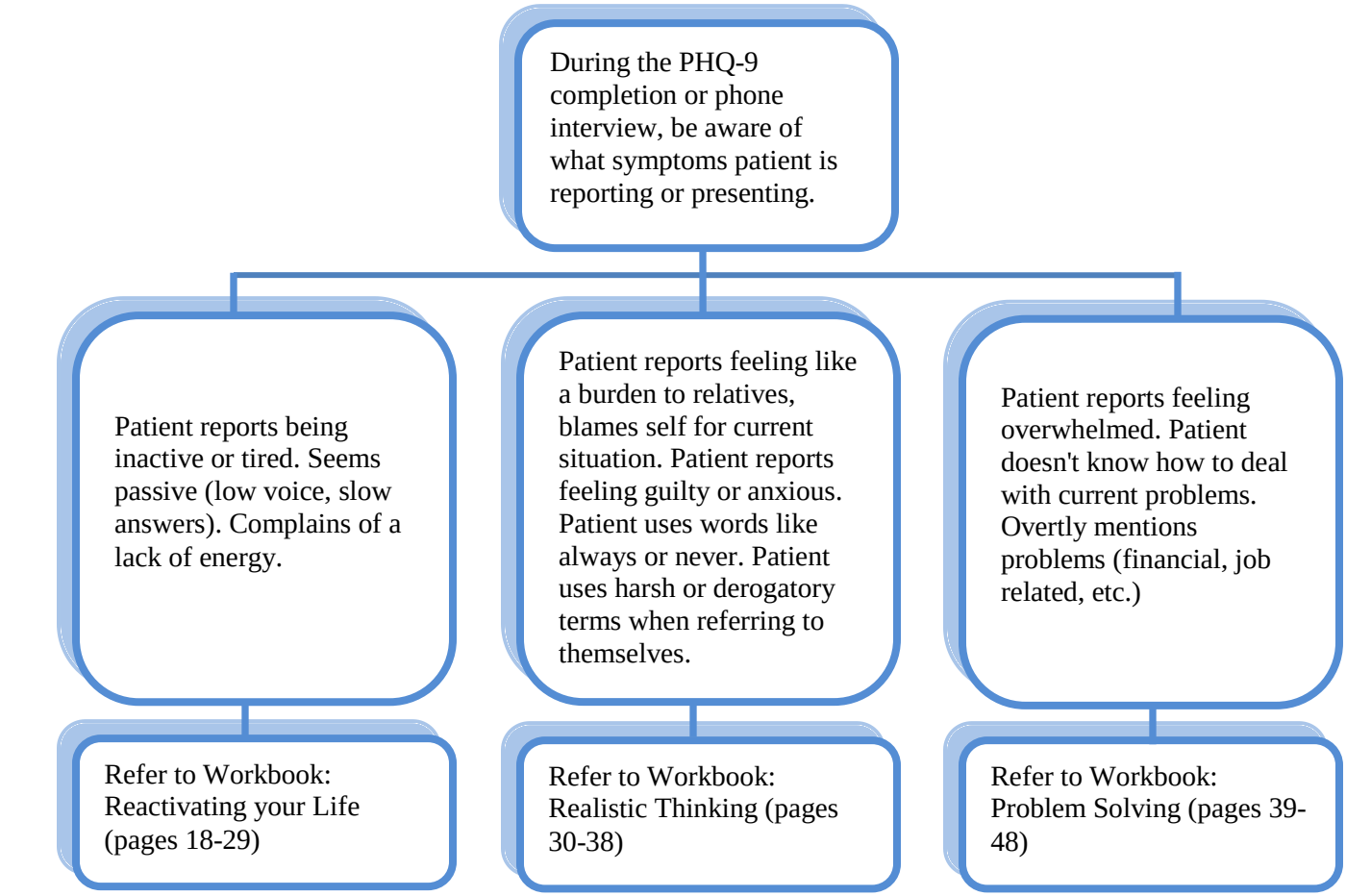
If the subject scores 20 or more on the PHQ-9
or
if there is an increase of 7 or more points since the last PHQ-9 score,
or
if the subject complains that they are much more depressed than usual

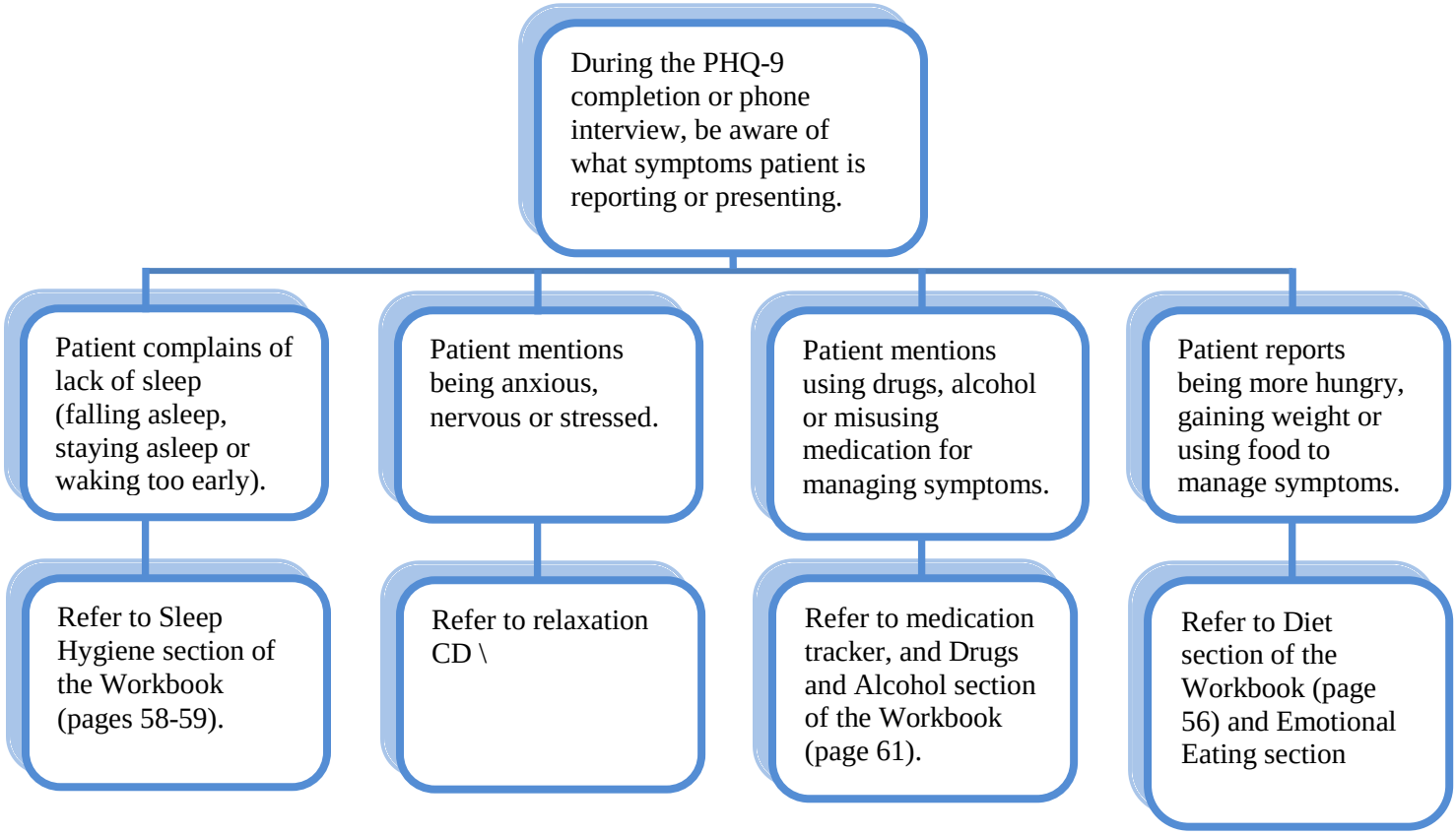
<u>Follow the protocol on severe depression (see section 4)</u>

If patients ask for information on their scores or the progress of their scores, or if they ask how they are doing after the PHQ-9, you may very briefly say something like "*According to our scale, you have symptoms that indicate [mild/moderate/moderate to severe] depressive symptoms.*" Remember that you are not acting as a therapist and so are not in a position to interpret scores for the patients. Explain that this is an instrument the researchers are using to understand how self-care may be affecting the patient and that you are not qualified to discuss it in more detail. Refocus the call on the patient's use of, experience with and questions about the self-care tools.

2.4.4 Using the PHQ-9 to suggest an appropriate tool

The following charts may help you use the results of the PHQ-9 questionnaire to suggest an appropriate and useful tool for the patient. The first chart is to select core material (i.e. what is included in the Antidepressant Skills Workbook and essential in the treatment of depression) and the second to select the supplemental material may be useful to patients after they have mastered the core material. As a general rule, before offering the supplemental material, you should prioritise the core interventions. The Antidepressant Skills Workbook contains the three core interventions proven to help treat depression (Reactivating your Life, Realistic Thinking and Problem Solving). Some patients may not need anything more than what is provided in the core materials to feel significantly better, but we have added on certain supplemental materials which may be useful for some patients who have bothersome symptoms.


During the PHQ-9 completion or phone interview, be aware of what symptoms patient is reporting or presenting.
Patient reports being inactive or tired. Seems passive (low voice, slow answers). Complains of a lack of energy.
Refer to Workbook: Reactivating your Life (pages 18-29)
Patient reports feeling like a burden to relatives, blames self for current situation. Patient reports feeling guilty or anxious. Patient uses words like always or never. Patient uses harsh or derogatory terms when referring to themselves.
Refer to Workbook: Realistic Thinking (pages 30-38)
Patient reports feeling overwhelmed. Patient doesn't know how to deal with current problems. Overtly mentions problems (financial, job related, etc.)
Refer to Workbook: Problem Solving (pages 39-48)


During the PHQ-9 completion or phone interview, be aware of what symptoms patient is reporting or presenting.
Patient complains of lack of sleep (falling asleep, staying asleep or waking too early).
Refer to Sleep Hygiene section of the Workbook (pages 58-59).
Patient mentions being anxious, nervous or stressed.
Refer to relaxation CD \
Patient mentions using drugs, alcohol or misusing medication for managing symptoms.
Refer to medication tracker, and Drugs and Alcohol section of the Workbook (page 61).
Patient reports being more hungry, gaining weight or using food to manage symptoms.
Refer to Diet section of the Workbook (page 56) and Emotional Eating section

3. Supporting self-care

3.1 Overview of the coach role

As a self-care coach, you will have direct contact with the patients in this study and you will be supporting their use of the self-care tools. Your close contact with the patients is an essential part of this intervention. You role is to guide, teach and motivate. With all the information we have provided in the tools for treating depression, it may be difficult to avoid becoming a therapist rather than a coach. This section will present further information and instruction to help you stay on track.

3.2 Understanding cognitive behavioral therapy

Cognitive behavioural therapy (CBT) is an effective treatment for depression. At the heart of CBT is an assumption that a person's mood is directly related to his or her patterns of thought and behaviour. Negative, dysfunctional thinking and behavior affects a person's mood, sense of self and even physical state. The goal of cognitive behavioural therapy is to help a person learn to recognize dysfunctional patterns of thought and behavior and replace them with healthier ways of thinking and behaving.

In this section, we will present what therapists do when practicing CBT with their patient. **As a coach, you are not expected to act as a therapist. However, it may be helpful for you to understand the basics of CBT so that you may help the patient learn to engage in self-care.** The Antidepressant Skills Workbook is based on principles of CBT.

Therapists who practice CBT aim to help their patients change patterns of behaviour that come from dysfunctional thinking. Negative thoughts and behavior predispose an individual to depression and make it nearly impossible to escape its downward spiral. When patterns of thought and behavior are changed, so is mood.

CBT is based on two specific principles: cognitive restructuring, in which the therapist and patient work together to change thinking patterns and behavioral activation, in which patients learn to overcome obstacles to participating in enjoyable activities. CBT focuses on the immediate present: *what and how a person thinks* as opposed to *why a person thinks that way.*

CBT is goal oriented. Patients working with their therapists are asked to define goals for each session as well as longer-term goals. Longer-term goals may take several weeks to achieve or even a couple months. Some goals may even be targeted for completion after the sessions come to an end.

The approach of CBT is educational. It uses structured learning experiences that teach patients to monitor and write down their negative thoughts and mental images. The goal is to recognize how those ideas affect their mood, behavior, and physical condition. It also teaches important coping skills, such as problem solving and scheduling pleasurable experiences.

CBT can be an effective treatment for mild and moderate depression. It's also been shown to be effective at reducing relapses in patients who experience frequent relapses after having gone through other treatments.

Nearly two out of every three patients who are treated successfully for depression are treated with medications alone. Other patients, though, have lingering symptoms even when medication is partially working. CBT can be effectively used to treat many of these patients.

Although a wide range of people respond well to cognitive behavioural therapy, experts point out that the type of person likely to get the most benefit is someone who is motivated, has an internal locus of control and has the capacity for introspection.

3.2.1 Behavioural Activation

Behavioural activation (presented in the Antidepressant Skills Workbook in the "Reactivating your Life" section, pages 19-29) is another goal of CBT that aims to help patients engage more often in enjoyable activities and develop or enhance problem-solving skills. Inertia is a major problem for people with depression. One major symptom of depression is loss of interest in things that were once found enjoyable. A person with depression stops doing things because he or she thinks it's not worth the effort. But this only deepens the depression. In CBT, the therapist helps the patient schedule enjoyable experiences, often with other people who can reinforce the enjoyment. Part of the process is looking at obstacles to taking part in that experience and deciding how to get past those obstacles by breaking the process down into smaller steps.

Patients are encouraged to keep a record of the experience (with the Mood Monitoring Sheets for example), noting how he or she felt and what the specific circumstances were. If it didn't go as planned, the patient is encouraged to explore why and what might be done to change it. By taking action that moves toward a positive solution and goal, the patient moves farther from the paralyzing inaction that locks him or her inside the depression.

3.2.2 Cognitive Restructuring

Cognitive restructuring (presented in the "Thinking Realistically" section of the Antidepressant Skills Workbook, pages 30-38) refers to the process in CBT of identifying and changing inaccurate negative thoughts that contribute to the development of depression. In traditional CBT, this is done collaboratively between the patient and therapist, often in the form of a dialogue.

Patients with depression may have automatic thoughts in response to certain situations. They're automatic in that they're spontaneous, negatively evaluative, and don't come out of deliberate thinking or logic. These are often underpinned by a negative or dysfunctional assumption that is guiding the way patients view themselves, the situation, or the world around them.

Other examples of automatic thinking include:

- Always thinking the worst is going to happen. For instance, a person may convince himself he is about to lose his job because the boss didn't talk to him that morning or he heard an unsubstantiated rumor that his department was going to cut back.

- Always putting the blame on oneself even when there is no involvement in something bad that happened. For example, if someone did not return your call, you might blame it on the fact that you are somehow a very unlikeable person.

- Exaggerating the negative aspects of something rather than the positive. Think of someone who exercises a stock option from a bonus a week before the stock rises another 10%. Instead of enjoying the bonus money he just got, he tells himself he never gets the breaks or that he's too afraid to take risks that he should take. If he weren't, he would have known to wait.

The idea in CBT is to learn to recognize those negative thoughts and find a healthier way to view the situation. The ultimate goal is to discover the underlying assumptions out of which those thoughts arise and evaluate them. Once the inaccuracy of the assumption becomes evident, the patient can replace that perspective with a more accurate one.

Between sessions, the patient may be asked to monitor and write down the negative thoughts in a journal and to evaluate the situation that called them up. The real goal is for the patient to learn how to do this on his or her own.

3.2.3 Problem solving

Problem solving (presented in the Antidepressant Skills Workbook in the "Solving Problems" section, pages 39-48) refers to the process of identifying current and/or potential problems and finding constructive solutions to these problems. Individuals who suffer from depression may feel overwhelmed by problems or everyday situations which used to be considered banal. This can encourage avoidance behavior, which in turn can create bigger problems.

- Lack of energy can discourage patients from doing everyday chores, like doing the dishes. After a few days of avoiding dishes, they accumulate into a large amount and require even more effort to complete.

In CBT, the problem solving process is taught in specific steps. It is encouraged to practice problem solving in writing to begin.

- The first step is to identify specific problems; patients suffering from depression have a tendency to see all the problems in their lives as one big problem. To start, smaller problems are identified and specified. For example, if the mail has been piling up for a week and bills need to be paid; this could be a specific problem to address.
- The second step is to brainstorm possible active solutions to the problem and jot them down. These potential solutions are not evaluated for their usefulness at this step.
- The third step is to evaluate the solutions which seem the most effective for the selected problem, by identifying the advantages and disadvantages of the actions identified as potential solutions. This allows patients to select solutions based on a thoughtful evaluation instead of an impulsive action to get rid of an overwhelming situation.
- The fourth step is to select a solution which seems the most advantageous, It is important to not dwell too long in this section since there is no right or wrong solution, and move on to the next step.

- The fifth step is to apply the selected solution. The key point is to put the solution into action, even if it is not the perfect solution. Afterwards, it can be useful to evaluate the outcome, if the selected solution resolved the problem, and if not, to see where it went wrong in order to apply the problem solving effectively next time.

The goal of this intervention is to get patients to face up to current problems and learn to deal with them on their own in an efficient manner.

3.3 Coaching dos and don'ts

As a coach, DO:	As a coach, DON'T:
1. Inform/provide factual information 2. Listen and acknowledge, but quickly focus back on use of the self-care tools 3. Advise patients to contact a health professional if they feel they need treatment (for mental or physical conditions)	1. Try to heal or treat 2. Make direct interventions in the subject's life (i.e., give advice) 3. Offer emotional support 4. Engage in long discussions about issues unrelated to use of the self-care tools (e.g., financial problems) 5. Give advice on personal matters (e.g., marriage problems) 6. Interpret behavior (e.g., "your inability to set goals suggests you are not motivated to change")

3.3.1 Dos

Coaching involves teaching someone how to do something by instruction, demonstration, encouragement, prompting and practice.

Support the patient:

- Guide the patient as he/she discovers the self-care toolkit.
- Use of the 3 core tools (DVD, Mood Monitoring, Workbook) should be recommended to patients during the first or second contact. Use of the other tools should be recommended as indicated.
- Answer the patient's questions about the self-care tools
- Help the patient select the tool or combination of tools that best suits his/her needs or preferences
- Assist with goal-setting if the patient requires it; always refer back to the tools when doing this
- Refer the patient to appropriate community resources which will help him/her meet his/her goals
- Encourage and motivate the patient throughout the intervention period

Monitor the patient:

- Administer the PHQ-9 questionnaire (see Section 2.4) at every phone contact

Positive reinforcement and empathy:

As a coach, it is very important to offer positive reinforcement to the patient. Even recognizing that a patient has picked up the phone and stuck to the agreed upon date and time for your contact is an example of positive reinforcement.

Positive reinforcement is a great tool for the coach role. It is important to address the efforts and successes of the patients to ensure they keep using the toolkit and to encourage them to try other tools.
However, the way you give positive reinforcement can be misconstrued as patronizing. First of all, your tone of voice must be upbeat, but be wary of high inflections, which may not be well received. Also, it is important to reinforce specific behaviours and efforts. Finally, try to keep it short, with only a few encouraging words.
Here are two examples, one of appropriate positive reinforcement and one of an inappropriate reinforcement.

- Appropriate: *I'm glad to hear that you are feeling better and finding the tools in the Antidepressant skills workbook helpful. From what I understand you have been working very hard at getting better. Are there any symptoms you are still finding bothersome? We can try and find another tool which could be as helpful as the other ones.*

- Not appropriate: *Wow, you are doing so great! That is wonderful. I'm so glad you like the tools and are taking better care of yourself. Now you see how hard work can pay off.*

Your role as a coach means that you will be in close contact with individuals who are going through a difficult time in their life. You may even be the only person the patient feels comfortable talking about his or her depression to. **It is quite normal to empathize with patients in this context**. Being understanding of how patients feel can be helpful in guiding them towards pertinent tools. This however means listening carefully to what patients say, telling them that you understand when you do and asking for clarifications is you are unsure. Here are a few examples of how to use empathy in guiding patients:

- *From what I hear, you seem to be very fatigued and have low energy. This must make it hard to do all the things that need to get done around the house. You might find that the "reactivating your life" tool in the Antidepressant skills workbook (page 18) could be helpful for that. Have you read that section in the workbook?*

- *Your answers on the questionnaire indicate that you are having feelings of guilt and are blaming yourself for your current condition. This must be very difficult for you. Maybe I can suggest a tool which could be of help. In the Antidepressant Skills Workbook, there is a section called "realistic thinking" on page 30. Would you like me to go over it with you?*

Focus the contact:
You have a limited time to complete each of your contacts, so keeping the conversation on track becomes very important. Some patients might want to talk to you about what is going on in their lives, or discuss other matters beyond the scope of your role as self-care coach. If this occurs, politely remind them that you only have a limited amount of time to complete

the agenda that you set at the beginning of that call. Remember that you are taking the role of a coach and not a therapist.

There are two useful techniques that will help you accomplish the goals of each contact within the limited time frame.

Set the agenda
Begin each contact with the patient by reminding them about the time limit, and what you would like to cover with them over the course of this contact. This can help focus the patient, and make the most of the limited time available for each contact. Use the "key points" box in your coach call agendas to help you do this (see section 5 for more information on the agenda notebook).

Refocus
You may find it difficult to interrupt a patient who is trying to tell you a lengthy anecdote about their life, or straying from the topics at hand. Remember that it is in their interest that you must respectfully interrupt them, and refocus to the task at hand. Remind them that this is necessary to interrupt them because of the limited time frame to accomplish the goals for each contact. Here a few ways you might want to do this:

- *You seem to have much to share with me today, and I'd be happy to discuss this briefly with you right after we complete today's agenda. It shouldn't take too long if you will bear with me.* [Remind the patient at the end of the call that you have other patients to coach and that you must stick to your schedule. If they are very talkative, use it as an opportunity to suggest a community resource like a discussion group, or to suggest thinking about social activities so that the patient can talk in a more appropriate context, to people that can take the time to listen.]
- *You seem to have many problems, but we have a few more things to cover during this call and I don't want to tire you out. How about we finish up what we have to, and then we can take a few minutes to talk about other things.*

Acknowledge and Validate
It is helpful to acknowledge what a person may be going through when they tell you about a certain life situation that goes beyond your non-therapeutic role as a self-care coach. You might say: "I can see how this could be difficult for you" before trying to transition to the self-care agenda that you've planned.

3.3.2 Don'ts

<u>Act as a therapist:</u>

The self-care intervention (which includes the tools and the coach support) will not substitute for the care and treatment provided by the patient's family doctor and this should be made very clear to the patient. The patient should never think that the coach is an expert that will help treat the depressive symptoms. In fact, the coach should make it clear to the patient that he/she is <u>not</u> an expert but rather a guide who will help make sense of the different tools being provided to the patient. As a

coach, you are there to facilitate the use of the tools, which is why it is always important to refer back to them. This is also why you should know the tools inside and out.

The patient's doctor will continue to have responsibility for the care of the patient and see him/her as clinically indicated. Again, the coach is not meant to treat the depression.

It is important that the coach not provide therapy, or try to manage the patient's care. The coach is not a therapist. A therapist is a healer: therapy involves a therapeutic alliance and a therapeutic contract to treat an illness and relieve suffering. Because this intervention involves self-care, it is key that the patient remain the agent of change. As a coach, think of yourself as a teacher or a guide.

You must avoid trying to help patients solve personal problems by discussing personal problems, giving advice to patients about personal problems or supporting their decisions about personal problems. You may acknowledge their personal problems (e.g. "Yes, that sounds like a difficult situation but my role is to teach you how to use the tools…") but stay focussed on your coaching/teaching role (e.g. on how and when they should apply the tools, correcting them when you think they are applying them incorrectly, etc.)

You may refer patients to certain tools and clarify terms that patients may find unclear. You may also give examples of application of certain tools (see examples given in the tool description).

As mentioned above, one of your main roles will be to help patients select the tools which may be useful to them, not to select the tools for them. In order to facilitate this difficult task, use the PHQ-9 and the Intervention Flow Charts (section 2.4)

Other behaviours to avoid:

As a coach, you will have frequent phone contact with patients who are going through a very hard time in their life. This phone contact may be difficult; you may feel compelled to help them as much as possible. However, sometimes our best intentions to help may have a detrimental effect on some patients. Here is an overview of behaviours to be aware of to make sure you don't hinder the intervention process.

Reassurance
Reassurance is the act of giving an explanation or a piece of advice to help someone feel less worried. Avoid using the following kinds of expressions:

- *Don't worry, things will get better*
- *It's always darkest before the light*
- *This is just a passing phase*

These words are in fact untrue and detrimental to patients. It can undermine their feelings and the work they have been doing to get better. It can give them the idea that depression will disappear without them investing in their treatment. Moreover, reassurance is something

we do when we are uncomfortable with our feelings about a situation; we want to alleviate the low mood of patients instantaneously. This is not possible however. You will have to learn to tolerate the discomfort that comes with coaching and abstain from trying to reassure.

Self-disclosure
Self-disclosure is the act of giving personal information about ourselves to either reassure patients or encourage them to apply suggested tools. This usually happens by giving examples from your life or that of your close friends and family members. This type of interaction can be a gateway to a relationship that is more friend than coaching, so you have to stick to your role and abstain as much as possible from self-disclosure.

Veering off course
As you read earlier, there are specific agendas for each of the telephone sessions with patients. These agendas were designed so that you can cover the most material in the allotted time frame. Some patients may have a tendency to be talkative and have a tendency to talk about anything but the toolkit and their progress. However, it is important that you remind them of the session agenda and that you have a limited time frame for the call.

3.4 Tools for the coach

3.4.1 The coach log

Each patient will be followed for a total of 6 months, or 24 weeks. You will be calling the patient weekly for the first 3 months of the study (or at another frequency agreeable to the subject - for a maximum of 12 contacts), and monthly thereafter (3 contacts).

You will be provided with a calendar (your **coach log**) that will allow you to keep track of all your appointments with patients. In this calendar, you should note each attempt to reach the patients so you can:

- Figure out what the best time to reach the patient is
- Show the monitor that you have made deliberate efforts to contact each patient
- Allow researchers to calculate how many attempts on average it takes to reach a patient

It is your responsibility to ensure that as many contacts are completed as possible.

It is very important to make note of the date and time of the final, successful attempt and to make a note of the time (minutes and seconds) that you spent actually speaking to the patient once he/she has been reached.
Each call to a patient is scripted. The scripts are referred to as coach agendas. See section 3.4.3 for an explanation of the coach agendas and section 5 for copies of the agendas.

<u>The First Contact</u>
The first contact between the patient and the coach will occur as soon as possible after the coach received the patient's contact information. This contact is very important – other contacts cannot occur until the first contact has taken place.

Repeat call attempts as needed (morning, afternoons, evenings). If you are unable to get a response after 6 attempts on different days and times, contact the supervisor.

The Second Contact
The second contact is about helping the patient select the tools with which they want to get started. This contact cannot be skipped.

Repeat call attempts a total of 4 times, trying to reach the patient on different days and times.

Interim Contacts
Interim contacts will allow you to check the patient's progress, help him/her use the tools and assist him/her with goal setting.
For the first three months of the study, you may call the patient every week (unless the patient has requested otherwise). This means that, including the first and second contact, you will complete up to 12 contacts (maximum) before progressing to the monthly calls. The last weekly call before moving onto the monthly calls should be a transition call. See more detail in your coach agenda notebook.
There will be one monthly call (in the 4th month) that will be an interim contact.

The Penultimate Contact
The penultimate contact is the before last monthly contact with the patient (in the 5th month of follow-up). Remind the patient at the end of this call that the next contact will be the last. Between this contact and the last, the patient should make a list of any questions or issues that he/she would like to address with you before you end your coach-patient relationship.

The Final Contact
The final contact you will have with the patient should focus on progress that the patient has made and on continuing with self-care beyond the study.

3.4.2 The contact sheet

The contact sheet includes the patient's name, language preference, telephone number and preferred contact times.

3.4.3 The coach agenda notebook

For each patient you will be following, you will receive a notebook of coach call agendas (see section 5). You should be very familiar with the content of each agenda before you begin coaching. Each agenda is your guide to any particular contact. You should attempt to follow the agenda as closely as possible.

There is plenty of space in the agenda for you to make notes on what the patient says so that you can keep track of your progress with the patient. Jot notes down as you are speaking with the patient and take a moment after the call to review your notes and add or correct anything as needed.

3.4.4 Preparing for a call, getting the patient on the line

Before calling

Before calling make sure that you have all the information and tools you may need during the call. It will be useful for you to have copies of all the self-care tools beside you when placing the call, so that you can easily refer to them or follow along if a patient is speaking about a specific section of a tool.

Before each call:

- Place English or French self-care tools beside you
- Open the agenda notebook to the right section, and take a look at your previous notes on the patient so you can refresh your memory about any particular concerns or other issues
- Prepare copies of all Alert sheets (see section 4) in case the patient seems suicidal or severely depressed

Reaching the patient

Some patients will be easy to reach. Some patients, however, may be much more difficult to reach, and you may have to be very persistent to finally get them on the line. Remember to keep track of how many times you've tried reaching each patient even if your call is not answered (use your coach log).

Whenever you call a patient's number, as soon as someone answers, state your name and where you are calling from (*Hello, this is [state your name only]. I am calling from name of organisation*). Confirm that you are speaking to the correct person. (*May I please speak to M(r/s)___?*)

> ►If someone else answers, you may indicate where you are calling from, but remember to respect the patient's privacy and not reveal the nature of the call. If asked, simply say it is confidential. Ask for the person you are looking for, if he/she is not available state you will call back later. (*Do you know when a good time to reach M(r/s) ___ might be?*) (Make a note of this and try calling back later. If the person on the line does not seem to recognize the patient's name, speak to the supervisor immediately as you may have the wrong number.)
>
> ►If the call goes to an answering machine, do not leave a message. Make a note and try reaching the patient a few hours later or the next day. After the first contact is made and the patient is more familiar with you, you may want to leave a message like "*Hello M(r/s) __. This is [state your name only]. I will try calling you back at [date/time] or you may reach me at …*" Do not say what the call is about – remember that there may be others in the patient's household and that we must respect each patient's privacy.

If you are noticing that you are having trouble reaching a patient, speak about it with the supervisor as soon as possible. If you are confused about which contact you should be administering in any given week, speak to the supervisor.

You will be provided with a voicemail number that you can give to patients with whom you have already established contact. Patients may call and leave you a message to discuss the call schedule, to reschedule a call appointment for example. They are not encouraged to use the voicemail number to ask questions about the tools or to raise other issues. These issues should be noted by the patient and discussed with you at your next call appointment.

4. Alerts

4.1 Suicide

Patients who are suicidal must be identified. These patients need more comprehensive care.

While it may be common for people with depression to have thoughts of suicide, it is very important to distinguish between these thoughts and an actual plan, or an attempt to commit suicide. Individuals with plans must be identified and reported right away to the psychologist (the supervisor).

If the patient says that he/she is having thoughts about being better off dead or is thinking of hurting him/herself in some way OR if the response to question i on the PHQ-9 is 1, 2, or 3, complete the suicide alert form. Ensure you always have a blank copy of this form when calling a patient. An example is provided at the end of your manual.

Inform the supervisor right away if the patient indicates he/she has a plan.

If the patient is only having thoughts, proceed with the interview and hand the completed alert sheet to the study coordinator next time you are in the study centre.

4.2 Severe depression

We must offer patients who have severe depression information on obtaining additional support.

If a patient scores 20 or more on the PHQ-9 or the PHQ-9 score has increased 7 points or more since the last time you administered it, complete the severe depression alert sheet. Ensure you always have a blank copy of this form when calling a patient. An example is provided at the end of your manual.

Suicide alert sheet

To be completed if a patient expresses suicidal ideation, either during PHQ-9 administration (a positive response to the 9th question) or at any other time.

Follow up any expression of suicidal thoughts by the following question (circle the patient's answer):

Do you feel these thoughts are something you will act on?

0 N] → read underlined text further below then proceed with your interview or with your coaching session

1 Y

If the patient says "yes":

Would it be ok for us to let your family doctor know that you have been having these feelings and thoughts?

0 N

1 Y

If Yes, collect contact information for family doctor:

Name: _____

Phone number: _____

Address: _____

_____

Read all text further below, end call and notify your supervisor immediately.

I would like to offer you some telephone contact numbers in case these feelings and thoughts get worse and you need help immediately.
You can call INSERT INFORMATION FOR EMERGENCY PSYCHIATRY NURSE
You can also call Suicide Action Montreal's hotline at 514-723-4000 .

At this point, I would like to stop our telephone conversation because I think you may want to get help for these feelings you've been having. I strongly encourage you to use the resources I mentioned. Thank you for taking the time to answer my questions. All the information you have provided so far will be kept confidential. Before we stop, do you have any questions about what I have said?

DATE: _____

NAME OF COACH: _____

PATIENT IDENTIFIER: _____

NOTIFY YOUR SUPERVISOR RIGHT AWAY IF PATIENT SAID "YES"

Severe depression alert sheet

To be completed if the PHQ-9 score is 20 or more or if the score has increased by 7 points or more since the last time you administered the PHQ-9.

If the patient's score is 20 or more week after week, and you have already alerted your supervisor, you do not need to complete another severe depression alert sheet.

You answers indicate that you may be dealing with moderate to severe depression. You may therefore benefit from more professional help. Would it be ok for us to let your family doctor know about your depressed mood?

0 N] → That's ok, but I would just like to encourage you to speak to a medical professional about your mood when you are ready to do so.

1 Y]→ OK thank you. I'll make sure he/she gets the information.

If Yes, collect contact information for family doctor:
Name: _____
Phone number: _____
Address: _____
_____

You can call INSERT CONTACT INFORMATION FOR EMREGENCY PSYCHIATRY NURSE if these feelings and thoughts get worse and you need help immediately.

DATE: _____
NAME OF COACH: _____
PATIENT IDENTIFIER: _____

NOTIFY YOUR SUPERVISOR AS SOON AS POSSIBLE

5. Coach contact agendas

Agenda for First Phone Contact (15-20 minutes)

Start time: _____

☐ **Greet patient and introduce yourself**

Good (morning / afternoon / evening), Mr/Mrs X. I am calling from NAME OF ORGANISATION . You have recently received an envelope containing your self-care tool kit. I would like to introduce myself - my name is _____ I'll be your self-care coach. My role is to help you get the most of out the self-care tools.

☐ **State purpose of call**

Do you have a few minutes to speak with me at this time? We'll look through the package that you received and I'll ask you a few questions to see how you've been feeling lately. Before we start, I just wanted to let you know that this call may be recorded, just so that we can ensure the quality of my work as a coach.

☐ **Ask patient to open kit**

Do you happen to have the tool kit with you?

- ☐ Yes → *could we take a few minutes to look it over together?*
- ☐ No → *would it be possible to go get it so that we can look it over together?*

☐ **Patient discovers toolkit**

Have you had a chance to look the tool kit over yet?

- ☐ Yes → *Have you started using any of the tools included? If so, which ones have you tried?*
- ☐ No → *There is no problem if you have not had the chance to look through the toolkit yet. It may be helpful to start by looking at the binder's table of contents.*

This kit has all the essential tools to help you improve your mood. It requires not only reading but also applying the tools to your everyday life and practicing. When you try the tools at first, you may not feel the effect right away, but it is important to stick with them and practice as much as possible. I can help you to use these tools in the following months with phone coaching sessions. Is this something you are interested in? A good place to start would be to watch the "Finding Your Way Out of Depression" DVD and to read pages 1 through 17 of the Antidepressant Skills Workbook.

☐ **Explain your role as a self-care coach**

As your self-care coach, my job is to guide you in use these tools. It is also to answer your questions or concerns about self-care as well as about the self-care tools you will receive from the study.
My role is similar to a personal fitness trainer- "If you go to the gym or play sports, fitness trainers don't do the actual physical work of getting you fit. That's up to you. However, the trainer helps you to devise a fitness plan, monitors your progress and encourages you when the going gets tough. As your self-care coach, I will act in the same way. I am there to support, advise, encourage and monitor your progress".

☐ **Scales**

The first thing we could do together is to look on page 2 of the Antidepressant Skills Workbook. There are 3 scales on that page which can help us evaluate how much depression has impacted your life and how ready you are to make a change. (Have patient fill out the three scales on page 2 of the ASW).
These scales ask you to rate from 0 to 100 the effect that negative mood has had on your life; how important it is for you to get better; and how willing you are to make getting better a priority. Would it be possible for you to give me the approximate place on the scale you marked?

Effect: _____/100 Importance: _____/100 Willingness: _____/100

☐ **Administer PHQ-9**

"I would like to ask you some standard questions from a questionnaire called the Patient Health Questionnaire (or the PHQ). You have a copy of this questionnaire at the end of your self-care binder. The PHQ asks about a series of common symptoms of low mood. You will become more familiar with this tool as we work together because I will be asking you these same questions every time we speak, just so we can keep track of your mood.

Let's begin: Over the last 7 days, how often have you been bothered by any of the following problems? For each item, please tell me if you have not been bothered at all, if you have been bothered for several days, for more than half the days, or been bothered nearly every day.

Remind respondents of the choices and timeframe when necessary. Circle the patient's answer. If patient says "1 day", circle 1 under "several days".

	Problem	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
a	Little interest or pleasure in doing things	0	1	2	3
b	Feeling down, depressed, or hopeless	0	1	2	3
c	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
d	Feeling tired or having little energy	0	1	2	3
e	Poor appetite or overeating	0	1	2	3
f	Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
g	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
h	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
i	Thoughts that you would be better off dead or of hurting yourself in some way	0	1*	2*	3*

TOTAL SCORE: _____

☐ **Set goals**

One way to start out is to set a goal. It can be anything, like getting back to some hobby you used to have, walking a few times a week or doing everyday chores around the house. It is your choice of what to do, but I suggest you start with something small and progressively increase as we go along with the coaching sessions. Is there anything that comes to mind for you today? A good first goal for this week could be to read pages 1-17 of the Antidepressant Skills Workbook and watch the "Finding Your Way Out of Depression" DVD. As well, you might also want to try using the Mood Monitoring notebook.

Patient goal(s):

If the patient does not have an idea, you can ask: *Are there any hobbies that you have stopped doing? Are there chores around the house you have been putting off?*

If you find that the patient's goal is unrealistic (too hard or too long term), you can say: *I'm glad to hear you are ready to get going with these tools. Maybe as a first step we can look at a smaller goal or divide your goal into smaller steps.*

☐ **Tools used by subject**

- ☐ Film

- ☐ Workbook ☐*Introduction* ☐*Reactivating* ☐*Realistic thinking* ☐*Problem solving* ☐*Other*: _____
- ☐ Mood monitoring
- ☐ Relaxation CD
- ☐ Medication misuse
- ☐ Emotional eating
- ☐ Additional resources Detail: _____
- ☐ Family booklet

☐ **Tools suggested to subject**

- ☐ Film
- ☐ Workbook ☐*Introduction* ☐*Reactivating* ☐*Realistic thinking* ☐*Problem solving* ☐*Other*: _____
- ☐ Mood monitoring
- ☐ Relaxation CD
- ☐ Medication misuse
- ☐ Emotional eating
- ☐ Additional resources Detail: _____
- ☐ Family booklet

☐ **Make appointment for next phone contact**

The coaching over the phone is usually once a week for the first three months and once a month for the last three months. How does this schedule sound to you? (This is the maximum frequency of phone sessions, but you can negotiate another schedule with the patient, for example once every 2 weeks for the first three months, or once a month for the duration of the study, if this is preferred).
To make it easier, could we make phone appointments for a specific day and time? When would be a good time to have our next coaching session?

Date: _____ Time: _____

☐ **End the session**

I think this covers everything we needed to discuss today. You and I looked at the workbook together and you set of goal of _____. Do you have any remaining questions?
Patient questions:
If you feel like you can answer the question, do at this time. If you are unsure, say something like: *Before I give you an answer, I just want to check with my supervisor. I will get back to you on our next phone session*.

Thank you for taking the time to talk with me today. I'll be calling you on _____ at _____. Have a good day/afternoon/evening.
End time: _____

Comments:

Agenda for Second Phone Contact (approx. 10 minutes)

Start time: _____

☐ **Greet patient**

Hello Mr/Mrs X, this is Y your self-care coach. As we agreed, I am calling for our coaching session. Do you have about 10 minutes for us to talk?

☐ **Ask about progress**

How was your mood this past week?

☐ **Set agenda for call**

For today, we have a few things to cover together and have approximately 10 minutes to do so. First, we will look at the goal you set last week. Next, we'll complete the PHQ questionnaire and after we will look at the tools included in the kit which may be of help to you.

☐ **Check progress on goal(s) and adjust if necessary**

On our last phone call, you set a goal to _____. I was wondering how you have been doing with this?

If patient is doing well in attaining goal→ *It sound as if you have been working very hard this past week and that you are close to attaining your goal. What do you think of setting another goal?*

If patient is not doing well in attaining goal or hasn't tried→ *It sound as if maybe the goal we set last time wasn't quite right. Maybe we could try and set another one (or maybe we could try and break it down into smaller steps)*

Patient goal(s):

☐ **Administer PHQ-9**

Would you happen to have your copy of the PHQ questionnaire with you so that we can complete it together now?

Great, let's begin: Over the last 7 days, how often have you been bothered by any of the following problems? For each item, please tell me if you have not been bothered at all, if you have been bothered for several days, for more than half the days, or been bothered nearly every day.

Remind respondents of the choices and timeframe when necessary. Circle the patient's answer. If patient says "1 day", circle 1 under "several days".

	Problem	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
a	Little interest or pleasure in doing things	0	1	2	3
b	Feeling down, depressed, or hopeless	0	1	2	3
c	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
d	Feeling tired or having little energy	0	1	2	3
e	Poor appetite or overeating	0	1	2	3
f	Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
g	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
h	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
i	Thoughts that you would be better off dead or of hurting yourself in some way	0	1*	2*	3*

TOTAL SCORE: _____

☐ **Help patient select a tool to get started**

- ☐ Listen to the DVD «*Finding Your Way Out of Depression*»

  A good way to start may be to listen to the DVD «Finding Your Way Out of Depression». This DVD shows the experience of different persons who want through depression as well as experts commentary. Some people find it helpful to hear people who went through the same things as them. The experts also give information about depression, which can be helpful to understand you difficulties.

- ☐ Mood monitoring sheets

  This tools can help to understand how your mood can be influenced by different aspects of your life. It is useful take a moment to ask yourself how you are feeling, it helps understand what we can change. As indicated, it can be useful to do it 3 times a day, but you can also try it once a day for a couple of days and then see how it goes. Would you like to try it together now?

- ☐ Reactivating your life

  It *seems from your answers on the PHQ that you are feeling fatigued and have little energy. A good tool to help you with this symptom is the Reactivating your life section of the Antidepressant Skills Workbook (pages 19 through 29). Have you read this section before? Would you like to look through it together?*

- ☐ Realistic thinking

  It seems from your answers on the PHQ that you have feelings of guilt/of being a burden to your relatives/of being responsible for your current situation. A good tool to help you with these

thoughts and feelings is the Realistic thinking section of the Antidepressant Skills Workbook (pages 30 through 38). Have you read this section before? Would you like us to look through it together?

☐ Problem solving

It seems from your answers on the PHQ that you may be feeling overwhelmed or unable to deal with certain problems. A good tool to help you with these thoughts and feelings is the Problem solving section of the Antidepressant Skills workbook (pages 39 through 48). Have you read this section before? Would you like us to look through it together?

☐ **Tools used by subject**

- ☐ Film
- ☐ Workbook ☐*Introduction* ☐*Reactivating* ☐*Realistic thinking* ☐*Problem solving* ☐*Other*: _____
- ☐ Mood monitoring
- ☐ Relaxation CD
- ☐ Medication misuse
- ☐ Emotional eating
- ☐ Additional resources Detail: _____
- ☐ Family booklet

☐ **Tools suggested to subject**

- ☐ Film
- ☐ Workbook ☐*Introduction* ☐*Reactivating* ☐*Realistic thinking* ☐*Problem solving* ☐*Other*: _____
- ☐ Mood monitoring
- ☐ Relaxation CD
- ☐ Medication misuse
- ☐ Emotional eating
- ☐ Additional resources Detail: _____
- ☐ Family booklet

☐ **End session and make appointment for next phone contact**

I think this covers everything we needed to discuss today. You and I talked about a tool to get started with in the tool kit_____ and adjusted your goal /set a new goal of _____. Do you have any remaining questions before we disconnect?

Patient questions:

TRY TO KEEP THE SAME CALLING SCHEDULE. Remind the patient of when the next call is to take place. Make a note in your calendar, and ask the patient to do the same at home.

Date of next call: _____ Time of next call: _____

Thank you for taking the time to talk with me today. I'll be calling you on _____ at _____. Have a good day/afternoon/evening.

End time: _____

Comments:

Phone contact number 3 4 5 6 7 8 9 10 11 12 4th month

Agenda for Weekly Interim Phone Contacts (approx. 10 minutes)

Start time: _____

☐ **Greet patient**

Hello Mr/Mrs X, this is Y your self-care coach. As we agreed, I am calling for our coaching session. Do you have about 10 minutes for us to talk?

☐ **Ask about progress**

How has your mood been this past week/two weeks/month?

☐ **Set agenda for call**

For today, we have a few things to cover together and have approximately 10 minutes to do so. First, we will look at the goal you set last week. Next, we'll complete the PHQ questionnaire and after we will look at the tools included in the kit which may be of help to you.

☐ **Check progress on goal(s) and adjust if necessary**

On our last phone call, you set a goal to _____. I was wondering how you have been doing with this?

If patient is doing well in attaining goal→ *It sound as if you have been working very hard this past week and that you are close to attaining your goal. What do you think of setting another goal?*

If patient is not doing well in attaining goal or hasn't tried→ *It sound as if maybe the goal we set last time wasn't quite right. Maybe we could try and set another one (or maybe we could try and break it down into smaller steps)?*

Patient goal(s)/comments:

☐ **Administer PHQ-9**

Would you happen to have your copy of the Patient Health Questionnaire with you so that we can complete it together now?

Great, let's begin: Over the last 7 days, how often have you been bothered by any of the following problems? For each item, please tell me if you have not been bothered at all, if you have been bothered for several days, for more than half the days, or been bothered nearly every day.

Remind respondents of the choices and timeframe when necessary. Circle the patient's answer. If patient says "1 day", circle 1 under "several days".

	Problem	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
a	Little interest or pleasure in doing things	0	1	2	3
b	Feeling down, depressed, or hopeless	0	1	2	3
c	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
d	Feeling tired or having little energy	0	1	2	3
e	Poor appetite or overeating	0	1	2	3
f	Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
g	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
h	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
i	Thoughts that you would be better off dead or of hurting yourself in some way	0	1*	2*	3*

TOTAL SCORE: _____

☐ **Help patient select a tool (using the answers from the PHQ-9)**

☐ Keep the same tool as last phone contact

Last week, you chose to try _____. Based on your answers on the PHQ and what you have told me, you could probably benefit from using these tools for another week. Do you find that this could be helpful?

☐ Introduce a new tool

☐ **Core Material**

☐ Listen to the DVD «*Finding Your Way Out of Depression*»

A good way to start may be to listen to the DVD «Finding Your Way Out of Depression». This DVD shows the experience of different persons who want through depression as well as experts commentary. Some people find it helpful to hear people who went through the same things as them. The experts also give information about depression, which can be helpful to understand you difficulties.

☐ Mood monitoring sheets

This tools can help to understand how your mood can be influenced by different aspects of your life. It is useful take a moment to ask yourself how you are feeling, it helps understand what we can change. As indicated, it can be useful to do it 3 times a day, but you can also try it once a day for a couple of days and then see how it goes. Would you like to try it together now?

☐ Reactivating your life

It seems from your answers on the PHQ/what we have talked about today that you are feeling fatigued and have little energy. A good tool to help you with this symptom is the Reactivating your life section of the Antidepressant Skills workbook (pages 19 through 29). Have you read this section before? Would you like us to look through it together?

☐ Realistic thinking

It seems from your answers on the PHQ/what we have talked about today that you have feelings of guilt/of being a burden to your relatives/of being responsible for your current situation. A good tool to help you with these thoughts and feelings is the Realistic thinking section of the Antidepressant Skills workbook (pages 30 through 38). Have you read this section before? Would you like us to look through it together?

☐ Problem solving

It seems from your answers on the PHQ that you may be feeling overwhelmed or unable to deal with certain problems. A good tool to help you with these thoughts and feelings is the Problem solving section of the Antidepressant Skills workbook (pages 39 through 48). Have you read this section before? Would you like us to look through it together?

☐ **Supplemental Material (if applicable)**

☐ Relaxation CD

It seems from your answers on the PHQ that you are often feeling anxious or restless. A good tool to help you with these feelings is the relaxation CD included in your toolkit. You can listen to it to get a guided relaxation technique. Have you listened to the CD before? Maybe this is something you could try a few times.

☐ Emotional eating section

It seems from your answers on the PHQ that you have been eating more than usual and are not feeling very good about it. A good tool to help you with this behaviour is the Emotional eating section of the Antidepressant Skills Workbook (pages X through Y). Have you read this section before? Would you like us to look through it together?

☐ Brochure for friends and family

It seems from what we have talked about today that you are having a bit of trouble discussing your depressive symptoms/low mood with your husband/wife/children/close relatives. A tool which may help you with this is the brochure for family and friends included with your toolkit. You can give it to your husband/wife/etc. to read as an ice breaker for a discussion on your current situation. Have you read this brochure before? Would you like us to look through it together?

☐ Alcohol/drug/Medication misuse sections

It seems from what we have talked about today that you have been consuming alcohol (or drugs) to help you feel better/Taking your medication improperly . Although this may seem like an appropriate solution, it may be a good idea to read the tool on drugs and alcohol (page 61) /on medication misuse (page X) in the Antidepressant skills Workbook, which may help you find another solution. Have you read this section before? Would you like us to look through it together?

☐ Sleep hygiene

It seems from your answers on the PHQ that you have been having trouble falling asleep/staying asleep/waking up too early. A good tool to help you with sleeping difficulties is the Sleep section of the Antidepressant Skills Workbook (page 58). Have you read this section before? Would you like us to look through it together?

☐ **Tools used by subject**

- ☐ Film
- ☐ Workbook ☐ *Introduction* ☐ *Reactivating* ☐ *Realistic thinking* ☐ *Problem solving* ☐ *Other*: _____
- ☐ Mood monitoring
- ☐ Relaxation CD
- ☐ Medication misuse
- ☐ Emotional eating
- ☐ Additional resources Detail: _____
- ☐ Family booklet

☐ **Tools suggested to subject**

- ☐ Film
- ☐ Workbook ☐ *Introduction* ☐ *Reactivating* ☐ *Realistic thinking* ☐ *Problem solving* ☐ *Other*: _____
- ☐ Mood monitoring
- ☐ Relaxation CD
- ☐ Medication misuse
- ☐ Emotional eating
- ☐ Additional resources Detail: _____
- ☐ Family booklet

☐ **End session and make appointment for next phone contact**

I think this covers everything we needed to discuss today. You and I talked about a tool to get started with in the tool kit_____ and adjusted your goal /set a new goal of _____. Do you have any remaining questions before we disconnect?

Patient questions/comments:

Date of next call: _____ Time of next call: _____

End time: _____

Agenda for Penultimate Phone Contact (approx. 10 minutes)

Start time: _____

☐ **Greet patient**

Hello Mr/Mrs X, this is Y your self-care coach. As we agreed, I am calling for our coaching session. Do you have about 10 minutes for us to talk? Before we get started today, I wanted to tell you that this will be our next to last call.

☐ **Ask about progress**

How has your mood been this past week/two weeks/month?

☐ **Set agenda for call**

For today, we have a few things to cover together and have approximately 10 minutes to do so. First, we will look at the goal you set last week. Next, we'll complete the PHQ questionnaire and after we will look at the tools included in the kit which may be of help to you. Well finish by talking about the 'staying well' section.

☐ **Check progress on goal(s) and adjust if necessary**

On our last phone call, you set a goal to _____. I was wondering how you have been doing with this?

If patient is doing well in attaining goal→ *It sound as if you have been working very hard this past week and that you are close to attaining your goal. What do you think of setting another goal?*

If patient is not doing well in attaining goal or hasn't tried→ *It sound as if maybe the goal we set last time wasn't quite right. Maybe we could try and set another one (or maybe we could try and break it down into smaller steps)*

Patient goal(s):

☐ **Administer PHQ-9**

So let's begin with the Patient Health Questionnaire. Do you have it with you so that we can complete it together now?

Over the last 7 days, how often have you been bothered by any of the following problems? For each item, please tell me if you have not been bothered at all, if you have been bothered for several days, for more than half the days, or been bothered nearly every day.

Remind respondents of the choices and timeframe when necessary. Circle the patient's answer. If patient says "1 day", circle 1 under "several days".

	Problem	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
a	Little interest or pleasure in doing things	0	1	2	3
b	Feeling down, depressed, or hopeless	0	1	2	3
c	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
d	Feeling tired or having little energy	0	1	2	3
e	Poor appetite or overeating	0	1	2	3
f	Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
g	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
h	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
i	Thoughts that you would be better off dead or of hurting yourself in some way	0	1*	2*	3*

TOTAL SCORE: _____

☐ **Tools used by subject**

- ☐ Film
- ☐ Workbook ☐*Introduction* ☐*Reactivating* ☐*Realistic thinking* ☐*Problem solving* ☐*Other*: _____
- ☐ Mood monitoring
- ☐ Relaxation CD
- ☐ Medication misuse
- ☐ Emotional eating
- ☐ Additional resources Detail: _____
- ☐ Family booklet

☐ **Tools suggested to subject**

- ☐ Film
- ☐ Workbook ☐*Introduction* ☐*Reactivating* ☐*Realistic thinking* ☐*Problem solving* ☐*Other*: _____
- ☐ Mood monitoring
- ☐ Relaxation CD
- ☐ Medication misuse

- ☐ Emotional eating
- ☐ Additional resources Detail: _____
- ☐ Family booklet

☐ **Introduce the plan to stay well**

*One of the key components in the **Antidepressant Skills Workbook** is the section on creating a plan to stay well on pages 49 through 52. The objective is to find ways to make sure that all the work you have been doing in these past 6 months pays off for a long time, in spite of possible difficulties in the future. I would like us to look this section over together, if that is ok with you. There are general tips on how to stay well on pages 50 and 51, such as introducing stress gradually and increasing activities you find rewarding. On our next and last phone coaching session, I would like us to make a plan together with specific actions for you to stay well. I suggest that this week, you think over which strategies you think will help you and we can organize your plan to stay well next time. How does this sound to you?*

If patient isn't sure where to start, you can say*: A good place to start is to think about which of the tools you have used in the past 6 months you have found most helpful. It can be keeping up with the activities you chose when applying the "Reactivating your life" tool, regularly using the "Realistic thinking" section of the Antidepressant skills workbook, or having a friend of family member as your coach in the future. It's important to figure out what can work for you, there is no right or wrong answer.*

☐ **End session and make appointment for next phone contact**

I think this covers everything we needed to discuss today. You and I talked about a tool to get started with in the tool kit_____ and adjusted your goal /set a new goal of _____. Do you have any remaining questions before we disconnect?
I would like to remind you that our next call will be our last and we will be talking about your developing a plan to stay well and about your experience in this coaching program, so feel free to jot down any ideas/comments you have or any remaining questions.

Date of next call: _____ Time of next call: _____
Thank you for taking the time to talk with me today. I'll be calling you on _____ at _____. Have a good day/afternoon/evening.

End time: _____
Comments:

Agenda for Last Phone Contact (maximum 20 minutes)

Start time: _____

☐ **Greet patient**

Hello Mr/Mrs X, this is Y your self-care coach. As we agreed, I am calling for last our coaching session. Do you have about 20 minutes for us to talk?

☐ **Set agenda for call**

As I mentioned last time, this will be our last telephone coaching session and we will be talking about your development of a plan to stay well, reviewing your experience in this project and covering any remaining questions you have.

☐ **Administer PHQ-9**

This will be the last PHQ we will complete together!

Over the last 7 days, how often have you been bothered by any of the following problems?

	Problem	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
a	Little interest or pleasure in doing things	0	1	2	3
b	Feeling down, depressed, or hopeless	0	1	2	3
c	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
d	Feeling tired or having little energy	0	1	2	3
e	Poor appetite or overeating	0	1	2	3
f	Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
g	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
h	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
i	Thoughts that you would be better off dead or of hurting yourself in some way	0	1*	2*	3*

TOTAL SCORE: _____

☐ **Creating a plan to stay well**

During our last phone call, we spoke about creating a plan to stay well. Have you thought of any tools you think will help you stay well in the future? Which tools did your select? Are there any activities…

Are there any other things you think will help you stay well? Are there friends or family members you think could be of help?

Guide to patient towards creating a specific plan

☐ **End the session**

I would like to say that is has been a pleasure working with you these past months and wish you the best. Thank you and have a good day/afternoon/evening.

End time: _____

☐ **Tools used by subject**

- ☐ Film
- ☐ Workbook ☐*Introduction* ☐*Reactivating* ☐*Realistic thinking* ☐*Problem solving* ☐*Other*: _____
- ☐ Mood monitoring
- ☐ Relaxation CD
- ☐ Medication misuse
- ☐ Emotional eating
- ☐ Additional resources Detail: _____
- ☐ Family booklet

☐ **Tools suggested to subject**

- ☐ Film
- ☐ Workbook ☐*Introduction* ☐*Reactivating* ☐*Realistic thinking* ☐*Problem solving* ☐*Other*: _____
- ☐ Mood monitoring
- ☐ Relaxation CD
- ☐ Medication misuse
- ☐ Emotional eating
- ☐ Additional resources Detail: _____
- ☐ Family booklet

Comments: