

coping with depression during pregnancy and following the birth

*A cognitive behaviour
therapy-based
self-management
guide for women*



The BC Reproductive
Mental Health Program.

BC Mental Health and Addiction Services:
An Agency of the Provincial Health
Services Authority



BC Mental Health &
Addiction Services

An agency of the Provincial Health Services Authority

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A Cognitive-Behaviour Therapy-based self-management guide for women

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BC Partners for Mental Health and Addictions

www.heretohelp.bc.ca

Kelty Resource Centre — located at BC Children’s Hospital, in the Mental Health Building. This provincial resource centre links families with appropriate resources within their health authority.

www.bcmhas.ca/supportcentre/kelty

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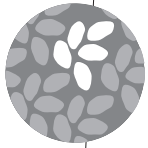
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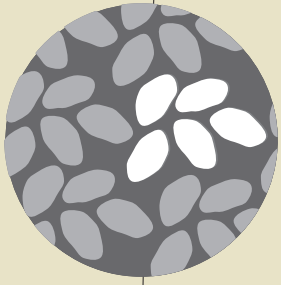
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introduction for health care providers

Why this guide was created

This guide was created to help meet the needs of women with depression during pregnancy and following the birth.

Our goals are to:

- 1.** Educate women and health care providers about the signs and symptoms of depression before and following the birth.
- 2.** Educate women and health care providers on the different available treatments.
- 3.** Help women to become active participants in their own treatment and recovery, by using specific exercises and other lifestyle changes.

We bring a wide range of skills to the preparation of this guide, including both clinical and research experience.

module 1



What is the BC Reproductive Mental Health Program?

The BC Reproductive Mental Health Program is a multidisciplinary group consisting of psychiatrists, nurse clinicians, psychologists, counselors, dieticians, social workers and researchers who specialize in women's reproductive mental health and wellbeing. This program is part of the BC Mental Health and Addictions agency and is located at the Children's and Women's Hospitals site in Vancouver, Canada. Together, we have many years of clinical experience working with women and their families who are dealing with emotional difficulties related to the reproductive lifecycle. We bring a wide range of skills to the preparation of this guide, including both clinical and research experience.

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Who is this guide for?

FOR HEALTH CARE PROVIDERS: This guide may be used by health care providers who work with women with depression during and following the birth of their baby. We hope that this guide will help women to deal with their symptoms by making positive changes in their thinking, behavior and self care and help them to have the best possible experience during pregnancy and following the birth. ***Modules 2 through 5 in this guide are written in the voice of a healthcare provider talking to the woman.***

This guide provides both information and exercises that can be used by your patients or clients to help with treatment. Depending on the degree of the symptoms, this guide can be used by health care providers on its own or in combination with other treatment options such as medication. Health care providers may choose from the different section(s) of the guide to personalize the treatment approach. **Health care professionals may also want to look at the companion document that provides tips on how to use this guide when working with pregnant and postpartum women in both individual treatment and group treatment formats.**

FOR WOMEN: This guide was created for doctors, nurses, mental health workers or other health care providers who are working with women who are suffering from depression during and following the birth of their baby. You will most likely want to use this guide with them. In the back are handouts you can use as you work with your doctor or other health care provider.

By using this guide with a trusted health care provider, you have taken the first steps on an important journey.

Be kind to yourself. Change takes time. Your hard work will be of benefit to both you and your family!

Use this guide with women in a way that fits into their current life situation.

module 1



How to use this guide

The guide is organized into different sections. Health care providers may find it helpful to discuss with women the sections in the order they appear. However, a certain section (for example, Self-Care: The NEST-S Program) may be more appropriate for a woman and you may choose to read that part first.

That's OK too. Later on, they may want to discuss all of the sections, as each section provides information and new skills. What's important is that you use this guide with women in a way that fits into their current life situation.

Also, remember that it is perfectly reasonable to go through this guide with women a few pages at a time. It is often a good idea for women to review sections that apply to them, so they have more than one chance to learn everything they need to know. A lot of women find that some ideas make sense right away while others only sink in after they have been reviewed many times.

Most women with depression will find that each of the sections has something helpful to offer – the important thing is to pick something that they feel they can handle and start the learning process!



Overview of this guide

This guide is divided into several sections. Each section can be read on its own.

The **What is depression during pregnancy and following the birth?** section provides some basic information about depression in general, what we know about depression occurring in this specific period, and why some women may develop depression during this time.

The **Getting help: Treatment options for women with depression during pregnancy and following the birth** section describes what we know about effective treatments for depression. It also provides an overview of Cognitive Behaviour Therapy – the effective treatment approach that is the basis for this guide.

Cognitive-Behaviour Therapy for depression during pregnancy and following the birth goes into further detail about the Cognitive-Behavioural Therapy model of depression and the relationship between different symptoms. You may want to discuss with women how to share the information in these sections with support people in their life who are interested in learning more.

Self-care: The NEST-S program section provides some basic information for women about taking care of themselves. Having depression and being a new mother both tend to interfere with doing things that help them to feel well and accomplish important goals. This section provides some lifestyle tips that will help them to “recharge” themselves and give them the energy they need to practice the effective depression management skills covered in this guide.

The **Making positive changes** section outlines how women can set and complete goals and steps for learning how to solve their problems. Women may wish to review the information in this section with support people in their life who can help them in this process.

The **Challenging depressive thinking** section introduces four steps you can teach women to help them identify and challenge their negative thinking. This section also provides information on managing depressive thoughts including common “traps” and steps that women can take to practice more accurate and helpful thinking.

Keep their depression management skills sharp over the long term

module 1



The **Maintaining gains and relapse prevention** section helps you teach women to make a plan for how they will maintain the progress that they have made and keep their depression management skills sharp over the long term. This section is most useful once they have been successfully applying the skills taught in this guide for at least a few weeks.

The **Handouts for women** Section contains forms that women may want to fill out as you go through the guide with them. There are reminders in the guide to let you know when there is a worksheet that might be helpful for the woman. This section includes:

- a. The Edinburgh Postnatal Depression Scale (a self-test for depression symptoms)
- b. Worksheets to help women as they work through each of the skills sections (The Cognitive Behaviour Therapy Model of Depression, Setting SMART goals, Healthy Thinking Form, and Problem Solving Worksheet)
- c. Additional Resources that women and their support people may find useful. These include:
 - Tips for talking with your doctor about your symptoms
 - What your loved ones can do to support you



We're looking for feedback

We would like to hear about whether or not this guide has been helpful in your treatment with women. We are open to your suggestions about any changes that you think could make this guide more helpful for women. Please contact Reproductive Mental Health, BC Mental Health and Addictions, C&W. Future revisions of this guide will rely on your responses.

Disclaimer

The information in this guide is not intended to provide or substitute for, professional medical or other health services. This guide focuses on self-care and cognitive behavioral strategies for the treatment of depression during and following the birth. This does not take away from our support for the use of certain medications for treating depression. This guide does not include everything that one should know about depression and treatment. Readers need to know that there is no single correct approach for the treatment of depression.



Acknowledgments

This guide has been developed in part by adapting previous work that has been published on depression and mood disorders. We have done our best to acknowledge in the text where material has been borrowed from other work. In addition, the authors would like to acknowledge the following publications that were used as key resources in the development of this guide:

- **The Antidepressant Skills Workbook.** Dan Bilsker and Randy Paterson, Centre for Applied Research in Mental Health & Addiction (CARMHA), Simon Fraser University. Vancouver, BC 2005. Available on line at <http://www.comh.ca/antidepressant-skills/adult/workbook/>
- **Anxiety Disorders Tool Kit.** BC Partners for Mental Health Addictions Information, Vancouver BC, 2003. Available on-line at <http://www.heretohelp.bc.ca/publications/toolkits>
- **BCP Here to Help: Problem Solving & Healthy Thinking Wellness Modules.** BC Partners for Mental Health Addictions Information, Vancouver BC, 2004-2005. Available on-line at <http://www.heretohelp.bc.ca/skills/managing-well-being>

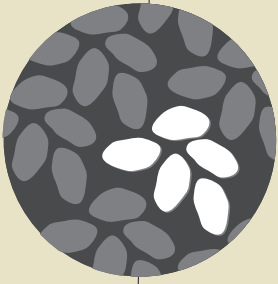
The authors would also like to acknowledge these sources that were consulted in the development of this guide:

- **Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision.** Washington DC, American Psychiatric Association, 2000
- **Mind Over Mood: Change How You Feel by Changing the Way You Think.** Dennis Greenberger and Christine A. Padesky. Guilford Press, New York, NY, 1995.
- **Postpartum Depression and Anxiety: A Self Help Guide for Mothers.** Pacific Post Partum Support Society, Vancouver BC, 1997. www.postpartum.org , 604-255-7999.
- **The Feeling Good Handbook, Revised Edition.** David D. Burns. Plume, New York: NY, 1999.
- **When Baby Brings the Blues: Solutions for Postpartum Depression.** Ariel Dalfen. John Willey & Sons Canada, Ltd, Mississauga, ON, 2009.



Acknowledgments *continued*

We also thank the nurses, doctors, counselors and women across BC who have provided helpful suggestions during the development of this document. Thanks to Dr. Sarah Newth, on behalf of Anxiety BC who wrote the original Anxiety Disorders Tool Kit. A special thanks to Gillian Albert our Research Assistant for the Provincial Perinatal Cognitive Behaviour Therapy initiative.



information for women

What is depression during pregnancy and following the birth?

- Learning about the symptoms of depression 2
 - Signs and symptoms of depression
 - The difference between the “baby blues” and depression
- If I am depressed why do I feel anxious? 4
 - Signs and symptoms of anxiety
 - Harm thoughts
- Why some women develop depression 7
 - Risk factors for becoming depressed
- Why some women choose not to seek help 9



information for women

What is depression during pregnancy and following the birth?

Learning about the symptoms of depression

Depression during pregnancy and following the birth of the baby affects a woman's mood, behaviour, thoughts and physical well-being. A woman who is experiencing depression will often feel down, sad or empty and may lose interest in activities that she usually enjoys. Other common signs and symptoms are listed in the box on the next page.



Signs and symptoms of depression

Feelings

- feeling depressed or extremely sad most of the day nearly everyday
- feeling irritable or angry
- feeling very guilty or worthless
- feeling hopeless
- feeling overwhelmed
- not enjoying the baby
- not interested in or able to enjoy activities that you used to enjoy

Behaviours

- sleeping a lot more or less than usual
- eating a lot more or less than usual
- withdrawing from family, friends and social contact

Physical Symptoms

- crying for no apparent reason
- feeling restless
- having little energy
- having difficulty concentrating or making decisions
- having physical symptoms like headaches or upset stomach

Thoughts

- having thoughts that you are a 'bad' or 'terrible' mother
- having frightening thoughts including harming yourself and/or the baby



Depression during pregnancy and following the birth may be diagnosed by a health care professional if these symptoms last for more than two weeks, are distressing to the woman and/or make it difficult for her to carry out her daily activities, especially the demanding tasks involved in caring for an infant. Although the exact number of women affected by depression during pregnancy and following the birth is not known, research suggests that around 8-12% of pregnant women and 10-16% of women are affected by depression after having the baby.

WHAT IS THE DIFFERENCE BETWEEN THE “BABY BLUES” AND DEPRESSION? The “baby blues” are experienced by approximately 80% of mothers within the first few days after the birth. Symptoms may include mood swings, crying, worrying, irritability, feelings of helplessness, sadness, anxiety and difficulties sleeping. In most cases, these symptoms resolve or improve on their own within a week or two and do not require treatment. However, if these symptoms last for more than two weeks or significantly affect the mother’s ability to carry out her daily activities, the mother may be experiencing depression.

If I am depressed, why do I feel so anxious?

Many women who experience depression during pregnancy or following the birth will also have symptoms of anxiety. These range from excessive worries to overwhelming panic attacks. Having additional symptoms of anxiety may be something that makes depression during this time different than depression at other times in a woman’s life. However, a woman may experience symptoms of anxiety during pregnancy or following the birth without being depressed.

For some women, these symptoms of anxiety may be more of a problem than the symptoms of depression. If this is true for you, please talk with your health care provider about resources that are available for managing your anxiety.

Only a health professional can diagnose depression. If you think that you may be depressed, it is important that you talk to a health professional about your symptoms. You may want to complete the Edinburgh Postnatal Depression Scale in Module 6 and take this information with you when you go to your doctor. You may also want to see the section “Tips for Talking with your Doctor about your Symptoms”.



Signs and symptoms of anxiety	
Feelings	<ul style="list-style-type: none"> • feeling fearful, scared, upset or “on guard” • irritability • feeling keyed up or on edge
Behaviours	<ul style="list-style-type: none"> • excessively repetitive behaviours (e.g., cleaning or washing) • avoiding people, places or activities • excessive checking or reassurance seeking or online ‘research’
Physical symptoms	<ul style="list-style-type: none"> • trembling, twitching or feeling shaky • restlessness • becoming easily tired • difficulty concentrating or mind going blank • trouble falling or staying asleep • gas, constipation or diarrhea • being easily startled • shortness of breath or smothering sensations • racing and/or pounding heart • sweating or cold clammy hands • dizziness or lightheadedness
Thoughts	<ul style="list-style-type: none"> • re-occurring thoughts or images of harm to the baby • unrealistic or excessive worry about the baby or other topics



A special note about harm thoughts

The most disturbing thoughts experienced by a mother who is depressed or anxious may include fears or images of harm occurring to her baby either by accident or through her own actions (e.g. drowning the baby while bathing, dropping the baby over the balcony or stabbing the baby with a knife). In most cases the woman feels frightened by these thoughts and would never want to do anything to hurt her baby or act on these thoughts. However she may have difficulty telling anyone that she is having these thoughts when in fact they are common to new mothers. If this is true of you it is important to talk to your health care provider so that you can get the help you need.

Psychosis following the birth

In extremely rare cases, some women will develop psychosis after the delivery of their baby. Symptoms include extreme confusion, hopelessness, inability to sleep, distrust of other people, seeing things or hearing things that are not there and thoughts of harming oneself, one's baby or others. Women with a prior history of bipolar disorder or other psychiatric illnesses, like schizophrenia, may be at higher risk of developing postpartum psychosis. If this happens to you, it is important that you contact a health care professional *immediately*.

*There are a lot of challenges
and changes during this time*



Why do some women develop depression during pregnancy or following the birth?

Many women are surprised and disappointed when they find themselves feeling depressed during their pregnancy or following the birth of their baby. After all, most people expect this time to be a joyous one — and for some women it is. But there are also a lot of other challenges and changes that can make depression more likely during this time than at other times in a woman’s life. These include:

- Changes in relationships with partner, family and friends.
- Significant role changes in becoming a mother.
- Leaving work or maternity leave.
- Lifestyle changes often including more financial pressures.
- Fatigue and not having enough sleep.
- Challenges of caring for a new baby along with other responsibilities.
- Significant physical changes to a woman’s body (e.g., weight gain, changes to the breasts).
- Significant changes in hormone levels.

Therefore, even if everything goes “as planned” with the pregnancy, birth and first few months of the baby’s life, these changes and challenges can make a woman vulnerable to depression.

Also, some women who have previously taken medications for depression or anxiety may choose to stop taking their medications prior to or during pregnancy, in some cases, this may lead to an increase in anxiety symptoms during pregnancy and the postpartum.



A woman is at higher risk of developing depression during pregnancy or following the birth of the baby if she...

- Has had depression or anxiety in the past.
- Has taken medication for depression or anxiety and stops before/during pregnancy.
- Has family member(s) who have had depression or anxiety.
- Has problems in her relationships with partner, friends and family.
- Experienced or is experiencing violence and/or abuse.
- Has poor practical and/or emotional support from friends, family and community.
- Her or others around her have unrealistic expectations of herself as a mother.
- Finds herself alone a lot of the time and/or separated from loved ones.
- Has immigrated to Canada within the last 5 years.
- Has a low income, education, lack of adequate housing or employment.
- Has had a recent stressful life event (e.g., death of a parent, housing issues).
- Relies on alcohol, drugs or other substances to help her deal with things.
- Has had a complicated pregnancy and/or birth.
- She or her baby had or have health problems.



Why some women choose not to seek help

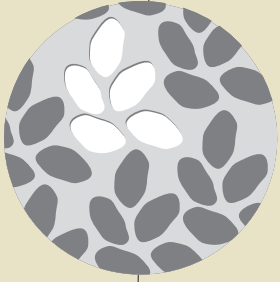
Unfortunately, many women who are dealing with depression during pregnancy or following the birth of their baby do not seek treatment for various reasons:

- She may not know who to talk to.
- She may not have a health care provider.
- She may be reluctant to talk to her doctor for a variety of reasons. For example, she may think that these symptoms are not something that you share with a doctor, or that her doctor will not have time.
- She may be ashamed of her difficulties, worried about being labeled or seen as a “bad” or “unfit” mother or having her baby taken from her.
- Other people in her life may discourage her from seeking help. This may happen in families that believe that mental health problems are shameful or in families in which there is emotional control or abuse.

Any of the above situations and other obstacles can make it difficult for a woman to seek help.

Where can I get more information, resources and support for depression during pregnancy or following the birth of my baby?

For more information including online resources and books, Google us at “reproductive mental health Vancouver resources”.



getting help

a Treatment options for women with depression during pregnancy and following the birth

- What are the treatment options for depression? 2
- How do I choose which treatment is best for me? 3
- Using Cognitive-Behaviour Therapy to treat depression 4
 - What is Cognitive-Behaviour Therapy (cbt)?
 - Using this guide to learn effective self-management skills
 - Overview of Cognitive-Behaviour Therapy for depression

b Cognitive-Behaviour Therapy for depression during pregnancy and following the birth

- The Cognitive-Behaviour Therapy model of depression 8
- Understanding the connection between different symptoms 11

c Self-care: The NEST-S program

- NEST-S 12
 - Nutrition 13
 - Exercise 17
 - Sleep 19
 - Time for yourself 21
 - Support 26



getting help

a Treatment options for women with depression during pregnancy and following the birth

What are the treatment options for depression?

There are several approaches that have been shown to help women with depression. These may include:

- **GUIDED SELF-MANAGEMENT:** Involves regular appointments with a health-care professional who provides support and structure when using print or online resources such as this self-management guide.
- **PSYCHOTHERAPY:** Although there are many different types of psychotherapy, the ones that have been shown by research studies to be most effective for the treatment of depression during pregnancy and following the birth are Cognitive-Behaviour Therapy (CBT) and Interpersonal Psychotherapy (IPT). These types of therapy involve regular appointments with a health care professional who provides psychological treatment for depression. Treatments may be provided individually or in a group setting. It is a good idea to make sure that your health care provider knows about and has experience with treating women who are depressed during pregnancy and following the birth of a child.
- **MEDICATIONS:** Medications treat the symptoms of depression at a chemical level. The most commonly used medications are antidepressants such as selective serotonin reuptake inhibitors (SSRIs) or serotonin and norepinephrene reuptake inhibitors (SNRIs). Antidepressant medications work by increasing the level of certain neurotransmitters in the brain. These medications have been shown to significantly lower symptoms for some people suffering from moderate to severe depression. For more information refer to page 5 of this module.

With appropriate care, many women can decrease their symptoms and start to enjoy pregnancy and the months following the birth. Treatment may also reduce the risk for future episodes of depression.



How do I choose which type of treatment is best for me?

The decision about which type of treatment is best for a specific woman depends upon a number of things, including the seriousness of her symptoms, how the woman feels about different treatment options, and the availability of these different treatment options within her community. Some treatments, such as specialized therapies like Cognitive-Behaviour Therapy or Interpersonal Psychotherapy may not be available in all communities. In some communities, medications may be the only available treatment for depression during pregnancy or following the birth. Some women, with help from a health professional, will choose to use both psychological treatment and medication to manage their depression.

It is a good idea to speak to your health care provider to find out more about the different treatment options that are available to you. It can be helpful to discuss what you learn with loved ones who can help you to think through the advantages and disadvantages of each option and how these would fit your life. Untreated depression can have negative effects on both the mother and her baby. Remember that the goal of treatment is to reduce your symptoms and increase your overall wellbeing so that you can do the things that are important to you. Different women will take different paths to feeling better and in the end any decision about treatment is a very personal one.



This guide is intended to help you use the principles of CBT to successfully manage your symptoms (self-management).

Use of Cognitive-Behaviour Therapy to treat depression in pregnancy and following the birth of your baby

Cognitive-Behaviour Therapy (CBT) is a specific type of psychological therapy that has been shown to be highly effective for the treatment of depression. At the BC Reproductive Mental Health Program in Vancouver, we have found that women who are pregnant or have recently given birth benefit greatly from this treatment. The skills and strategies in this guide are based upon CBT.

What is Cognitive-Behaviour Therapy (CBT)? Cognitive-behavior therapy combines two effective types of therapy – behavior therapy and cognitive therapy.

- Behavior therapy focuses on getting you active in your life again. The aim is to decrease behaviours that make the symptoms worse (e.g. staying in bed when you are not sleeping or avoiding social interactions) and increase behaviours that reduce the symptoms (e.g. getting dressed, getting exercise, staying connected with important people in your life).
- Cognitive therapy helps to:
 - a. identify patterns of thinking (cognition) or self-talk which upset you or lead to negative behaviours and
 - b. learn ways to challenge these thoughts when they arise and replace them with more accurate and fair thoughts (see the Healthy Thinking section of this guide)

The real strength of Cognitive-Behaviour Therapy is that it focuses on building skills to help people to take an active role in reducing their depression symptoms. This can help to prevent future episodes of depression.

Learning and using Cognitive-Behaviour Therapy (CBT) effectively requires some time, effort and motivation. In order to get benefits from this powerful treatment, people need to practice their new skills regularly. It can take some time before the benefits of CBT can be seen. Women with more severe depression may feel easily tired or unmotivated, which can make it difficult to do this type of therapy. In those situations, women may need the assistance of a mental health professional with specialized CBT training. Sometimes medication can be useful to decrease the symptoms of depression to a more manageable level so that the woman is able to work on learning and using her new cognitive behavioural skills.



Using antidepressant medication to treat depression during pregnancy and following the birth

Antidepressant medication has been shown to be helpful for many women dealing with moderate to severe depression. However, many women are reluctant to take medication during pregnancy and while breastfeeding because they are worried about how their babies may be affected.

Research on the safety of taking medications during pregnancy and lactation is being done in many places around the world. The BC Reproductive Mental Health Program based at BC Women’s Hospital in Vancouver, BC provides a consultation service offering advice to physicians and other health care providers on the use of medications during pregnancy and the months following the birth. There are some medications that have been judged by experts in the field to be quite safe to take during pregnancy and breastfeeding. In addition, it is important to consider the impact of depression symptoms on the baby. Your health professional should be able to provide you with guidance about

the safety of medications for pregnant and breastfeeding mothers and their babies.

—

Listed below are some commonly asked questions about taking medication during pregnancy and following the birth.

—

If I start taking medication to treat my depression, will I have to stay on medication for the rest of my life?

Probably not. Although every case is different, many women who choose to take antidepressant medication for treatment of depression during pregnancy and following the birth of their baby will later make a decision with their physician to gradually stop taking their medication after approximately 1 year. However, this depends on the severity and duration of the depression. For the woman who has at least 3 episodes of recurring depression, the option of remaining on medication longer should be evaluated. This important decision is usually discussed with the prescribing physician who can help the woman to make a decision that will work well for her. Medication should never be stopped suddenly or without medical advice.



Some medications have to be decreased slowly to prevent symptoms such as headaches or stomach upset.

If I breastfeed while taking medication, will the medication harm the baby?

Probably not. Research suggests that you can breastfeed when taking certain antidepressant medications. A small amount of medication does get into the breast milk but usually does not have a negative effect on the baby. Your physician will be able to help you to choose a medication that is safest for the baby.

Will the medication have unpleasant side effects? It depends. Like other prescription medications, antidepressants carry the risk of side effects. There is a range of side effects, and since everyone is unique, side effects will differ. Most side effects decrease after a few weeks. You should tell your health care professional about any side effects that persist and are bothersome to you.

If I take medication, will I still need to make other life changes? Yes. Antidepressant medications often lessen the depressive symptoms and give you more energy. This may make it easier for you to identify and change patterns

of thinking and behaviour that may be contributing to your depression.

Will taking antidepressant medication interfere with my psychological therapy?

No. Many women choose to use both antidepressant medication and a form of psychological therapy such as Cognitive-Behaviour Therapy or Interpersonal Therapy. In cases of more severe depression, medication may help the woman to have enough energy and motivation to work on and apply the skills that she is learning in her psychological treatment.

Will complementary therapies help me with my depression?

Many women ask about complementary medicines and therapies such as herbal supplements or other health practices, e.g. massage therapy, acupuncture and meditation. Currently, there is not enough research to recommend these as treatment approaches for depression. However, some women may find that these can help as part of their self-care strategies. It is important that you check with your health care provider before beginning any complementary treatments to make sure that they are safe for pregnant and breastfeeding women.

Take positive steps to find solutions that will work for you.



Using this Guide to Learn Effective Self Management Skills The skills taught in this self-care guide are based on the principles of Cognitive-Behaviour Therapy (CBT). You can use this guide to learn and put into practice some of the key components of this effective treatment. This guide is divided into 6 main sections. Each section helps you to understand and put into practice an important component of CBT that can help you to improve your symptoms.

Overview of Cognitive Behaviour Therapy to treat depression

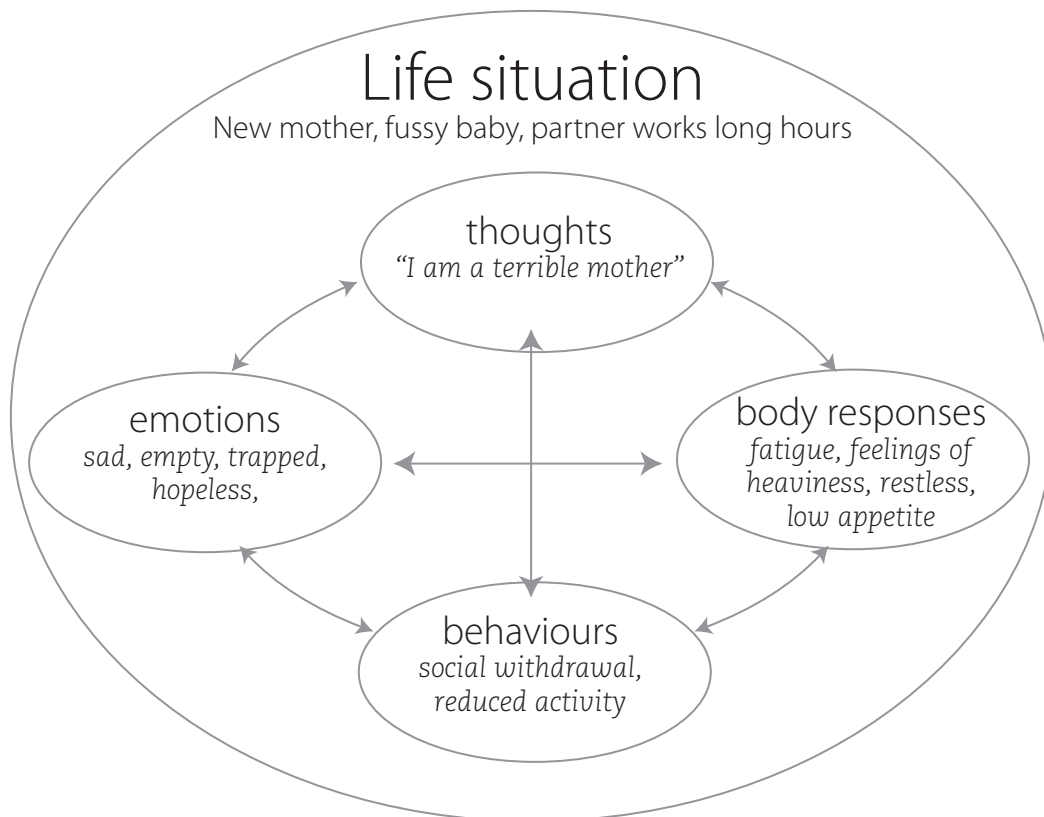
Key components	Where in this guide?
Educating and empowering yourself	<ul style="list-style-type: none">• What is depression during pregnancy and following the birth• Getting help: Treatment options for women with depression during pregnancy and following the birth• The Cognitive-Behaviour Therapy model of depression• Edinburgh Postnatal Depression Scale – self-test
Improving your self-care	<ul style="list-style-type: none">• Self-care: The NEST-S Program
Making positive changes	<ul style="list-style-type: none">• Making positive changes
Healthy thinking	<ul style="list-style-type: none">• Challenging depressive thinking
Planning to maintain your progress and prevent relapse	<ul style="list-style-type: none">• Maintaining gains and relapse prevention

Let's begin by learning more about depression using a Cognitive-Behaviour Therapy approach. ⇒⇒



b The Cognitive Behaviour Therapy Model of Depression

Some of the most common symptoms of depression during pregnancy and following the birth were described in Module 2. If you look closely, you may have noticed that the symptoms of depression can be divided into four major categories. Each of these categories influences the others, as we will see. You will also notice that you want to consider what is happening in your life right now as that can also influence your symptoms of depression in each category.





1. EMOTIONS (HOW YOU FEEL) The emotions associated with depression during pregnancy and following the birth can be described as feeling down, sad, blue, numb, empty, discouraged or hopeless. Some women report feeling very irritable or cranky. Women who are depressed often lose interest or pleasure in activities that they used to enjoy. They may not feel as connected to the baby as they had hoped or expected. Many women with depression will also say that they feel anxious, worried or tense.

2. BODY RESPONSES (HOW YOUR BODY REACTS) Depression impacts how we feel in our bodies. Women with depression will often have physical symptoms. These may include feelings of fatigue or heaviness, sleep problems, weakness, restlessness, appetite changes (loss of appetite or overeating), low energy, problems with decision-making or concentration, and headaches.

3. THOUGHTS (WHAT GOES THROUGH YOUR MIND) When people are depressed, their patterns of thinking are different. Depressed women often think in ways that are negative. Their thoughts can be unhelpful, unfair and incorrect about themselves, their situation and the future.

- I am a terrible mother.
- I should know how to comfort my baby.
- My baby doesn't like me.
- This is awful.
- I can't do this.
- My life is over.
- This is never going to get better.
- I will always feel this confused.
- The baby will never sleep through the night.

Some women with depression will also have unrealistic worries as part of the anxiety symptoms that often accompany depression.



There are a many ways that depression can affect a woman's behaviour

4. BEHAVIOURS (WHAT YOU DO) Depression also affects a woman's behaviour, or what she does. There are a many ways that depression during pregnancy or following the birth can affect a woman's behavior. Women who are depressed during pregnancy or after the birth will often stop taking care of themselves properly, for example, they may not eat properly, may not get showered or dressed everyday, may not take time for themselves or may not accept offers of help.

These women may also have difficulty carrying out everyday activities such as making meals or doing laundry or taking care of other household tasks. They will often find themselves pulling away from family and friends, for example, not answering the phone or responding to email even when time allows. Finally, women who are depressed during pregnancy or after the birth may stop doing things for themselves that give them a sense of enjoyment or satisfaction. Unfortunately, these behaviour changes will often serve to deepen the woman's depression.

Some of the changes that we see in depression are related to a woman's efforts to cope with her symptoms. Most of these behaviours are used with good intentions to prevent or reduce feelings of depression. They tend to feel effective in the short-term, which is why they are used. However, sometimes these coping behaviours can make depression worse.

Some examples of behaviours that are often used to cope with depression but which may actually make depression worse are:

- Staying up very late as 'time to yourself'
- Not attending mother-baby groups or other social events
- Using drugs, alcohol or overeating to deal with your symptoms

There is a blank version of this CBT model diagram in the Handouts (Module 6, page 4) that you can use to fill in your own symptoms if you wish. This can also be a helpful tool for talking with your health care provider about your symptoms.



When you make even small changes in one area you will begin to experience positive changes in the other areas as well.

Understanding the connections between different symptoms

Each of these symptoms of depression (thoughts, emotions, body responses, behaviours) are related to and influence the others.

So, for example, if you have upsetting thoughts such as 'I am a terrible mother', then it is likely that you will feel sad or hopeless and experience bodily symptoms of depression, such as low energy. The more bodily symptoms you have, the more likely it is that you will want to avoid doing things or going places that you think will take up too much energy or that you won't enjoy.

That is why the diagram above shows that all of the symptoms of depression are connected to each other. The connections between these aspects of your life can seem like bad news. You may feel overwhelmed as to where to start. In fact it is good news when you begin the work of overcoming your depression. This is because when you make even small changes in one area (for example, your thinking patterns or behaviour) you will begin to experience positive changes in the other areas as well.

One of the things we know about having depression and being a new mother is that it tends to interfere with doing some of the basic things that we all need to do to feel well and be able to accomplish important goals. The next section provides some basic information about taking care of yourself.



C Self-care: The NEST-S Program

This section will provide you with information about important areas of self-care and about positive changes that you can make in your life that will help to lessen your depression.

The next section “Making Positive Changes”, will help you to take these ideas and make a plan for how to successfully make changes to improve your self-care.

An easy way to remember the basic ingredients of self-care is to think of the word “NESTS”.

Each letter stands for one area of self-care:

N	E	S	T	S
nutrition	exercise	sleep and rest	time for yourself	support

In this section you will find:

- Each of these areas described in more detail,
- Key questions to help you identify what you would like to work on
- Tips for getting started.

Some of the ideas from this section are adapted from: (1) The free Antidepressant Skills Workbook by Dan Bilsker & Randy J. Paterson, Centre for Applied Research in Mental Health and Addiction (CARMHA), Simon Fraser University, 2005. (2) When Baby Brings the Blues: Solutions for Postpartum Depression. Ariel Dalfen. John Willey & Sons Canada, Ltd, Mississauga, ON, 2009.



N **Nutrition**

For women who are pregnant or have just had a baby, it is often difficult to eat well. You may not feel hungry or you may find that you eat mostly unhealthy foods. Eating nutritious foods regular throughout the day will help you to feel better and carry on with your daily activities. In the section below you will find tips that can help you to make positive changes in your eating.

QUESTIONS PREGNANT AND NEW MOTHERS CAN ASK THEMSELVES These questions can help you to think about whether there is room for improvement in your self-care related to nutrition.

- Am I sitting down to eat three times a day?
- If I'm hungry between meals, do I take time to eat a snack?
- Am I keeping meal and snack preparation easy by accepting help and having ready to eat items on hand? (see Tips to Make Good Nutrition Easier")
- Am I trying to include something from three or more food groups at each meal and something from a food group at snacks? (see Quick Meal and Snack Solutions)
- Am I drinking enough fluids throughout the day?

Eating nutritious foods regularly throughout the day will help you to feel better

module 3



TIPS TO MAKE GOOD NUTRITION EASIER

- **TRY MEAL PLANNING:** Sit down with someone who can help with meals. Plan simple meals for the next 3-4 days. Prepare a shopping list and arrange to get the food items you need.
- **KEEP A GLASS OR MUG WITH YOU:** Keep a glass with you as you move around the house and keep it filled. Satisfy your thirst with milk, beverages fortified with vitamins and minerals, water and juice. Caffeinated beverages may be enjoyed in moderation.
- **TRY A FEW MOUTHFULS** even if you are not hungry. Try snacking every 2 hours from different food groups, eg. grains, protein, vegetables etc.
- **TAKE A MULTIVITAMIN.** Ask your health care provider to recommend one for you.
- **PREPARE FOR BEING OUT OF THE HOUSE:** Take a water bottle and packable items such as fresh fruit, crackers, granola bars, cheese strings and nuts so that you will have healthy foods on hand while you are out.
- **CONSIDER QUICK MEAL AND SNACK SOLUTIONS:** There are many “short cuts” that can help you to more easily add nutritious foods to your diet. Some healthy and easy solutions include:
 - Vegetables and Fruit: prepared veggies such as baby carrots, cherry tomatoes, bagged salad, frozen vegetables and fresh, canned and dried fruit.
 - Grain Products: converted rice, pasta, soft tortillas, pita bread, buns, and whole grain crackers.
 - Milk and Alternatives: milk, fortified soy beverage, yogurt, cheese strings, shredded cheese.
 - Meat and Alternatives: canned and frozen fish, frozen meat patties and meat balls, canned lentil, bean and pea soups, frozen meals.



MAKE MEAL PREPARATION MANAGEABLE

- Try dividing the task of making a meal into small jobs rather than doing it all at once. For example:
 - In the morning make your meatballs and put them in the fridge to be cooked later.
 - In the early afternoon prepare potatoes and carrots in a baking pan, add a spoonful of margarine and a sprinkle of brown sugar and pepper. Cover with foil and put in the fridge.
 - When you have a chance put the trays of meatballs and potatoes and carrots in the oven.
 - When you are ready for dinner make a salad using bagged greens.

If you need more help or advice about nutrition for you or your baby:

- call **8-1-1** toll-free in B.C., any time of the day or night and speak with a health service representative or click on www.HealthLinkBC.ca for information on healthy eating or get healthy eating advice from a dietitian.

You can use the goal-setting steps in the section called “Making Positive Changes” to help you begin to improve your nutrition. Remember a small change in one area leads to changes in other areas as well.



**The Drug and Alcohol Information Line – 604 660 9382
Toll Free – 1 800 663 1441**

Drugs and Alcohol

If you have problems with alcohol or substance use, it is important that you find support to reduce your use as much as possible.

Substances including illicit drugs, alcohol, nicotine and inappropriately used prescription medication may seem to provide temporary relief from symptoms of depression, but in the long run, misusing alcohol or substances can make your problems worse. For example:

- Problems are avoided rather than being dealt with.
- Performance at work, at home, and in social situations is impaired.
- Psychological and/or physical dependence can develop.
- Physical health can be impaired.
- Mental health can be impaired.
- They can interfere with the effectiveness of appropriate medication.

Alcohol

There is no known safe amount of alcohol for women to consume during pregnancy. Alcohol can reach your baby through the blood stream and may lead to malformation, such as fetal alcohol spectrum disorder or even spontaneous abortion. After birth, alcohol can affect the baby through breast milk. It is best to discontinue alcohol use during pregnancy. If this seems overwhelming, it is helpful to seek support from a Drug and Alcohol Counselor to reduce your intake as opposed to continuing to use your regular amount.

Recreational Drugs (Marijuana, Cocaine, Tobacco, etc.)

It is recommended that women avoid these substances during pregnancy as use may lead to low birth weight, premature birth, and spontaneous abortion. Small amounts of these substances may be passed on to the infant through breast milk, so it is best not to use them if breastfeeding. Recreational drugs also interact with many prescription medications and this may lead to other negative side-effects.

Caffeine

While many people drink multiple cups of coffee or tea a day, consuming a lot of caffeine during pregnancy may be harmful to the baby. Women may consume moderate amounts of caffeine, less than 150 milligrams/per day (around one 8 oz cup of coffee/tea), with little to no side-effects. Heavy use of caffeine during pregnancy may lead to cardiac arrhythmias and tremors in newborns. Caffeine may also be passed on to infants through breast milk, leading to irritability and poor sleeping patterns.

If you are having difficulty reducing or stopping your use of drugs or alcohol, you are not alone. Just like with depression, there are effective treatments for substance use and different services and supports that can help you. The booklet 'Managing Problem Substance Use' is available at www.heretohelp.bc.ca or you can ask a trusted health professional for more information.

Even a small amount of exercise can help



E **Exercise**

When you are pregnant or have just had a baby, exercise may be difficult to fit into your day or may be the last thing that you want to do. However, regular physical activity can reduce stress and boost your mood. Even a small amount can help. While it is unlikely that exercise alone is enough for a person to feel better, regular exercise is an important part of self-care for several reasons:

Regular exercise can:

- Boost your mood and energy levels.
- Promote a good night's sleep.
- Help to reduce muscle tension and create feelings of relaxation.
- 'Clear the mind' and help you gain a better perspective on depressing or anxious thoughts that can make them easier to challenge.
- Increase self confidence
- Give you a chance to meet others, have fun and take some time for yourself.

QUESTIONS PREGNANT AND NEW MOTHERS CAN ASK THEMSELVES: These questions can help you to think about what might be getting in the way of increasing your physical activity and what you might like to do.

- What physical activities do I already do?
- How often and for how long? (E.g., A 10 minute walk once a week.)
- What physical activities would I like to do or have I enjoyed in the past?
- What gets in the way of being more physically active?
- What would encourage me to be more physically active?

* Some of the ideas from this section are adapted from: the Postpartum Support International website and the free Antidepressant Skills Workbook by Dan Bilsker & Randy J. Paterson, Centre for Applied Research in Mental Health and Addiction (CARMHA), Simon Fraser University, 2005.



TIPS FOR DEVELOPING AN EXERCISE PLAN

- Talk to your doctor about any limitations on your activity, particularly if you are pregnant or if you have recently had a Cesarean section.
- **CHOOSE AN ACTIVITY THAT WORKS FOR YOU.** You are more likely to be successful in sticking to an exercise plan if you choose activities that you enjoy and that are practical given your lifestyle.
- **BE CONSISTENT.** Shorter but regular exercise sessions are better than occasional long exercise sessions.
- **FIND CHILDCARE SO YOU CAN HAVE SOME TIME TO YOURSELF WHILE YOU EXERCISE.** Community and recreation centers often offer this service for mothers who are using their facilities.
- **TAKE YOUR BABY WITH YOU.** Use a baby carrier, bike trailer, stroller, etc. that lets you do your activities with your baby.
- **GO WITH A FRIEND.** Exercise with a friend or find out if there is a ‘stroller’ walking program in your community.
- **CONSIDER EXERCISING AT HOME.** Go to the library and take out exercise DVDs to do at home.
- **USE THE 5 MINUTE SOLUTION.** It can be difficult to get going when you are depressed. Consider starting with 5 minutes of activity – perhaps walking to the end of the block and back. If after 5 minutes you feel like you can keep going, then you can do that if you like.

See Canada’s Physical Activity Guide to Healthy Active Living available online at <http://www.phac-aspc.gc.ca/pau-uap/paguide/index.html> for more information and ideas about how to incorporate exercise into your day at home, at play and “on the way”.

You can use the goal-setting steps in the section called “Making Positive Changes” to help you begin to exercise. Remember a small positive change in one area leads to positive changes in other areas as well.



S Sleep and rest

Sleep and rest are very important for both your physical and mental health. However, during pregnancy and following the birth of your baby it can be difficult to get the sleep and rest that you need.

Pregnancy can change your sleep patterns. You may want to sleep more often or you may find it more difficult to get an uninterrupted night sleep.

After the baby is born, most women experience problems getting enough hours of uninterrupted sleep. There are also additional demands of caring for the baby that make it difficult to get enough sleep and rest during the day or night. When you are 'sleep deprived' your depression may worsen and when you are depressed it is even more difficult to get a good night sleep. Regardless of which came first, it is worth the effort to work on getting a good night's sleep.

QUESTIONS PREGNANT AND NEW MOTHERS CAN ASK THEMSELVES: These questions can help you to think about whether there is room for improvement in your self-care related to sleep and rest.

- How many hours do I sleep each night?
- Do I sleep when the baby is sleeping?
- Do I take time to rest or nap during the day?
- Do I ask for help so that I can rest or sleep?
- Do I need more information or support to help my baby sleep?

TIPS FOR SLEEPING

- Ask for help with getting adequate rest and sleep. This may involve asking a friend or partner to mind the baby or take over some chores so that you can get to bed a bit earlier or take a nap. Many women have reported the difference that five hours of uninterrupted sleep can make to their mood and ability to cope.
- Create a bedtime ritual or routine. You may have to make some adjustments to your routine as the demands of your baby change. However, most of us settle down for sleep best when we have some routine that helps us to unwind and relax (E.g., taking a warm bath, light pleasure reading, listening to soft music, or doing breathing or relaxation exercises.) Have a wind down period before going to bed.



- Try to go to bed at a reasonable hour each night. This helps your brain and body to know when it should be feeling awake and when it should be feeling drowsy.
- Value your rest. Even if you don't fall asleep, having a chance to lie down and rest is valuable.
- Remember that if you are getting up a lot in the night, you will need to take rest during the day to make up for lost sleep.
- Give yourself permission to sleep or rest. Manage daily stresses by making a to-do list for the next day well in advance of bedtime. Give yourself permission to leave these tasks until later on or tomorrow and prepare yourself for rest.
- Adjust your expectations of yourself. If you do not change your standards to reflect the changes that being pregnant or having a baby makes in your life, it will be difficult to find the time to get the rest or sleep you need.
- Make where you sleep comfortable and relaxing. Most people sleep best in a dark, quiet and somewhat cool bedroom.
- For pregnant women, consider a body pillow to improve your comfort and help you sleep.
- Reduce or cut out caffeine and be sure not to have any within two hours of bedtime. Some experts recommend avoiding any caffeine after 4pm.
- If you exercise, make sure that you stop at least two hours before bedtime. Although exercising regularly can help you to get deeper sleep, exercising too close to bedtime can make it more difficult to fall asleep because your body is still too "revved up".
- Avoid being hungry or eating too heavily before bed. Consider a light carbohydrate snack like cereal if you are hungry before bed.
- Consult with someone, e.g. your community health nurse for advice about sleep training, if your sleep is constantly interrupted by your baby.

You can use the goal-setting steps in the section called "Making Positive Changes" to help you begin to improve your sleep and rest. Remember that a small positive change in one area leads to positive changes in other areas as well.

Taking some time to care for yourself is an important part of self-care



T Time for yourself

One of the areas that is most likely to be neglected after you become a mother is taking time for yourself. This may be especially true if you are experiencing depression either during pregnancy or following the birth of your baby. For some women, learning to take time for themselves can be a difficult habit to develop and can even cause feelings of guilt. It can be challenging to take time for yourself when you have so many things that need to be done. However, taking some time to care for yourself is an important part of self-care and a necessary step in helping you to better manage your symptoms of depression.

Taking time for yourself can mean different things for different people. What is important is that you find some way to care for yourself each day - even if it is just for a few minutes. Important ways to take time for yourself include:

- **MAKING SURE THAT YOU HAVE SOME PERIODS OF “DOWNTIME” OR RELAXATION IN YOUR DAY** — that is, time that you aren’t rushing around without breaks or time to unwind from morning until bedtime. This may involve scaling back what you hope to accomplish in a day. Even slowing your pace and being more “in the moment” as you move through your daily activities can help.
- **MAKING SURE THAT YOU DO SOMETHING FOR YOURSELF THAT MAKES YOU FEEL GOOD, CARED FOR, UPLIFTED OR JOYFUL.** ‘Daily uplifts’ can help to protect people against the negative physical and mental effects of stress. This can be as simple as having a hot drink or going for a walk in a pleasant part of your community. Often when people feel stressed or pressed for time, they cut back on all of the pleasurable ingredients that make life enjoyable — but this is a bad idea — no one does well if the only ingredients in their day or week are duties and chores.



QUESTIONS PREGNANT AND NEW MOTHERS CAN ASK THEMSELVES: These questions can help you to think about how much time you are taking for yourself, how you can fit more time for yourself into your day and what you might like to do.

- What activities do I find relaxing or enjoyable?
- When did I last do these activities?
- How much time for myself do I have each day? Each week?
- Do I take short breaks for “downtime” throughout my day?
- How can I make more time for myself right now? (e.g., getting help from family members, adjusting my expectations for housecleaning, etc.)

TIPS FOR CREATING MORE TIME FOR YOURSELF

- Reconsider your standards and to-do list to find more time for yourself. Some women have been able to find more time for themselves by adjusting their expectations — for example, consider doing certain chores a bit less frequently or thoroughly. Or consider dropping some non-essential tasks from your to-do list — for example, consider buying a pre-made dish to bring to a party rather than making one yourself to save a few hours of work. Use the time you save by making these changes to focus on things for yourself.
- Use small pockets of time to create “downtime” in your day. Practice making use of moments when your baby is content or asleep. You can use this time to flip through a magazine or sit still and enjoy a cup of tea for ten minutes instead of rushing around doing chores.
- Ask for or accept support from others. See the “Supports” section on page 26.

IDEAS FOR TAKING TIME FOR YOURSELF

- **Doing Hobbies:** Spending time on hobbies - reading, cross-stitching, doing crossword puzzles, listening to music, watching a video, gardening, etc.
- **Connecting with Others:** Spending time on relationships, whether writing a brief e-mail, posting on a bulletin board, calling a friend, working on a letter, meeting a friend for coffee, going out to dinner with your partner, etc.



- **Playing** – Revive favorite card games and pull out your old board games. Throw a Frisbee, fly a kite, play ball with your dog, dance in your living room. Play can be spontaneous, give you a break from daily duties and can involve others or be done on your own. Having fun is energizing.
- **Having alone time:** sitting on your front step alone for 5 minutes at your favorite time of the day or reading a magazine on a park bench.
- **“Pampering” Yourself:** buying yourself a treat, painting your nails, getting your hair done etc.
- **Practicing Spirituality:** for some people attending their place of worship (e.g., church, synagogue or temple) is spiritually uplifting or comforting. More generally, meditation, keeping a journal or other reflective practices can all be uplifting.
- **Spending Time in Nature:** other people may find relaxation and comfort in places in nature such as a garden, a forest, the beach, or by a river.

If you have been feeling depressed, it may be that nothing seems very enjoyable to you right now. This is a common problem for people with depression — but a sense of joy returns as the depression lifts, and practicing these activities (even if they don't seem very appealing right now) is one positive step that you can take towards feeling better. If you are stuck for ideas look at the list of ideas below to help you start your list of uplifting possibilities.

You can use the goal-setting steps in the section called “Making Positive Changes” to help you begin to build in time for yourself. Remember a small change in one area leads to changes in other areas as well.



More ideas for taking time for yourself:

Taking a bubble bath	Drinking tea from a real teacup
Resting with your cozy blanket	Petting your cat or dog
Noticing the change of seasons	Eating popcorn
Smelling fresh flowers	Sitting in the sun
Planting flowers	Having a fire in the fireplace
Enjoying a warm mug of soup	Buying a pair of fuzzy slippers
Applying scented lotion	Rocking in a rocking chair
Keeping a journal	Listening to a favourite cd
Reading a short story or book	Looking at old photographs
Reading a magazine	Reading your old diaries
Calling an old friend	Letting someone hold you
Corresponding with a friend	Enjoying a moment of silence
Watching a movie	Daydreaming
Lighting a candle	Picking berries
Sitting on a park bench	Watching the sunset
Drinking hot spiced cider	Painting a picture
Browsing in a favorite store	Going for a nature walk
Feeding ducks	Sitting in a place of worship
Reading cookbooks	Browsing in a bookstore or library
Doing your favorite yoga pose	Practicing relaxed breathing (see below)



RELAXED BREATHING Relaxed breathing involves slowly breathing in through your nose and then slowly breathing out through your mouth. This is the way that most of us naturally breathe when we are deeply relaxed - for example, as we are drifting off to sleep at night. When we get anxious, many of us will breathe more rapidly and shallowly — or some of us may even hold our breath for a few seconds. While this is not dangerous, it does tend to make us feel more stressed and may add to our physical symptoms of anxiety. By learning to breathe in a relaxed way deliberately, we can help to reduce some of these symptoms. One of the major advantages of relaxed breathing is that it can be done anywhere, on the bus, in a crowd, at work etc.

1. Breathe in deeply through your nose as you count slowly from 1 to 4.
2. Allow the cool air to travel all the way down into your belly. Your lower stomach will gently inflate and will extend out (do not force this — it will happen naturally).
3. Pause for a moment and then breathe out through your mouth as you count slowly from 1 to 4.
4. As you breathe out your lower stomach will gently deflate.
5. Imagine all your tension being carried away with your warm breath.
6. Pause and wait a few moments until your body prompts you to take another breath

Note: Try not to raise your chest and shoulders up and down as you breathe. You can test this by placing the palm of one hand on your chest and the other on your lower stomach.

The hand on your chest should remain still while the hand on your stomach should gently move out and in as you breathe. Many people find it easiest to learn this technique while lying down, and then over time can practice it successfully while sitting up straight or even walking around.

Some people find it helpful to repeat a calming or soothing phrase silently to themselves as they exhale, such as “Tension is flowing out of me” or “Relaxed and calm ” or “Let go” as they exhale. Like any skill, it will take some practice and time before you become comfortable with relaxed breathing. Whenever you can, try to fit in some practice sessions during your day — perhaps first thing in the morning, or right after the baby goes down for a nap, or just before going to bed. These don’t need to be long — even 5 minutes of practice once or twice a day can really help you on your way.

Find or reconnect with people who can support you



S Supports

For many women, social support plays a very important role in helping them to make it through the many life changes that go along with becoming a mother. Healthy relationships are a protective factor against depression. This may be especially true of pregnant women and new mothers who are coping with depression and who are trying to make changes in their lifestyles to help reduce their symptoms.

QUESTIONS PREGNANT AND NEW MOTHERS CAN ASK THEMSELVES These questions can help you to think about whether you are receiving enough support from others and to identify types of support that you might need.

- Do you have someone in your life who makes you feel good about yourself?
- Are you connected to other moms who speak openly about the challenges of pregnancy and motherhood?
- Are there people you can talk to honestly about your feelings and concerns?
- Are there people you can depend on to help you if you really need it?
- Is there a person you can trust for good advice if you are having problems?

If you said no to any of these questions, it is important to think about how you can find or reconnect with people who can support you.

As you enter motherhood increase and strengthen your healthy relationships by

- Finding new circles of support
- Connecting with some of the women in these circles of support
- Developing healthy relationships within these circles of support
- Nurturing these healthy relationships within these circles of support

Increasing and strengthening healthy supportive relationships are the best things you can do for your mental well-being.



Here are some of the types of social support that can be helpful

TYPE	WHAT IT IS	EXAMPLE	POSSIBLE SOURCES
Emotional support	<ul style="list-style-type: none"> • Having someone like a close friend to talk to especially about your worries and concerns about your mood and the baby. • Having people in your life who make you feel valuable as a person and who remind you of your strengths. 	<ul style="list-style-type: none"> • You can “vent” about how tired and frustrated you are that the baby is still not sleeping through the night. • Someone who tells you how she likes having you as a friend and admires how hard you are working to feel better. 	partner, family and extended family, friends, coworkers, neighbors, religious communities, postpartum depression support groups – e.g. Pacific Postpartum Support Society, breastfeeding support group,
Practical support	<ul style="list-style-type: none"> • Help with errands, everyday household tasks, and child-care. 	<ul style="list-style-type: none"> • Getting someone to take care of the baby so you can have a nap, getting a family member to bring a meal for dinner. 	young or single moms groups, hotlines, family physician, obstetrician, midwives, pediatrician,
Social network support	<ul style="list-style-type: none"> • A group where you experience a sense of belonging. • Companionship with others who are similar to yourself. 	<ul style="list-style-type: none"> • A postpartum depression support group or prenatal classes. • Membership at the community centre or a quilting circle. 	psychiatrist, mental health worker, social worker, infant development worker, cultural groups, aboriginal friendship centres, community and recreational centres
Information support	<ul style="list-style-type: none"> • Access to reliable information and knowledge. 	<ul style="list-style-type: none"> • Accurate information about depression during pregnancy or following the birth of your baby that lets you know that you are not alone and that help is available. 	public health nurses, doulas, nannies, housekeepers, etc.

Being a mother is hard work; most mothers can use some help

module 3



COMMON THINGS THAT CAN HOLD YOU BACK FROM GETTING THE SUPPORT YOU NEED (ESPECIALLY WHEN YOU ARE DEPRESSED)

- Expecting others to “know” what is needed and offer to do it without being asked. In many cases this can lead to misunderstandings or hurt feelings.
- Being reluctant to let others know that you are having some difficulty and that you could use some help. As new mothers, many women feel obligated to keep up the illusion that all is well and parenting comes naturally. The reality is that being a mother is hard work. Most mothers could use some help; mothers who are depressed will likely need additional help.
- Difficulty thinking about who could be a source of support. Checking local newspapers, bulletin boards, baby magazines, community centre guides and at your public health centre can provide you with ideas for sources of support. Your community health nurse will also likely know of different kinds of support that may be available locally for mothers. You can also look at the table on the previous page for a list of different people, groups and services that may serve as a source of support for you.

TIPS FOR GETTING SUPPORT

- Be direct and specific in asking for what you need. Rather than expecting others to spontaneously offer, try asking directly for what you need. For example ask:
 - To a friend: “Will you watch the baby between 1 and 3pm so that I can get to my appointment?”
 - To your partner: “I’d like to have some time tonight to just cuddle and talk.”
 - To a relative: “Would you pick up some milk and fruit to drop off on your way home from work?”
 - To your partner: “Could you arrange to be home from work a little earlier tonight so that I can get out for a short walk?”
- Persistence is important. If that person is not able to help, try asking someone else. You may be uncomfortable asking for help and support. It may help to remember that you are developing and strengthening your healthy relationships and that this can be a very powerful resource in helping you to feel better and stay well.

Another very useful source for information on support is:

- Creating Circles of Support for Pregnant Women and New Parents. Best Start Research Program part of Health Nexus (Ontario). Toronto, Ontario, 2010. Available on-line at http://www.beststart.org/resources/ppmd/pdf/circles_of_support_manual_fnl.pdf



- Get support in asking for support. You don't have to keep asking all on your own. A trusted health professional may also be able to help you reach out to others.
- Let your support person(s) know how your request fits into your overall plan for getting better. You may want to ask some of your close support people to read "What Your Loved One(s) Can Do For You".
- Make a list of things you need practical help with. An example list might include:

Child care tasks	Household tasks
Change the baby's diapers	Fold the laundry
Bathe the baby	Get groceries
Rock and soothe the baby	Cook or order a meal
Take baby for a walk	Prepare baby food
Dress the baby	Clean the kitchen
Arrange activities for your other kids	Drop off or pick up kids

Child care tasks	Household tasks

- Make a list of the people in your life who can provide support. There is a table on the next page that provides space for you to list who can give you different types of support and also to write down specifically what they can do to support you.



SUPPORT TYPE	WHAT IT IS	YOUR EXAMPLE OF WHAT YOU WANT	YOUR POSSIBLE SOURCES OF SUPPORT
Emotional Support	<ul style="list-style-type: none"> • Having someone like a close friend to talk to especially about your worries and concerns involving your mood and the baby. • Having people in your life who make you feel valuable as a person and who remind you of your strengths. 		
Social network support	<ul style="list-style-type: none"> • A group where you experience a sense of belonging, companionship with others who are similar to yourself 		
Practical support	<ul style="list-style-type: none"> • Help with errands, everyday household tasks, and child-care 		
Information support	<ul style="list-style-type: none"> • Access to reliable information and knowledge 		

Many women are surprised to find out that others are more willing to offer support than they expected. And many friends and family members are relieved to know that there is something specific that they can do to help you to work on managing your symptoms.

You can use the goal-setting steps in the section called “Making Positive Changes” to help you begin to build your social support. Remember a small change in one area leads to changes in other areas as well.



action

a Making positive changes

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 - STEP ONE Make a list of specific problems.
 - STEP TWO Review your list and pick a problem to work on.
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 - STEP FOUR Do a pros and cons list for the solutions that seem most promising.
 - STEP FIVE Choose your solution and make a plan to make it happen.
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b Challenging depressive thinking

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- What is depressive thinking during pregnancy and following the birth of your baby? 26
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 - STEP ONE “Catch” your depressive thoughts and get them down on paper.
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 - STEP FOUR Make healthy thinking a habit.



a Making positive changes

The purpose of this guide is to help you to better understand depression during pregnancy and following the birth of your baby and to help you to learn and practice skills from cognitive behavioural therapy that will make you feel better.

Remember that the different areas of your life – your situation, thoughts, actions, physical responses and mood – affect each other. Because of this, making positive changes in one area will create positive changes in the other areas as well.

One great place to start is by making positive changes in what we do – our actions or behaviours. Making small, planned changes to our behaviours can have a tremendous positive impact on our feelings, thoughts and physical well-being.

This section will help you to learn and practice:

1. Goal setting skills to help you to make improvements in your self-care
2. Problem-solving skills to help you to begin to work on situations that are adding to your depression

Don't worry if the idea of making positive changes feels a bit overwhelming. This is very common for people who are depressed. The key to success in making positive changes is to **START SMALL**. The skills that are taught in this section work in part by helping you to break down big tasks and problems into smaller, manageable pieces. Tackling these small pieces in a step-by-step way is the best way to make progress towards feeling better.

As you have been reading through this guide, you may have had a few ideas about changes that you think would be helpful in your own life. This section will help you to make realistic plans to make positive changes to feel better.

The next few pages of this section will help you to set realistic goals to improve your self-care. Later on in this section, we review the steps to successful problem-solving.

Some of the ideas from this section are adapted from the free Antidepressant Skills Workbook by Dan Bilsker & Randy J. Paterson, Centre for Applied Research in Mental Health and Addiction (CARMHA), Simon Fraser University, 2005.]

Set small goals to make positive changes in your life

module 4



Goal Setting

GETTING STARTED Usually it is a good idea to work on goal setting first. Most women find that setting goals to make small changes in self-care is one of the first and most important steps that they can take to begin feeling better. As you begin to feel better, you will have more energy and be able to think more clearly and creatively about situations in your life that you may want to problem solve.

In the Self-Care section, we reviewed some of the important areas of self-care that tend to be neglected during pregnancy and after the birth of the baby, especially when a woman is also depressed. These included: Nutrition, Exercise, Sleep and Rest, Time for Yourself and Support.

Now that you have a better understanding of some of the important areas of self-care, you can begin to think about which areas may need improvement in your own life and how to begin to make some positive changes in these areas.

During pregnancy and following the birth, the many demands of caring for yourself and your baby can make it especially challenging to make the changes you that you would like to. What can be done?

Start with learning how to set small goals, to make positive changes in your life. In the next few pages, you will find a series of steps that will help you to make plans for positive changes, beginning with your self-care. Once your self-care has improved, you will be more prepared to learn skills to help you solve problems in other areas of your life.

TIP

You may wish to look at your responses to the 5 questions that you answered in each of the NEST-S areas to help you decide where to begin. The NEST-S section also has a lot of ideas for things that you can do to get started on making improvements to your self-care.

Some of the ideas from this section are adapted from the free Antidepressant Skills Workbook by Dan Bilsker & Randy J. Paterson, Centre for Applied Research in Mental Health and Addiction (CARMHA), Simon Fraser University, 2005.]



Choose the area you would like to make a positive change and write down your idea

STEP ONE: Review the NEST-5 program and choose an Area that you would like to work on and an Idea for what you could do to make positive changes in that area.

For every area, you could potentially have a lot of different ideas for positive changes, however, for now, choose just one idea to work on. For example, if you are working on Nutrition, you could try to eat more vegetables or drink more water during the day. For exercise, you could go for more walks, take a bike ride, go to an aerobics class, or use an exercise DVD from the library.

Remember, you are just going to pick one idea to work on for now.

Area	Idea for Positive Change
Exercise	Get out for more walks

Many women report that one idea can actually cover several areas of NESTS. For example, getting out for more walks may also provide time away from the baby (if you can arrange childcare) and could increase social support (if you can make arrangements to walk with a friend).

You can write your area and idea below.

Area	Idea for Positive Change

STEP TWO: Set a SMART goal and make a plan

Now take your idea for positive change and make it into a goal with a specific plan for how to accomplish it. One good way to make sure that the goal you are setting is a good one is to use the “SMART” formula.



S	M	A	R	T
specific	measurable	attainable	relevant	timebound

SMART goals and plans are:

S **SPECIFIC** A good goal is a specific goal. You want to know exactly what you are going to do, when you are going to do it, and where you are going to do it. It is also helpful to ask yourself how you are going to do it, so that you can make sure that you have everything you need to be successful.

M **MEASURABLE** If you have set a specific goal using the tips above, then your goal is probably measurable. You want to be able to answer the question "How will I know when I have achieved my goal?". Your goal should be measurable so that:

(1) you can tell whether your plan for positive change has been successful (and if not, you can revise it) and (2) you can take credit for accomplishing your goal if your plan worked. During depression it is especially important to be able to recognize and give yourself credit for taking small steps towards feeling better. You may measure your goal in terms of time spent (e.g., 10 minutes once a week), how many (two friends or 3 blocks) or how much (half a glass of orange juice).

A **ATTAINABLE** One of the biggest mistakes that mothers with depression make when they are goal setting is to set their goals too high. Often this is because they set goals based on what they used to be able to do before they became depressed or before they became parents, or what they feel that they should be able to do. When this happens, there is a good chance that the mother will not reach her goal, feel that she has "failed" and become more discouraged and depressed.

A much better idea is to set a goal that is attainable given your mood, energy levels and other responsibilities (e.g., caring for an infant). One way to do this is to ask yourself "How much have I done this activity in the last few weeks?" Then set a small goal, based on your answer that you can attain.



For example, if you would like to start swimming again for exercise, ask yourself how many times you have gone swimming in the past month or so. If the answer is one time, then it is probably not realistic to set a goal of swimming twice a week. Instead, consider setting a goal of one time in the next two weeks. You are much more likely to be able to attain this goal.

You may want to rate your level of confidence in achieving this goal from 0 = not at all confident to 100 = 100% confident that I can achieve this goal. If you are less than 80% confident, consider scaling back your goal to something more attainable.

Remember that you are just getting started with this goal setting process. Starting small and having successes will help you to get moving again and build your motivation to set new goals.

After you have completed your initial goal, you can set new ones that are slightly more challenging or are the next step towards attaining a larger goal.

R **RELEVANT** The goal that you set for yourself should be relevant to your well-being. In other words, your goal should be part of a series of steps that will help you to move towards feeling better. It can be useful to ask yourself why you are choosing to set this goal so that you can make sure that what you are picking is important to you and should help you to feel better. Choosing a goal based on the NEST-S program makes good sense because each of these areas is shown to be important to mental health.

T **TIMEBOUND** This means knowing when you are going to carry out your goal. This may be scheduling the time and day of the week you plan to do your activity (e.g., walk on Thursday morning) or setting a deadline to complete a goal (e.g., walk once this week).

TIP

Write it down! Most people find it very helpful to write out their plan for positive change (for example, their SMART goal). Consider writing out your plan using the worksheet below. You may also want to use a reminder system like writing into your schedule, putting up a reminder note for yourself or programming it into your electronic device.



Here is an example of a SMART Goal related to exercise.

Area	Idea for Positive Change	SMART GOAL/PLAN
Exercise	Get out for more walks	Walk around my neighborhood with baby in a stroller for 20 minutes two times a week on Monday and Wednesday mornings.

Sometimes, you may need to break down a goal into even smaller steps so that you have the information or supplies that you need to get started. For example, if you would like to start walking more, your first goal might be to find comfortable shoes and a suitable stroller or baby carrier.

Once you have taken these first steps, it will then be easier to set a SMART goal to carry out the activity. For example,

Area	Idea for Positive Change	SMART Goal/Plan
Exercise	Get out for more walks	<p>Walk around my neighborhood with baby in a stroller for 20 minutes 2 times/week on Monday and Wednesday</p> <ul style="list-style-type: none"> • To do this, I need to: <ul style="list-style-type: none"> - Get raincover for stroller now that it is winter - Call the store where I purchased the stroller - Call on Friday morning when baby is napping to see if they have any available - Ask my sister to pick it up and bring it over when she comes for dinner next Monday

Have a clear plan for how you are going to accomplish your goal

module 4



Here are some other examples of SMART goals based on the NEST-S program.

Area	Idea for positive change	SMART GOAL/PLAN
Taking time for yourself	Having alone time	After I put the baby down for her afternoon nap each day, make myself a cup of tea, read for 10 minutes in my living room before starting on any chores or go for a nap.
Support	Spend more time with other mothers	Email the two mothers that I really liked from my prenatal class to ask if they would like to get together. I can send the emails off tonight after my partner comes home from work.
Sleep and rest	Get to bed earlier	After I have watched my nightly tv program, turn off the tv right away, rather than flipping through channels. Get ready for bed and then read quietly in the living room until I feel sleepy, then get up and go to bed.
Nutrition	Eat more fruits	Buy some bananas when I go to the market on Sunday. Put them beside the kettle so that I will remember to eat one each morning when I have a cup of tea.

Ask a support person if you need help

module 4



Set your SMART goal/plan here:

Area	Idea for Positive Change	SMART Goal/ Plan	Done?

Do a Quick Check:

Is my goal/plan:

- Specific?
- Measurable?
- Attainable?
- Relevant?
- Timebound?

If not, what can I do to make my goal/plan more SMART?

Make sure that you have a clear plan for how you are going to accomplish your goal. It can also be useful to think about whether there are any obstacles that you can foresee that might get in the way of your plan. If you can see any likely obstacles, consider how you might be able to work around these. Ask a support person if you need help.



STEP THREE: Follow through with your plan.

Carry out your plan to reach your goal. As you complete each goal, check it off on your worksheet. Praise yourself for taking this important step. Each goal that you set and reach improves your wellbeing, even if it may not feel that way at first. Each small step leads you closer to feeling better.

STEP FOUR: Review your progress.

An important part of making positive changes is to review how things are going with your goal after you have been using your plan for a little while – depending on your plan, one to two weeks later is often a good time for a review.

Were you able to accomplish your goal?

If you were, congratulations! This is a great first step towards using these effective CBT-based skills to help you to make positive changes and work towards feeling better.

If you weren't able to accomplish your goal, don't worry. This is not unusual when people are practicing goal setting for the first time. This is the time to review what happened. Did you cover all the parts of SMART? Was the goal small enough? Maybe you need to break down this goal into even smaller pieces. Was your plan specific enough? Perhaps you need to include support from someone who can help you to reach your goal. Or maybe you need to make sure it is something you really want to do. Once you have figured out what would be SMART, you can rewrite your goal.

Making one play date, taking one nap, or eating a healthy breakfast are all SMART goals. Remember, you are dealing not just with depression but the challenges of developing healthy new routines now that you are a mother. These small steps are the beginning of your return to a sense of health and well-being. Allow yourself to experience success as you transition into your new life by setting small but important goals.

What would you like to do next?



STEP FIVE: Reset your goals.

Based on what you have learned from your first plan, what would you like to do next?

- Do you want to reset the same goal as before? In many cases, new moms may need to make some changes to their plan to achieve their goal. If you have already been successful with your plan for change, setting the same goal again can help you to make a positive change a new habit in your life.
- Are you ready to increase your goal a little bit? If you were successful with your first plan, maybe you want to increase your goal a little bit. For example, if you have been doing well with 10 minute walks, maybe you will plan to have a 15 minute walk this week. Be careful not to set your goal too high. Remember that you want to set realistic goals that you will be able to accomplish so that you can build up your motivation and make progress towards positive change.
- Are you ready to set a goal for another area of self-care? If you have been making good progress in Exercise, maybe now is the time to consider making positive changes in another area, such as Nutrition, Sleep and Rest, Time for Yourself or Support.

Write your new SMART goal below:

Area	Idea for Positive Change	SMART Goal/Plan



Now that you have learned these effective goal-setting steps, carry on using them to continue to make positive changes to your self-care. You can use these goal-setting steps in other areas of your life as well. These can include other rewarding activities besides self-care, such as, (re)connecting with family and friends, or taking care of household or other tasks. These other goals will help you continue to build on the positive changes that you have begun with building your NEST-S.

Once you begin setting and achieving goals related to self-care, you will probably find that other areas of your life are also beginning to improve.

You may be sleeping better, have more energy and be able to concentrate for longer periods of time. You might also be starting to feel more positive about continuing to make positive changes and be ready to learn how to solve some of the problems that you have in your life.

The next few pages will teach you important skills that you can apply to problem situations in your life.

Goal Setting Worksheet

Area	Idea for Positive Change	SMART Goal/Plan	Done

Some of the ideas from this section are adapted from: (1) The free Antidepressant Skills Workbook by Dan Bilsker & Randy J. Paterson, Centre for Applied Research in Mental Health and Addiction (CARMHA), Simon Fraser University, 2005. (2) BCP Here to Help: Problem Solving & Healthy Thinking Wellness Modules. BC Partners for Mental Health Addictions Information, Vancouver BC, 2004-2005. Available on-line at <http://www.heretohelp.bc.ca/skills/managing-well-being>.

New motherhood brings with it a variety of new problems and challenges

module 4



Learning to solve your problems

When a woman is depressed during pregnancy or following the birth of her baby, she may feel like she is surrounded by a lot of problems. Sometimes women become depressed in part because problems have piled up and they do not know how to solve them. At other times, depression begins for other reasons, but once a woman is depressed, the symptoms of depression such as low motivation and energy, concentration and decision-making problems can make it very difficult to solve problems, so that more and more problems pile up.

Added to this is the fact that new motherhood brings with it a variety of new problems and challenges, which often require some time and creativity to work through. The end result is that a woman with depression in pregnancy and following the birth of her baby may feel that she has a lot on her plate that she needs to problem-solve, but feel confused and pessimistic about her chances of taking positive steps to resolve these problem situations.

The purpose of the next few pages is to teach you some effective problem-solving skills that you can apply to problem situations in your own life. The steps of problem-solving are relatively straightforward, but most of us aren't taught how to do this.

TIP

It is important to check whether there is a problem that needs to be solved. Sometimes when people are depressed they see their life situations in such negative terms that they may think that there is a problem when really it is just their way of looking at the situation.

For example, a woman who is depressed may think that her marriage is falling apart if her depression causes her to only focus on the times that she and her husband disagree, without considering the times that they have a good time together. If this is the case, the skills taught in the Challenging Depressive Thinking section may be helpful.



STEP ONE: Make a list of specific problems.

An excellent place to start is by making a list of problems that you need to work on. Here are some tips for making your list.

Pay attention to your feelings. Negative feelings such as anger, frustration, anxiety or sadness can help you to identify problem situations that may need your attention. For example, if you are angry whenever you talk to your partner, this may be a sign that there may be a problem between the two of you that needs to be addressed.

Be specific about the problem. It is difficult to solve a problem effectively unless you are very clear about what is going on. "I don't have enough money" is not very specific. It would be more helpful to define the problem in more specific terms, for example, "I don't have enough money to cover my rent this month".

Try to break large problems down into smaller ones. For example, "The house is a mess" could be broken down further into more specific problems like:

- The laundry needs to be done.
- There are so many papers on the kitchen counter that I don't have enough room to cook.
- The living room needs to be vacuumed.

Being very specific about the problem and breaking large problems down into smaller ones makes it much easier for you to come up with strategies that might help you to solve your problem.

Start small. By tackling a smaller problem first, you will more likely be successful



STEP TWO: Review your list and pick a problem to work on.

TIP

Don't be alarmed if your list seems long. That is true for many people. The important thing is to pick one problem that you would like to tackle and to get started. As you become more familiar with these problem-solving steps, you will be able to take on additional problems and solve them effectively. Solving problems as they come up will also make a big difference.

Here is an example of a problem list for a new mother.

- "My partner and I are fighting all the time"
- "The dog needs another walk today"
- "Since the baby was born I haven't been able to take very much time for myself, even just to take a bath".
- "We are having money problems because I am not earning any money right now."

You will notice that some problems are bigger than others. Picking a problem to solve is similar in many ways to setting goals. As with making any positive change, you want to **START SMALL** by picking a smaller, more short-term problem to solve. This is not the time to take on a problem situation that you have been struggling with for years. By tackling a smaller problem first, you will be more likely to use all of the problem-solving steps and more likely to be successful. This can help motivate you to take on other problems and apply these same effective skills.

Some examples of typical smaller problems that a new mother might add to her list include:

- The laundry needs to be done
- I haven't seen my friends since the baby was first born.
- We need to get groceries
- I need to return some phone calls



It is also a good idea to have a specific goal that you would like to reach that would let you know that your problem has been solved. For example, “The papers are filed in my filing cabinet and my counter is clear” or “I am able to pay my rent each month”. You can use the SMART formula to help you to set your goal.

For example, if the problem is that the laundry is piling up week after week, a SMART goal might be “The laundry needs to be washed, folded and put away by Saturday each week”.

STEP THREE: Write down possible solutions to the problem.

The next step is to brainstorm possible solutions to your problem that will help you to meet your goal. Your task is to come up with as many different kinds of solutions as you can. Do not judge yet whether your solutions are good, bad or silly. You are more likely to think of new solutions if you also include some wild ones. Consider asking others for help. Friends, family, or health professionals may be able to help you to think of some possible solutions that you haven’t thought of yet.

Here’s an example of brainstorming:

The Problem	My Goal	Possible Actions
There are several loads of laundry that need to be done and we are running out of clean clothes for the baby.	The laundry is washed, folded and put away by Saturday each week.	<ul style="list-style-type: none"> • Skip my nap when the baby naps so that I can do some laundry. • Get my partner to do the laundry. • Google for information on a super robot that does laundry • Change my standards: Do the baby’s laundry and anything else I urgently need and leave the rest for later • Keep buying new clothes and give away dirty laundry. • Hire some help so that I have time to do the laundry.



Write down some possible things that you can do to solve your problem.

The Problem	My Goal	Possible Actions



STEP FOUR: Do a pros and cons list for the solutions that seem most promising.

The next step is to consider the solutions that you have brainstormed and to think about the pros and cons of each solution. For pregnant and new moms, it is important to remember to consider things like how much time and effort are involved in a particular solution.

I could...	Pros	Cons
1. Skip my nap when the baby naps so that I can do some laundry.	The laundry gets done.	I'm already exhausted and it will be harder to cope if I don't nap.
2. Get my partner to do the laundry.	The laundry gets done. My partner is sharing some of the daily tasks.	My partner might not want to do the laundry because I usually do it. I am a bit nervous about asking.
3. Change my standards: Do the baby's laundry and what else I need and leave the rest for later.	The baby will have clean clothes.	I will need to do more laundry soon because I will run out of clean clothes.
4. Hire some help so that I have time to do the laundry.	Other household chores get done, the laundry gets done.	Don't have the money right now.



My pros and cons list:

I could...	Pros	Cons
1.		
2.		
3.		



STEP FIVE: Choose your solution and make a plan to make it happen.

Now it's time to review your pros and cons list and choose the solution that seems to have the most pros and the fewest cons. Remember that no solution will be perfect. Every solution will have some drawbacks. Your aim is to pick a solution that you think might help to improve the problem situation, even if it does not take care of everything. Even if you are not sure about the best solution, it is important to pick one and move forward.

Once you have chosen your solution, you need to plan out how to carry out this solution. One good idea is to use the SMART formula (specific, measurable, attainable, relevant, timebound) to help you to make your plan.

Example: Tonight after the baby is asleep, I will discuss the laundry problem with my partner. I will tell him about my ideas based on the problem-solving that I have done. I will ask him to do a couple of loads of our laundry each week before the weekend comes. I will tell him about my idea that we can do the folding and putting away on Friday night while we are watching TV together so that we can have clean clothes folded and put away by Saturday.

My solution is:

The steps for carrying out my solution are:

Some problems require us to go through the problem solving steps a few times before we find the solution



STEP SIX: Putting your solution into action and checking up on your progress.

Problem solving only works if you put your plan into action! Follow the steps that you have written out as part of your plan. Then, after a little while, check up on your progress.

Were you able to carry out your plan and solve (or at least improve) your problem?

If you were, congratulations! This is a great first step towards using these effective CBT-based skills to help you to make positive changes and work towards feeling better.

If you weren't able to fully resolve your problem, don't worry. This is not unusual, especially when people are practicing problem solving for the first time or when you are dealing with a more difficult problem. Some problems require us to go through the problem solving steps a few times before we find the solution or combination of solutions that takes care of the problem. This is the time to review what happened.

Here are a few questions that you can ask yourself to help you to decide what to do next:

- Did I define my problem correctly? Did I break it into small enough pieces? Sometimes after working on a solution for a while, we can see that there is a different way of defining the problem that is more specific or helpful.
- Do I need to give my solution more time to work? Sometimes we can be on the right track, but our solution takes a bit more time to work than expected.
- Was my goal unrealistic?
- Did I carry out the solution properly?
- Is there a better solution?

Usually, one or more of these questions will give you some ideas about where to go next. If you are stuck, consider asking a friend, family member or health professional for help.



Finally, even if your problem is not fully resolved, remember to give yourself credit for taking steps to work on improving the situation. By learning and applying these problem-solving skills, you are making progress towards taking charge of your situation and improving your mental health.

The next section of this guide, Challenging Depressive Thinking will teach you how to identify and challenge negative thinking patterns that can keep you feeling trapped in depression.



b Challenging depressive thinking

This section is designed to help you to learn how to:

1. identify and challenge common types of depressive thoughts during pregnancy and following the birth and
2. replace these depressive thoughts with more accurate and helpful thinking patterns.

These healthy thinking skills will help you to better manage your symptoms of depression. As depressing thoughts and anxious thoughts often occur together, the skills covered in this section may also be helpful for managing anxious thoughts.

Some of the ideas from this section are adapted from: (1) The free Antidepressant Skills Workbook by Dan Bilsker & Randy J. Paterson, Centre for Applied Research in Mental Health and Addiction (CARMHA), Simon Fraser University, 2005. (2) BCP Here to Help: Problem Solving & Healthy Thinking Wellness Modules. BC Partners for Mental Health Addictions Information, Vancouver BC, 2004-2005. Available on-line at <http://www.heretohelp.bc.ca/skills/managing-well-being>. (3) Anxiety Disorders Tool Kit. BC Partners for Mental Health Addictions Information, Vancouver BC, 2003. Available on-line at <http://www.heretohelp.bc.ca/publications/toolkits>

Changing your thinking patterns can make a huge difference

module 4



Why is it important to identify and challenge depressive thoughts?

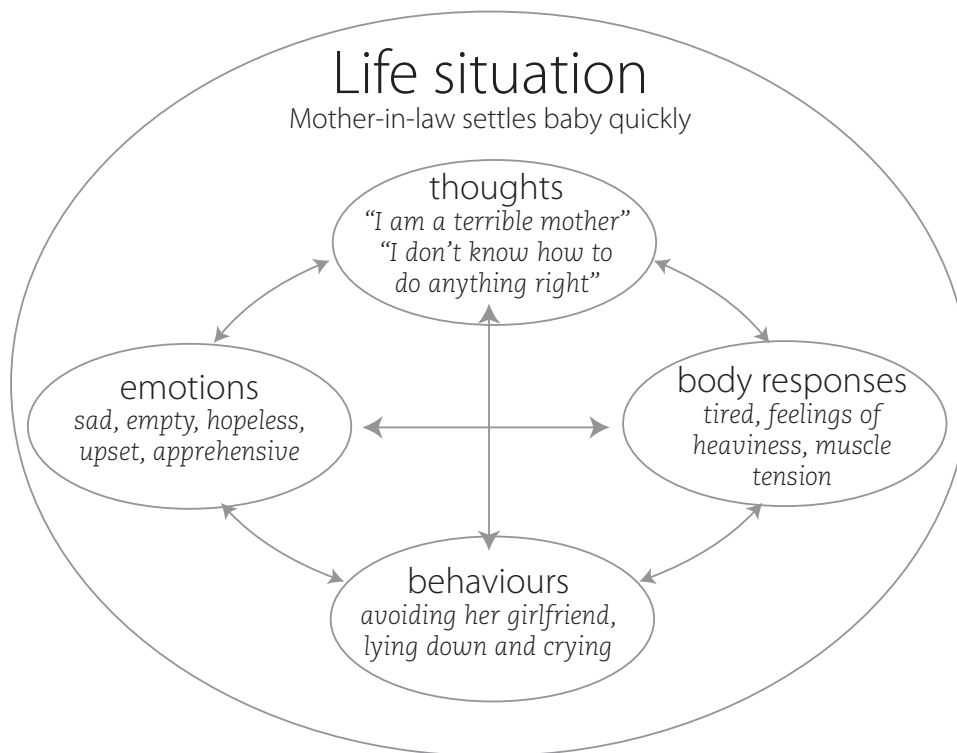
The way that you think about your life situation and your experiences influences how you feel and what you do.

For example, consider Sarah's story.

Sarah had her first baby, a daughter named Mia, three months ago. Sarah's mother-in-law is visiting from overseas. Sarah has just finished breastfeeding Mia and her mother-in-law offers to burp the baby and settle her down for a nap while Sarah has a bite to eat. Sarah is expecting a girlfriend to call before she comes over so they can go for a walk together.

As Sarah is handing over the baby, she warns her mother-in-law that Mia usually takes 30 minutes or so to settle down after feeding. Sarah's mother-in-law takes Mia and she settles down within five minutes. Sarah automatically thinks "Why can't I settle her down that fast? I should know how to do that – she's my baby. I can't satisfy my baby properly. I'm a terrible mother. I don't know how to do anything right".

These thoughts make her feel embarrassed and sad. She notices that she is feeling tense and she suddenly feels very tired. She isn't hungry anymore. She tells her mother-in-law that she has a headache and asks her to pass along the message that she is not feeling well and won't be able to go for a walk today. Sarah goes to her bedroom to lie down and cry.



As you can see, the way that Sarah thought about this situation (her “self-talk”) had a huge impact on how she felt emotionally and physically and on how she coped with her situation.

It is important to remember that everyone has negative thoughts from time to time. People are most likely to think negatively during stressful times (such as during a pregnancy or following the birth of a child), or when they are depressed, anxious, stressed, or not taking care of themselves properly. At these times, negative thoughts can become more frequent and more difficult to let go of. Our thoughts can become unfair and unrealistic, they are not based on the facts even though it feels like they are true.

If we believe these thoughts, we are more likely to feel depressed and to cope in ways that are not helpful and may actually make us feel worse. For example, we may stop taking care of ourselves properly, avoid seeing other people or use unhelpful ways of coping like using drugs or alcohol to change how we feel. That is why it is so important to recognize depressive thinking and to practice more healthy thinking. Changing your thinking patterns can make a huge difference in how you feel and make it easier for you to use ways of coping that are helpful.



What is depressive thinking during pregnancy or following the birth of your baby?

Depressive thinking is a pattern of negative thoughts that triggers your depressed mood or keeps it going. Depressive thoughts are often distorted, meaning that they are not accurate or helpful.

When people are depressed, they often think in very negative ways about themselves, their situation and their futures.

NEGATIVE THOUGHTS ABOUT THE SELF. Many women who are depressed during pregnancy or following the birth of the baby will be very critical of themselves and say unfair and negative things to themselves about their ability to care for the baby, their appearance, and what they are able to accomplish in a day or other things.

NEGATIVE THOUGHTS ABOUT THE SITUATION. Women who are depressed during pregnancy or following the birth of the baby may question their relationship with their partner, think their baby prefers others to themselves, that others are critical of their ability to care for the baby, or that there is nothing they can do to improve some of the difficulties they are experiencing, even if this is not true. They will often have a difficult time seeing any positive aspects to their situation or experience.

NEGATIVE THOUGHTS ABOUT THE FUTURE. Women who are depressed during pregnancy and following the birth often feel unhappy with their current situation and don't feel like things are going to get better. For example, women who are depressed following the birth of a child will often feel overwhelmed by the demands of caring for an infant, may doubt that their relationship will survive the new stressors, or that they will ever feel 'like themselves' again.



Are you experiencing thoughts about harming yourself or someone else?

Sometime when women are feeling very depressed and hopeless, they have thoughts about harming themselves or others. They think that their partner or child would be better off without them.

If this is happening to you, it is very important that you tell someone you trust about these thoughts and make an urgent appointment to see your family physician to discuss these thoughts.

If you are worried that you may be unsafe, please call 911 or go to the nearest emergency room.

Thinking Traps

Some types of depressive thinking are so common that they have been recognized and given specific names. In this guide, we call them “thinking traps”. These depressive thinking styles are “traps” because they are not accurate or useful and they keep a person “trapped” in depression.

It is not unusual for people to find that they are more likely to ‘fall into’ some thinking traps than other ones. One step that you can take to start feeling better is to identify which of these thinking traps you tend to fall into. This can help you to recognize more quickly when you are having depressive thoughts. Also, once you know which trap you’re in, you can plan a way out into healthy thinking.

In the table below you will find a list of some of the most common thinking traps for women who are depressed during pregnancy or following the birth. You may want to read through the list and check off all of those that apply to you.



THINKING TRAP	DEFINITION	FOR EXAMPLE...
<p>Negative Mental Filter</p>	<p>In this thinking trap, you focus on the negative parts of a situation, and ignore the positive parts of a situation. You may only pay attention to the things that go wrong, or that you didn't get done, and don't give yourself credit for your accomplishments.</p>	<p>You go to a mother-baby group for the first time. During the hour you are there, you have short conversations with a number of the other mothers, but there is one mother who talks to a lot of people but not to you. You think "There must be something wrong with me because people weren't interested in meeting me". You forget that a number of the other mothers did make time to chat with you.</p>
<p>Overgeneralization</p>	<p>In this kind of thinking trap, you make up a "rule" about how things are or will be based upon one experience or event.</p> <p>Hint: When people are overgeneralizing, they often use words like always, never, all, every, none, nobody, and everybody. For example, "The baby never falls asleep for my partner".</p>	<p>If one friend spends less time with you after the baby comes, you think "Now none of my friends want to hang out with me".</p>
<p>All or Nothing Thinking (also known as "black and white thinking")</p>	<p>Seeing things or people as either right or wrong, good or bad, perfect or terrible. Everything is black or white, there are no shades of grey. People who think in all or nothing terms see a small mistake as a total failure.</p>	<p>One morning when the baby naps for longer than usual, you manage to tidy up the living room and sweep the kitchen floor. But even after doing all this, you say to yourself "The house is a complete mess!"</p>



THINKING TRAP	DEFINITION	FOR EXAMPLE...
Catastrophizing (also known as “blowing things out of proportion” or “making a mountain out of a molehill”)	Telling yourself that a minor negative event is/would be a complete disaster. Often people who are catastrophizing also fear that they would be unable to cope with the situation that they are imagining.	Your partner does not make eye contact with you during dinner and you think “He doesn’t love me anymore and he is going to leave me. I’ll be a single mother and I can’t deal with that”.
“Should” statements	Telling yourself how you “should” or “must” act or feel.	I should always be happy, cheerful and patient, even when my child is very fussy.
Labeling	Saying something very negative (and often unfair) about yourself or other people.	I am a lazy and pathetic because I haven’t exercised since the baby was born.
Mind-reading	You think you know what others are thinking, without any evidence.	If your baby cries while you are waiting in a line-up you say to yourself “Other shoppers must think I’m a horrible mother”.
Jumping to Conclusions	Making predictions about what is going to happen, with little or no evidence. People who are depressed predict that a lot of negative things are going to happen, even when the evidence suggests that this is not very likely at all.	“I have been trying for a week and I am not going to be able to potty train my daughter”.
Perfectionism	Thinking that things (or people) are only right or worthwhile if they are perfect.	You are concerned that your baby has a skin rash and won’t be perceived as lovable or cared for by others.



THINKING TRAP	DEFINITION	FOR EXAMPLE...
Personalization and Self-Blame	You feel overly responsible for other people’s behaviours and negative events, and do not consider other factors or people who may have influenced the situation.	Your partner’s work hours are reduced and you blame yourself because you have been asking him to take on some of the night feedings.
Emotional reasoning	Thinking that bad feelings say something about how a situation actually is. You believe that your thoughts must be true or accurate because you “feel” strongly that they are, even if there is little or no evidence to support them.	“I feel sad, so my relationship must be in trouble” or “I feel scared, so something bad is going to happen”.

TIP

Don’t worry if you find that you are falling into more than one thinking trap. This is very common. Notice how your thinking traps make you feel. Chances are that being in a thinking trap keeps you feeling depressed or sad and make it harder for you to make positive changes.

When a woman is depressed during pregnancy or after the birth, it is often very difficult for her to recognize that her thoughts may not be true or helpful or that she has fallen into a thinking trap. When this happens, these depressive thoughts can keep her “stuck” in a depressed mood. Fortunately, there are ways that you can recognize and change these thinking patterns so that you can begin to feel better. The goal is to help you to practice more **healthy thinking**.

Healthy thinking means looking at life and the world in a balanced way

module 4



What is healthy thinking?

No one can look at things positively all the time. Sometimes bad things happen, like your baby getting sick, having an argument with a family member, or getting into a car accident. It's normal and healthy to feel upset and have negative thoughts when these things happen.

Healthy thinking means looking at the positive, the negative, and the neutral parts of a situation, and then making a conclusion about the situation. In other words, healthy thinking means looking at life and the world in a balanced way—and staying out of thinking traps!

How can I change my depressive thinking and think in healthier ways?

Even if you are having a lot of depressive thoughts, the good news is that with some practice, you can learn to identify your negative thinking habits and to replace these negative thoughts with healthy thoughts that are more accurate and helpful. In the next few pages, you will find a 4 step plan that will help you to develop more healthy thinking patterns.

What doesn't work

One thing that many people try when they recognize that they are having negative thoughts is to tell themselves “stop thinking that way” or “don't think such stupid things”. This rarely works. Our depressive thoughts are usually easier to let go of when we have considered the situation logically (looked at the evidence for and against the thought) and then come up with a more realistic or helpful thought to replace the depressive one.

We also know from research studies that when we try and push away upsetting thoughts, they are more likely to keep popping back into our minds. This way of coping with depressive thoughts may make you feel worse in the long run. Instead, try the simple steps on the following pages.



STEP ONE: “Catch” your depressive thoughts and get them down on paper.

The first step towards practicing healthier thinking involves catching and recording your depressive thoughts on paper. When you notice that your mood has dropped, take a moment to pay attention to the thoughts that have been going through your head. Write down the thoughts that were going through your head as well as the situation that you were reacting to on the “Thought Challenging Worksheet” on page 6 in module 6. This worksheet will help you to record (and challenge) your depressive thinking.

Here are some tips for using the Thought Challenging Worksheet

Under “Situation”, write down what happened. Only include the “facts” of the situation that everyone would agree on. Try to separate out your thoughts from the actual situation.

Under “Thoughts”, write down what you have been telling yourself – your “self-talk”.



STEP TWO: Identify Any “Thinking Traps” in Your Recorded Thoughts.

Take a look at the definitions and examples of “thinking traps” and see whether your thinking matches any of these. It is common to fall into more than one thinking trap. Don’t spend too much time on this, just make your “best guess” and then move on to the next step.

For example, these are the best guesses that Sarah might write down:

Thought	Thinking Trap
I’m a terrible mother.	Labelling
I should know how to do that – she’s my baby	“Should statements”
I can’t satisfy my baby properly. I don’t know how to do anything right.	Overgeneralizing

As you can see, Sarah fell into the thinking traps of “labeling”, “should statements” and overgeneralizing. These thinking traps made her feel down and physically unwell which caused her to cancel her plans with her friend and go lie down.

STEP THREE: Challenge the Depressive Thinking and Replace it with More Healthy Thinking.

When you are really depressed, it can be difficult to come up with a healthy thought to replace your depressive thought.

There are several helpful questions that you can ask yourself to help you to come up with healthy thoughts.*

* These are adapted from the following excellent sources:

Greenberger, D. & Padesky, C.A. (1995). *Mind Over Mood: Change How You Feel by Changing the Way You Think*. New York: Guilford.

Burns, D. D. (1999). *Feeling Good: The New Mood Therapy*. New York: Plume.

Burns, D. D. (1999). *The Feeling Good Handbook*. New York: Plume.

Bilsker, D. & Paterson, R. (2005). *Antidepressant Skills Workbook*. Centre for Applied Research in Mental Health & Addiction, Simon Fraser University. www.carmha.ca/publications



Not every question will apply to every negative thought – but usually one or two of these will give you some ideas for coming up with more healthy thinking. Try a quick skim of the list to see which ones might apply to your situation.

- 1. Ask yourself: If someone I really care about was in this situation and had this thought, what would I tell them?**
- 2. Ask yourself: If someone I really care about knew I was thinking this thought, what would they say to me?** What would this person say to you to point out your thoughts are not entirely accurate?
- 3. Ask yourself: What’s a less extreme way (more fair way) of looking at the situation? Are there shades of gray in this situation that I am ignoring?**
- 4. Ask yourself: Is this thought helpful right now? Is there another way of thinking about the situation that would have better results?**
- 5. Ask yourself: When I have felt this way in the past, what did I think about or do that helped me feel better?**
- 6. Ask yourself: Five years from now, if I look back at this situation, will I look at it any differently?**
- 7. Ask yourself: Are there any strengths or positives in me or the situation that I am ignoring?**
- 8. Ask yourself: Am I blaming myself for something over which I do not have complete control?**
- 9. Ask yourself: Have I confused a thought or feeling with a fact?** It is important to distinguish between thoughts, feelings and facts. For example, just because we feel depressed or have negative thoughts in a particular situation does not mean that the situation is a bad or dangerous one. It is important to remind ourselves of the “facts” of the situation – what we have evidence for.

TIP

If you recognized some of the thinking traps in step one, you can help to challenge them by using the tips on page 38.



Think about your answers to these thought challenging questions, then write them down and use them to help you to come up with a more accurate and helpful thought.

Here is an example of a completed Thought Challenging Worksheet.

Situation	Depressive thoughts	Thinking trap or questions to challenge this thought	Healthier thoughts
After I told her that Mia takes at least 30 minutes to settle down, my mother-in-law gets her to settle in about 5 minutes.	“Why can’t I settle her down that fast? I should know how to do that –she’s my baby.”	“Should” statement. I need to ask myself if there is a more helpful and encouraging way of looking at this situation.	Mia will take different amounts of time to settle on different days. Sometimes she settles very quickly for me.
	“I can’t satisfy my baby properly.”	Overgeneralizing. I need to ask myself: Does this one situation really tell me that much about myself or what is going to happen in the future? Can I think of other times when this “rule” has not been true?	It isn’t fair or helpful to call myself a terrible mother or say that I can’t satisfy her. Actually, it is a good thing that she will settle for other people, as that will make it easier for me to get some time to myself. I need to stop being so hard on myself.
	“I’m a terrible mother”	Labelling. I need to ask myself: What impact does calling myself names have on my mood, stress level and motivation?	I have learned a lot of things since my baby was born and I do a lot to care for her which takes effort and love.



Now try this out for yourself. Here is a blank **Thought Challenging Worksheet** for you to use. There are also other blank sheets that you can copy in module 6.

Situation	Depressive thoughts	Thinking trap or questions to challenge this thought	Healthier thoughts

The best thing to do to build your healthy thinking skills is to PRACTICE

module 4



STEP FOUR: Make healthy thinking a habit.

Learning to recognize and challenge depressive thoughts and replace them with healthier thoughts is an important skill. Like learning any new skill, it takes some time and practice before you will be comfortable and confident in your healthy thinking patterns.

The best thing to do to build your healthy thinking skills is to PRACTICE. Every time you catch yourself with a depressive thought and make the effort to replace that thought with a healthier thought, you are making progress towards feeling better/ reducing your depression.

TIP

One technique that many people find to be helpful is to make themselves “coping cards” to remind them to challenge their depressive thoughts, especially the ones that tend to come up over and over again. You may want to use a recipe card or other small piece of paper to make your own coping card.

On one side of the coping card write the depressive thought. On the other side, write the healthy thought that you want to use to replace that depressive thought. You can carry your coping cards around with you in your pocket or bag and pull them out when you find yourself having that depressive thought to remind yourself of healthy thinking.

With practice, you will find that it becomes easier and easier to recognize and “let go” of depressive thinking when it happens. Eventually, you may even find yourself thinking “That’s just my depression talking, I don’t need to pay attention to that” or you might find that your mind quickly replaces that negative thought with a more accurate and helpful thought. When this happens, you know that you are well on your way to making healthy thinking a habit.



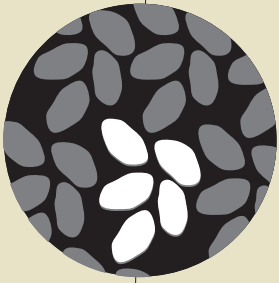
TIPS FOR CHALLENGING THINKING TRAPS

If you know what your thinking traps are, the questions on this sheet can help you find a way out of your traps.

THINKING TRAP	QUESTIONS TO ASK YOURSELF TO HELP CHALLENGE THIS THINKING TRAP
Negative Mental Filter	<ul style="list-style-type: none"> • What positive aspects can I see in this situation? • What strengths do I have to deal with this situation?
Overgeneralization	<ul style="list-style-type: none"> • Does this one situation really tell me that much about myself or what is going to happen in the future? • Can I think of other times when this “rule” has not been true? • What evidence do I have that this situation is going to happen over again? • What other outcomes are possible? • Would other people agree that this situation is likely to happen over again?
All or Nothing Thinking (also known as “black and white thinking”)	<ul style="list-style-type: none"> • Is there a less extreme way of looking at this situation? • Are there “shades of grey” in this situation that I am ignoring?
Catastrophizing	<ul style="list-style-type: none"> • Am I blowing this event/situation up to be worse than it actually is and imagining things that have not happened yet? • What is truly happening & how can I make a plan to cope with that? • Have I coped with difficult life circumstances before? What does this tell me about my ability to manage stressful times?



THINKING TRAP	QUESTIONS TO ASK YOURSELF TO HELP CHALLENGE THIS THINKING TRAP
“Should” Statements & Labeling	<ul style="list-style-type: none"> • Would I say the same thing about others who did this or who found themselves in this situation? • Is this way of talking to myself/thinking about the situation helpful to me? Is there another way that might be more helpful to me?
Mind-reading	<ul style="list-style-type: none"> • What evidence do I have that this is what this person is thinking?
Jumping to Conclusions	<ul style="list-style-type: none"> • What evidence do I have to suggest that this outcome is likely? • Do I have any evidence that suggests that this might not happen, or that another outcome is more likely? How many times have I had this thought before? How many times has this bad event actually happened? What does this tell me about the chances that it will happen this time?
Perfectionism	<ul style="list-style-type: none"> • Would others judge me as harshly as I am judging myself for not doing this perfectly? • What is the worst that could happen if something wasn't perfect? • Have I given myself credit for my accomplishments even if it is not perfect?
Personalization and Blame	<ul style="list-style-type: none"> • Are there other factors or people that have an influence on this situation that I am ignoring? • Do I have all the information needed to know who or what contributed to the situation?
Emotional Reasoning	<ul style="list-style-type: none"> • Is this a fact or a feeling? • Is there any evidence that my judgment may not be entirely accurate? • Do I need to calm myself down before thinking about this?



maintaining gains and relapse prevention

- Introduction to maintaining gains and relapse prevention 2
- Steps to success 2
 - Keep on doing what works to improve your mood using the skills you have learned and that you have put into practice.
 - Keep this guide available to you for reviewing the skills as well as to improve the skills you may have skipped over the first time.
 - Keep building your nests
 - Keeping active and solving problems
 - Identifying and challenging depressive thinking patterns
 - Know and be prepared for your “red flags”
 - Have a personal wellness plan
- If you do experience an increase in symptoms... 7
- What to do if you become pregnant again 7
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Make a plan for how you will maintain your progress

module 5



Maintaining gains and relapse prevention

The goal of learning self-management skills for depression is not only to help you to feel better in the short term — but also to help you maintain your progress and gains and continue to stay well in the years to come. For this reason, another important part of self-management of depression is making a plan for how you will maintain your progress and reduce your risk of relapse.

Many women who have experienced depression during pregnancy or following the birth are worried about having a return of symptoms if they have another child. Women with a past history of depression during pregnancy or following the birth are at higher risk of having another episode; however, many women do not go on to have depression in later pregnancies. In one recent study, almost 60% of women who experienced depression following the birth of a baby did not develop depression in their next pregnancy. In addition, there are a number of things that you can do to reduce the chances of a return of symptoms or relapse. This section will provide you with some ideas on how you can do this.

Steps to Success

The most important thing that you can do to prevent a future increase in symptoms is:

KEEP ON DOING WHAT WORKS TO IMPROVE YOUR MOOD USING THE SKILLS YOU HAVE LEARNED AND THAT YOU HAVE PUT INTO PRACTICE. Even when you have been feeling better for a period of time, it is still important to keep practicing these skills and doing the activities that helped you feel better. Just like exercise, if you stop using self-management strategies then you usually start to lose the benefits. The best way to prevent a relapse in symptoms of depression over time is to actively use your self-management skills on a daily basis. Here is a review of how you can continue to practice key strategies from each of the main components of CBT.



KEEP THIS GUIDE AVAILABLE TO YOU FOR REVIEWING THE SKILLS AS WELL AS TO IMPROVE THE SKILLS YOU MAY HAVE SKIPPED OVER THE FIRST TIME. Make sure that you put aside some time on a regular basis to “check in” with yourself about your mood. For example, you may want to fill out a depression self-assessment questionnaire such as the Edinburgh Postnatal Depression Scale (see Module 6, page 2). You could also review the list of symptoms that you recorded on your CBT diagram from the introduction section to make sure that you are aware of any symptoms of depression. It is much better to notice and work on any increases in symptoms early on before the symptoms are more severe and more difficult to manage. You may also want to reread sections of this guide to make sure that you are continuing to work on your self-management skills.

KEEP BUILDING YOUR NESTS. As you will remember from earlier in this guide, good self-care is a very important part of maintaining good mental health. Many women are tempted to cut back on their self-care activities once they start to feel better. However, this is a mistake. Ongoing self-care is an important part of maintaining your progress and reducing your risk of relapse. It is a good idea to check in with yourself from time to time about how you are doing in each of the areas of self-care: Nutrition, Exercise, Sleep and Rest, Time for Yourself and Support. One good way to do this is to reread the self-care section of this guide (and answer the 5 Questions for each area of NEST-S) on a regular basis to make sure that you are keeping to your self-care program. If you find that you have cut back on your self-care in one of these areas, you can use the “Making Positive Changes” section of this guide to help you to gradually get back on track.

KEEPING ACTIVE AND SOLVING PROBLEMS. In the “Making Positive Changes” section of this guide, you learned how to set SMART goals. Most people start by making changes to some of the important areas of self-care. If you are doing well with your self-care, you may want to use the goal-setting steps that you learned in this section to help you with tackling other behaviours that you would like to change. In the problem-solving section, you learned how to apply the steps of problem-solving to different problems in your life. Checking in with yourself on a regular basis to identify behaviours or life problems that are making you feel that way and making a plan for change can help you to maintain good mental health.

Encourage yourself, especially if you are facing new challenges

module 5



IDENTIFYING AND CHALLENGING DEPRESSIVE THINKING PATTERNS. In the “Challenging Depressive Thinking” section of this guide, you learned how to identify and challenge depressive thoughts and to replace these with more healthy thinking patterns. Sometimes you need to remind yourself of the facts in order to maintain a healthy perspective - otherwise old unhealthy patterns of thinking can sneak back into your life and start to create problems again. Also, sometimes new negative thinking patterns are triggered and need to be challenged just like older negative thinking patterns you have already worked on. Keeping track of changes in your mood and thinking patterns can help you to keep your skills sharp in this area. You may have developed some healthy thinking statements to challenge some of your more common negative thoughts. Continue using them to encourage yourself, especially if you are facing new challenges that can trigger old thought habits.

In addition to continuing to check in with yourself about your symptoms and practicing your self-management skills, there are a few other things that you can do to help you to reduce your chances of relapse.

KNOW AND BE PREPARED FOR YOUR “RED FLAGS”. “Red flags” are events or experiences that can be stressful for anyone (see the following page for a list). Just like everyone else, people who have experienced depression in the past are more at risk for an increase in symptoms when they are coping with stress. When people are aware of the types of situations that are “red flags” for them, then they can be better prepared to either take steps to prevent significant increases in symptoms and to respond quickly when symptoms begin to rise.



Red flags are events or experiences that can sometimes worsen mood. Both positive and negative life events can be red flags. Here are some examples:

Red Flags	
<ul style="list-style-type: none"> • Pregnancy and postpartum • Parenting stressors • Relationship abuse or conflict • Moving or house renovations • Other problems with housing • Financial troubles or changes in income • Ministry involvement in own or family's life • Health problems (self or others) • Continued sleep deprivation, disruption or other sleep issues • Drinking or using drugs beyond recommended intake 	<ul style="list-style-type: none"> • Feeling depressed • Having too many responsibilities • Getting separated or divorced • Starting a new relationship • Getting engaged or married • Death of a loved one • Death of a pet • Starting or returning to work or school • Other work or school stress • Any other life events involving change. • Any other stressful experiences • Stopping medications for depression or anxiety

If you can see that a “red flag” situation is coming, it is especially important to make sure that you are practicing good self-care and that you are using your self-management skills.

Think about what you know about how you tend to respond during times of stress (e.g., don't eat enough, pull back from friends and family). Have some specific ideas about what you can do to be prepared for this challenging period (e.g., ensure you have some microwave dinners in the freezer, make plans to get together or talk to friends at a specific time).



HAVE A PERSONAL WELLNESS PLAN. There is a saying, “If you fail to plan, you plan to fail.” Make your plan while you are feeling well and before any signs and symptoms of depression return so that you can put it into action more easily should some of your symptoms recur or you have some ‘red flags’.

For example, a sign that you are at risk of a mood dip may be that you are starting to do everything yourself again. So, you want to have ideas about how to keep your social support strong, e.g. seeking professional help, sharing responsibilities and reaching out to friends.

My Red Flags	Signs and Symptoms (What to watch for)	What I can Do
<ul style="list-style-type: none">• Doing everything myself• Moving	<ul style="list-style-type: none">• Feeling overwhelmed• Letting daily tasks slip	<ul style="list-style-type: none">• Ask my mom to watch the kids• Set some small goals with my partner• Go for a walk with friend

Based on what you learned from your recent experience with depression, fill out the table below.

My Red Flags	Signs and Symptoms (What to watch for)	What I can Do

**If you do experience an increase in symptoms . . .**

Remember that symptom “lapses” (e.g., a temporary decrease in mood) are very common, especially during “red flags”. They do not necessarily mean you are having a full blown relapse of your depression. Lapses are very common and typically pass with time and some effort to apply skills that you have learned. Think of a lapse as a “reminder call” to get back to using your self-management skills, especially any ones that you may have stopped using. Remind yourself that you typically feel better in a few days or weeks. In the meantime focus on continuing to do the usual things in your life even when you are feeling low. Keep in mind that many lapses are predictable (see Red Flags section above) and sometimes even avoidable.

- Pull out your personal wellness plan and make sure that you are following it.
- If the symptoms do not go away after a short while or are very upsetting or disruptive for you then make an appointment to review your concerns with a health professional so that you can get additional help or treatment if necessary.

If you become pregnant again, there are also a number of other things that you can do that are helpful.

- Continue to monitor your symptoms throughout your pregnancy and following the birth. That way, if you notice that you are having increased symptoms of depression, you will be able to ask for support.
- Keep in touch with your health care provider over the course of your next pregnancy and following the birth. Let your health care provider know about any symptoms of depression or anxiety that you may be having. This will make it easier for you to get the help that you might need sooner and can reduce the chances of a relapse.
- Plan for practical support during pregnancy and following the birth.
- Plan for emotional support during pregnancy and following the birth.
- Continue to use this guide to help you to practice effective mood self-management skills.



Grace's Story

One woman's journey using this guide

Grace is 32 years old. She has been married for 5 years to David and gave birth to her first baby 6 weeks ago. She had been working in an executive administrative position for 8 years, a job she describes as stimulating and demanding. She had taken an early leave during her 3rd trimester for medical reasons and because she was having difficulty managing her many responsibilities due to lack of energy, poor sleep and concentration problems. She had attributed this to being pregnant but has continued to feel 'low' and 'overwhelmed' following her baby's birth.

At her scheduled 6 week follow-up visit, Grace burst into tears when her family physician, Dr. Lee asked her how she was doing. Grace confided that she was worried about herself as a mother but hadn't talked to anyone about it because she felt ashamed that she was having a hard time coping. She was used to being successful and accomplishing a lot in her day. She had some ongoing pain from childbirth that made certain tasks difficult.

Her husband had been helping out a lot but she dreaded being alone all day with the baby. The weather and her physical discomfort made it difficult for her to get out of the house. She wondered what was wrong with her that she couldn't enjoy her baby and was so angry at her husband.

She said the worst part was being so tired all the time but not being able to fall asleep when the baby was sleeping. She couldn't stop thinking about all the things she had to do and what a terrible job she was doing as a mother.

After she completed the Edinburgh Postnatal Depression Scale (EPDS), Dr. Lee provided her with information from this guide about depression during pregnancy and following the birth of a baby. Dr. Lee also booked follow up appointments with Grace and arranged for a public health nurse to help Grace work through the sections of this guide.



Here's an overview of how the different components of CBT from this guide helped Grace with her depression:

FROM THE INFORMATION SECTION: When she read this part of the guide, Grace was surprised to learn that depression affects thoughts, feelings, behaviours and body responses. She was reassured to learn that her symptoms are treatable and that she could learn skills to help her change the behaviours and thoughts that were contributing to her depression.

FROM THE SELF-CARE SECTION: When Grace read this part of the guide, she learnt about the importance of taking care of herself in order to feel well. As she read through the nutrition section and answered the nutrition worksheet, Grace realized that she was only eating before noon once a week. Grace also realized that since she had stopped working, she had had little social contact with her friends and that this was probably contributing to her symptoms of depression.

FROM MAKING POSITIVE CHANGES SECTION: Grace set a beginning goal of eating a protein bar twice a week while her son has his first morning feed. She talked with her husband and they decided he would care for the baby for an hour after work once a week so that she could meet a friend for a walk.

Over time she gradually set additional goals to address other important areas of her life that were affecting her well-being. Grace used the problem solving steps to address her 'to do' list. She started with one item at a time to find a solution to managing her daily tasks. This helped her increase her confidence in coping and she found she was able to relax and fall asleep more easily

FROM THE CHALLENGING DEPRESSIVE THINKING SECTION: Grace learned to identify when she is having unfair and unhelpful thoughts about herself and her situation. She then worked with her public health nurse to generate more helpful and healthy realistic statements that she used to "talk back" to her depressive thoughts when they arose. She wrote these on "coping cards" that she reads over when these thoughts are bothering her.

Feel more confident in caring for your baby

module 5



FROM MAINTAINING GAINS AND RELAPSE PREVENTION SECTION: Once Grace had made significant progress, she and Dr. Lee made a summary list of the all of skills and ideas that she found helpful in managing her depression. She also made a specific plan for ensuring that she continues to regularly practice her skills. She and Dr. Lee also identified what her “early warning signs” might be if her depression were to return and talked about what to do if this happened (e.g. make Dr.’s appointment, review list of skills learned in treatment, etc.).

FROM THE APPENDICES SECTION: Grace’s husband David joined her during a visit from the public health nurse and together they reviewed the tipsheet ‘What Your Loved Ones Can Do to Support You’. David learned what he could do to support Grace, and in particular that she really needed his help to have breaks from caring for the baby after long days alone.

Grace gradually began to feel less depressed and more confident in caring for her baby. Her mood improved and she began to enjoy spending time alone with her son. Although she still experiences low moods from time to time, as everyone does, she now feels empowered to manage her symptoms.



We hope this guide has helped you to learn more about yourself and provided you with some ideas about how to improve your sense of well-being so that you can truly enjoy the 'great moments' of being a mother. Good luck on your journey.



handouts for women

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Self-test for depression symptoms in pregnancy and postpartum — Edinburgh Postnatal Depression Scale (EPDS)

JL Cox, JM Holden, R Sagovsky, Department of Psychiatry, University of Edinburgh (1987)



Name: _____ Date: _____

Number of Months Postpartum: _____

As you have recently had a baby, we would like to know how you are feeling. Please mark the answer which comes closest to how you have felt in the past 7 days not just how you feel today.

Example: I have felt happy

- Yes, all the time
 Yes, most of the time
 No, not very often
 No, not at all

In this example, the “x” means “I have felt happy most of the time during the past week.” Please complete the following questions in the same way.

In the past 7 days:

1. I have been able to laugh and see the funny side of things.

- As much as I always could 0
 Not quite so much now 1
 Definitely not so much now 2
 Not at all 3

2. I have looked forward with enjoyment to things.

- As much as I ever did 0
 Rather less than I used to 1
 Definitely less than I used to 2
 Hardly at all 3

3. I have blamed myself unnecessarily when things went wrong.

- Yes, most of the time 3
 Yes, some of the time 2
 Not very often 1
 No, never 0

© The Royal College of Psychiatrists, 1987.

Cox, J.L., Holden, J. M., & Sagovsky, R. (1987). Detection of postnatal depression: development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*.150, 782-786.



- 4.** I have been anxious or worried for no good reason.
- | | |
|--|---|
| <input type="checkbox"/> No, not at all | 0 |
| <input type="checkbox"/> Hardly ever | 1 |
| <input type="checkbox"/> Yes, sometimes | 2 |
| <input type="checkbox"/> Yes, very often | 3 |
- 5.** I have felt scared or panicky for no good reason.
- | | |
|---|---|
| <input type="checkbox"/> Yes, quite a lot | 3 |
| <input type="checkbox"/> Yes, sometimes | 2 |
| <input type="checkbox"/> No, not much | 1 |
| <input type="checkbox"/> No, not at all | 0 |
- 6.** Things have been getting on top of me.
- | | |
|--|---|
| <input type="checkbox"/> Yes, most of the time I haven't been able to cope | 3 |
| <input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual | 2 |
| <input type="checkbox"/> No, most of the time I have coped quite well | 1 |
| <input type="checkbox"/> No, I have been coping as well as ever | 0 |
- 7.** I have been so unhappy that I have had difficulty sleeping.
- | | |
|--|---|
| <input type="checkbox"/> Yes, most of the time | 3 |
| <input type="checkbox"/> Yes, sometimes | 2 |
| <input type="checkbox"/> Not very often | 1 |
| <input type="checkbox"/> No, not at all | 0 |
- 8.** I have felt sad or miserable.
- | | |
|--|---|
| <input type="checkbox"/> Yes, most of the time | 3 |
| <input type="checkbox"/> Yes, quite often | 2 |
| <input type="checkbox"/> Only occasionally | 1 |
| <input type="checkbox"/> No, never | 0 |
- 9.** I have been so unhappy that I have been crying.
- | | |
|--|---|
| <input type="checkbox"/> Yes, most of the time | 3 |
| <input type="checkbox"/> Yes, quite often | 2 |
| <input type="checkbox"/> Only occasionally | 1 |
| <input type="checkbox"/> No, never | 0 |
- 10.** The thought of harming myself has occurred to me.
- | | |
|---|---|
| <input type="checkbox"/> Yes, quite often | 3 |
| <input type="checkbox"/> Sometimes | 2 |
| <input type="checkbox"/> Hardly ever | 1 |
| <input type="checkbox"/> Never | 0 |

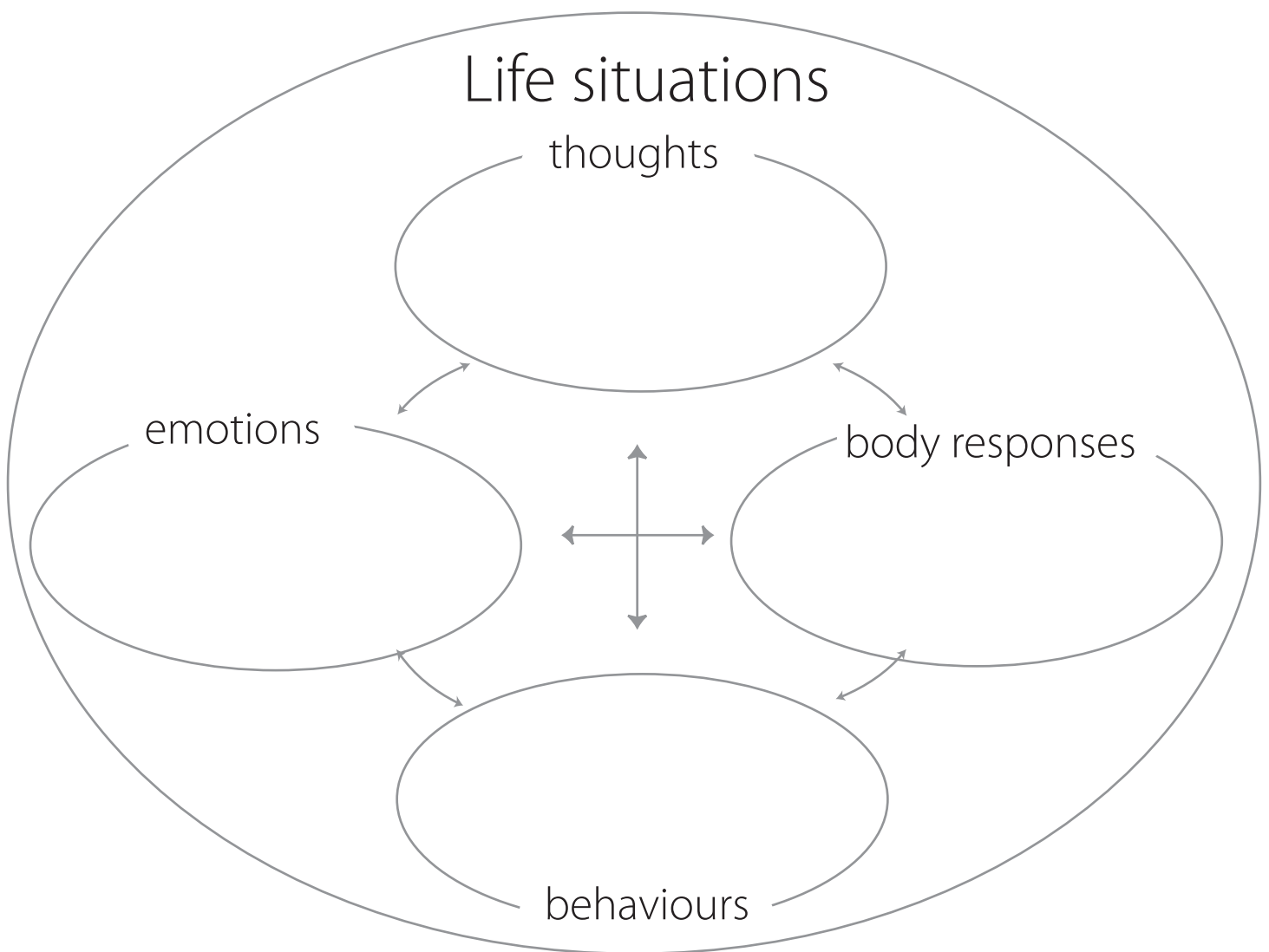
To score this measure:

Add up the numbers appearing beside your answer for each question.

If you score 1, 2, or 3 on question #10, you should consult with your family physician as soon as possible.



2 The Cognitive Behaviour Therapy Model of Depression



3 Goal setting worksheet



Goal setting worksheet

Area	Idea for positive change	SMART Goal/Plan	Done

4 Thought challenging worksheet



Thought challenging worksheet

Situation	Depressive thoughts	Thinking trap or questions to challenge this thought	Healthier thoughts



5 Problem solving worksheet

My Problem:

My Goal:

Things I can do:

1. _____
2. _____
3. _____

My Pros/Cons List:

I Could...	Pros	Cons

My Solution is:

The steps for carrying out my solution are:

1. _____
2. _____
3. _____



6 Tips for talking to a doctor about your symptoms

Talking to a trusted doctor about your symptoms is important.

If you need to find a new family doctor, the College of Physicians and Surgeons of BC can give you a list of doctors accepting patients in your area.

MAKING YOUR APPOINTMENT:

- Book a longer than usual appointment. It is okay to ask for a double appointment time. Let the doctor's office staff know that you need extra time.
- Consider bringing a friend or family member with you for support. That person can also help describe your symptoms if you're unable or take notes for you.
- Get help if language is a barrier between you and your doctor. There are interpreters that can help over the phone or by being with you in person. Ask the doctor's office staff if this service is available. If an interpreter service is not available bring someone you trust to interpret for you.

GETTING READY FOR YOUR APPOINTMENT:

- Write a list of all of your symptoms and take it with you. List your body symptoms such as feeling tired or difficulty sleeping as well as what you are thinking, feeling and doing. Your doctor can help you best if she or he knows all your symptoms.
- Do the Edinburgh Postnatal Depression Scale or CBT Model of Depression and bring it to the appointment. Either of these is helpful because they list your symptoms.
- List any recent stressful events or major changes in your life so you remember to tell your doctor about them. Tell him or her if you are experiencing violence or abuse in your relationship. Also tell him or her about any family history of mental health or substance use problems.
- Write your questions down and take them with you to the appointment.
- Take a pen and some paper to the appointment so that you can write down anything that you want to remember. Your support person could take these notes for you during the appointment.
- Have a support person take care of your child so you can focus on your visit.

AT THE APPOINTMENT:

- Tell your doctor what you are thinking, feeling, and doing. She or he needs to know so you get the right treatment and best care.
- Give your doctor the list of symptoms you wrote. Give him or her the Edinburgh Postnatal Depression Scale or the CBT Model of Depression that you filled out.



- Talk about different ways of managing and treating your symptoms. Remember that depression can be treated. Treatment may include talk therapies, medications or both. Make sure you understand what is positive and what is negative about each option. Even if talk therapies are not easily available in your community they should be mentioned as an option for treatment.
- Ask questions. Write your questions down as you think of them so you can ask them before you leave.
- Be sure you and your doctor agree on a treatment plan you can live with. This may not be the final plan but you should have some options to think about until your next appointment.
- Write the answers to your questions or important points that you may want to think about later. These points may be what to do, or how often to do it. Your support person could help you by taking these notes.
- Repeat the treatment steps back to your doctor. This helps make sure that the plan is clear to both of you.
- Ask about other resources available in your community. These may be community programs, childcare subsidies, or postpartum depression support groups.
- If all of your questions were not been answered in this appointment, book another appointment right away. This helps you get all the information you need as soon as possible.

AFTER THE APPOINTMENT:

- Follow through on the steps you have agreed upon as your treatment plan.
- If you feel the plan is not working talk with a trusted friend.
- Make another appointment so that you can talk to your doctor about how you have been doing and if the treatment has been helpful.

www.heretohelp.bc.ca has a toolkit you can use to go over your symptoms. It also answers questions about talking to your doctor. It is information from BC Partners for Mental Health and Addictions Information or BCPMHAI.

Source: Adapted from Bayer Institute P.R.E.P.A.R.E Patient Education Program and the Anxiety Disorders Toolkit.



7 I'm a loved one of a woman who is depressed. How do I help her?

Sharing work, giving support, and supporting her treatment plan are important ways you can help her. Women who are depressed need a sense that work is shared and that she has your support without her needing to ask several times.

The support you give her can make a big difference in helping a new mother to improve her symptoms and get back to feeling like herself again.

Here is a list of ideas. Talk with her about which ones will work best.

Share the work.

- **TAKE OVER SOME OF THE WORK IN THE HOME AND CARE OF THE BABY.** Suggest what tasks you can take on. Ask the mother what you can do to help daily.
- **GIVE HER A BREAK THAT SHE CAN COUNT ON.** Take the baby out for a walk. It can help because it allows her some time when she does not have to respond to her baby. She has some time alone.
- **REDUCE HER STRESS WHEREVER POSSIBLE.** You may not be able to change the fact that the baby is not sleeping, but it may be possible to arrange to get up with the baby a few nights or let mom sleep in on the weekends.
- **HIRE A HOUSECLEANER.** Having the house cleaned once a week can make a huge difference.
- **HIRE SOMEONE TO HELP WITH CHILDCARE.** This gives her practical support and a much needed break. Childcare can also give the new parents time to do something they enjoy together as a couple.
- **ACCEPT HELP FROM FRIENDS OR FAMILY MEMBERS.** If the woman is pregnant, discuss how they can be involved before the baby arrives. Getting organized early can help to reduce worries.
- **ASK YOUR DOCTOR OR PUBLIC HEALTH NURSE TO HELP YOU FIND THE SUPPORT SHE NEEDS.** If finances are an issue and you don't have social support, there are other ways to get a break. Talk to your public health nurse about what resources there are.



Give support.

- **OFFER EMOTIONAL SUPPORT.** Listen, listen, listen. Being with her or listening without offering advice may be what she needs. Do not judge, criticize or blame her.
- **GIVE ENCOURAGEMENT.** A woman with depression in pregnancy or after the birth is going to be hard on herself. Reassure her that she is doing a good job as a mother, partner or in other roles that are important to her. Find something everyday that you can tell her you admire and appreciate about her.
- **TRY TO UNDERSTAND HER NEEDS.** Ask her what kind of support she needs from you.
- **REASSURE HER THAT SHE WILL GET BETTER AND THAT IT MAY TAKE SOME TIME.** It's not helpful to tell her:
 - She should get over this.
 - You are tired of this.
 - She should be happy.
 - To lose weight or work on her appearance in other ways.
 - She "asked for this" by wanting a baby.
- **REMINDE HER THAT YOU LOVE HER AND THAT HAVING DEPRESSION DOES NOT CHANGE HOW YOU FEEL ABOUT HER.** Tell her you will stand by her and show her this by using the ideas in this section.

Support her treatment plan and take it slowly.

- **LEARN ABOUT DEPRESSION AND ANXIETY.** This may help you separate the person from the illness and realize that her behaviour and comments may not be directed at you. Let her be in charge of her treatment decisions. Support her choices. Do not become the expert about her illness.
- **BE INVOLVED IN HER RECOVERY AS MUCH AS SHE ASKS.** She may ask you to go with her to doctors' appointments. She may ask your help to do healthy behaviours such as going for walks. Know when to back off so that she does not feel pushed or forced.
- **HAVE REALISTIC EXPECTATIONS.** New mothers are usually surprised at how hard it is to 'get anything done' with a new baby in the home. Caring for a baby is a full time job.



- **POINT OUT AND FOCUS ON HER SUCCESSES.** Positive feedback usually motivates women to do even more to manage their depression. It helps create a positive cycle. Remind her that ups and downs are normal. They are to be expected and are not a sign of failure.
- **REWARD EFFORT, NOT OUTCOME.** It is important to reward your loved one for the effort she is putting into managing her depression — even if her attempts are unsuccessful at times. Compliment her. Plan something special to help her stay with the treatment plan until she sees changes in her symptoms because of her efforts.
- **BE AWARE THAT YOUR LOVED ONE MAY STILL BE MOODY, UPSET OR ANGRY.** This should happen less often with treatment and support.
- **UNDERSTAND THAT HER SEXUAL FEELINGS WILL RETURN.** Show affection and be intimate without pressuring her for sex. Find other pleasurable activities to share together.

Care For Yourself

It is common for partners, family and friends to feel stressed when a woman has depression during pregnancy or after the birth of the baby. You may even feel resentment, anger, guilt or fear. Living with someone with depression is not easy. It is important to take care of yourself and be flexible with how you do this.

- **TAKE CARE OF YOUR OWN MENTAL HEALTH.** It can be difficult to support someone going through depression. It is important that you are doing things to maintain your own well-being. Make sure that you take time for yourself. Remember to be flexible. If mom has had a demanding day at home, it may be better to plan your time out for a different day.
- **FIND SOMEONE YOU CAN TALK TO HONESTLY ABOUT HOW YOU ARE FEELING AND HOW HER DEPRESSION OR ANXIETY AFFECTS YOU.** This may be a friend, a family member or a support group.
- **SEEK HELP FOR YOURSELF IF YOU ARE NOT COPING, OR ARE AT RISK OF DEPRESSION.**
www.heretohelp.bc.ca the BC Partners for Mental Health and Addictions Information Website gives more information about depression and anxiety.

Remember, you can't make your loved one well, but you can offer support, understanding and hope that will help her. Each woman will experience depression with different symptoms. The best way to find out what she needs is by asking questions.