



Dealing with depression
after traumatic brain injury
a self-help guide



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Who is this guide for?

This guide is for people with brain injuries, their relatives, caregivers, and professionals working in this area. The guidance has been developed by psychological practitioners at Headwise Ltd and is based on best clinical practice guidelines and psychotherapeutic approaches to depression. Some individuals are more likely to gain benefit than others. In particular, those with difficulties around memory, language, and abstract reasoning may struggle to complete the exercises. This guide should not be seen as a replacement for therapy. If you would like to discuss the appropriateness of psychological therapy then please contact your GP or alternatively speak to one of the Headwise team.

What is depression?

Most of us have heard of depression and have some idea of what it is. Sadness is the first symptom most people think of when discussing depression. However, it is accompanied by a range of other symptoms too, such as loss of motivation, loss of interest in hobbies & interests, sleep difficulties, irritability, and reduced libido. These symptoms are present most days and last for months on end. Whilst it is common for us all to feel these symptoms to a degree, for the person with depression these feelings can have a significant impact on their ability to undertake their daily life.



"Everything just felt so pointless. Why bother trying when I'd already lost so much through something that wasn't even my fault. I just felt miserable all the time and the last thing I wanted to do was go out or talk to people."

"I was just exhausted all the time. Even trying to think about the simplest thing was overwhelming and I just took myself back to bed where people would leave me alone. I used to snap at my family when they would try and encourage me to get up. It all just felt too much."



What causes depression?

Depression affects about 10% of the general population. However, over half of individuals with a brain injury will suffer from an episode of depression in the first 7 years after their injury. There are a number of factors that appear to cause depression. There is some evidence that depression has a genetic component. Many believe that depression is linked to a neurochemical imbalance in the brain involving a chemical called Serotonin. Life events also seem to trigger episodes of depression. Events characterised by loss in which the individual feels they lack control over their life appear to be particularly likely to trigger a depressive episode.

When understanding the reasons why people with brain injury are more likely to have depression it is helpful to think about it using the **biopsychosocial** model ...

Bio – this refers to the physical/biological changes in the brain and body that contribute to depression.

Psycho – this refers to the psychological changes (i.e. changes in how the person thinks about things) that contribute to depression.

Social – the changes to a person's environment that contribute to depression.

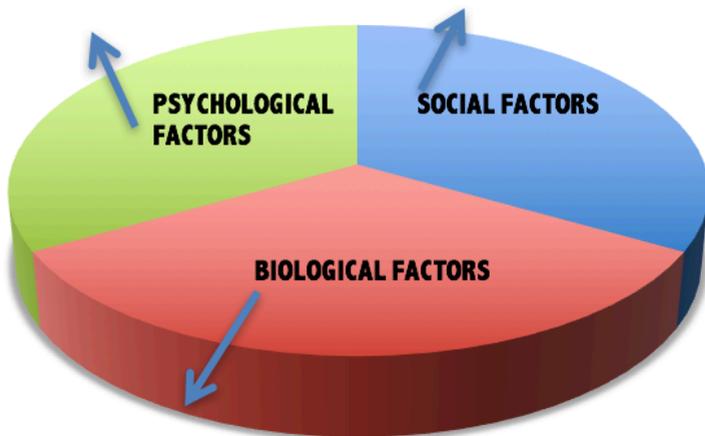
The diagram below shows the biological, psychological and social changes that are often seen after brain injury that may be contributing to your difficulties with mood.

PSYCHOLOGICAL FACTORS:

- Changes in life, secondary to brain injury, create a sense of loss.
- Cognitive difficulties around problem solving leads to feelings of dependence and loss of control.
- Difficulties with empathy and communication can lead to relationship difficulties.

SOCIAL FACTORS:

- Brain injury associated with:
- Loss of employment
 - Changes in family dynamic
 - Relationship breakdown
 - Financial worries
 - Reduced social activity
 - Smaller friendship groups
 - Social stigma



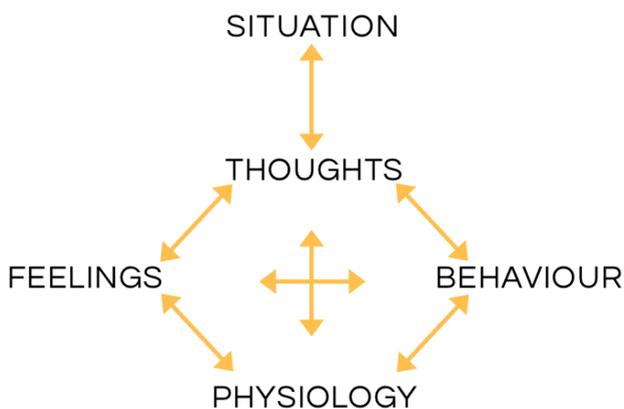
BIOLOGICAL FACTORS:

Traumatic brain injury often results in damage to regions of the brain (prefrontal cortex) and neurochemical systems linked to depression.

How is depression treated?

The National Institute for Health & Care Excellence (NICE) recommends a combination of medication and Talking Therapies in the treatment of depression. You may want to speak to your GP about whether antidepressants are right for you. Your GP may want to gain a second opinion and so may refer you to see a Neuropsychiatrist. This is a medical doctor that specialises in the treatment of emotional difficulties after brain injury.

Talking Therapies refer to a range of counselling approaches, usually undertaken by a psychologist. The most effective talking therapy in the treatment of depression is called Cognitive Behavioural Therapy, or CBT for short. It involves understanding how our emotions are influenced by the way that we think about things and the way we react to these thoughts and feelings. Through modifying our thoughts and our responses it is possible to improve our emotional well-being. This booklet will outline a number of self-help strategies that come from the CBT approach.



The CBT model

Strategies for overcoming depression

1. Identify the triggers of your low mood

Identifying when you get upset provides some insight into why you are getting depressed. People find that their mood drops in certain places, with certain people, at particular times of the day, etc. The best way to ascertain this information is to keep a thought diary, making a record of all the times during the day you feel down and what is going on at or just before this time. Try and note down when this occurs for you.

Date / Time	Trigger	Thoughts	Emotions
Monday 9:15am	Walked into work and got some bad feedback from my boss	"I'm a complete failure" "It's just a matter of time till I get fired"	Sadness Rejection Exhaustion

Strategies for overcoming depression

2. Identify the negative thoughts that fuel depression

If depression were a fire burning through our brain, then our thoughts would be the wood it uses to burn. Remove the wood and the fire quickly burns out. Thoughts are the ideas that go through our head when we try to make sense of a situation. They are our appraisals and our explanations.

Below are some examples of the types of thoughts we might have to explain a situation. See if you can identify some depressive thoughts that might go in the empty spaces ...

Date / Time	Trigger	Thoughts	Emotions
Monday 9:15am	Walked into work and got some bad feedback from my boss	"I'm a complete failure" "It's just a matter of time till I get fired"	Sadness Rejection Exhaustion
Tuesday 7pm	Forgot to attend my appointment with the doctor		Feel stupid Sadness Embarrassment
Friday 9pm	Out for drinks with my friends. I couldn't get into the conversation		Loneliness Embarrassment Sadness
Sunday 5pm	Spent afternoon with family. They said I should be doing more.		Hurt Rejected Loneliness

Strategies for overcoming depression

2. Identifying negative thoughts continued...

When people are depressed often their thoughts are highly critical. Thoughts may centre on feelings of 'guilt' or 'worthlessness'. Often the individual feels very little control over their situation and they feel that there is nothing they can do to improve things.

Use the blank spaces below to record some of the thoughts you have when you are feeling low in mood ...

1. _____

2. _____

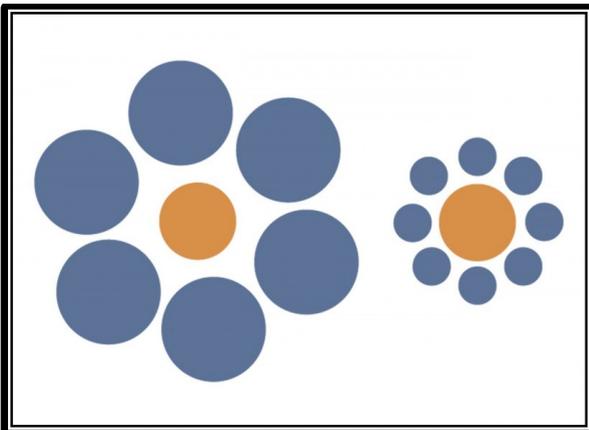
3. _____

4. _____

Strategies for overcoming depression

3. Challenging the negative thoughts

Our thoughts are not always accurate. There can also often be more than one way to see a situation. Take the pictures below. Most people believe the orange circle on the right to be larger than the orange circle on the left, yet they are in fact the same size. This shows that ***our perceptions can be fallible and influenced by other things going on around it.*** Now look at the picture on the right. Do you see a young lady looking away, or an old lady with a headscarf? The truth is that both images are present, but most people only see one picture until they know to look for the other. Therefore ***there are at least two ways to see the same situation.*** Both of these principles are crucial when we seek to challenge our negative thoughts.



A. Which orange circle is larger?



B. Old or young lady?

Strategies for overcoming depression

2. Challenging our negative thoughts continued...

In order to challenge our negative thoughts there are a number of strategies that can be helpful:

- a. Look over your thought diary when you are feel better in mood and note down a more balanced thought in its place.
- b. Ask a friend to read over your negative thoughts and ask whether they think your conclusions are fair. If they disagree then what is this based on?
- c. Look for the evidence and counter-evidence for your thoughts. For example, if your thoughts centre on loneliness then what is the evidence for and against you being alone?

Negative thought	Evidence for	Evidence against	More balanced thought
"I am completely useless. No one loves me"	I don't do things so well since the brain injury. I have fewer friends now.	My closest friends have stuck by me.	"I can make mistakes at times but I'm still loved by my good friends"
"There no point going to rehab. Nothing's going to help me"	I have been told I'll never get completely back to normal.	Any improvement would be helpful.	"It's not clear how much I'll improve but I'm going to do what I can"

Strategies for overcoming depression

2. Challenging our negative thoughts continued...

As was discussed on the previous page, when people are depressed they can often feel that their life is marked by negativity over which they have little control. One way to challenge these negative thoughts is to note down 3 positive things that have happened each day and your role in bringing those things about ...

Day	3 Positive things	My role in bringing them about
Mon	1. Had a really nice drink with my friend Karen.	I suggested to Karen that we meet up. Before going I felt really anxious but pushed myself through this.
	2. Managed to meet my target of not sleeping during the day	I was so tired but kept reminding myself that it would not help my recovery if I had a sleep.
	3. Was told by my physio that I was making good progress	I've been doing my physio homework exercises everyday this week, even when it was the last things I wanted to do.

Strategies for overcoming depression

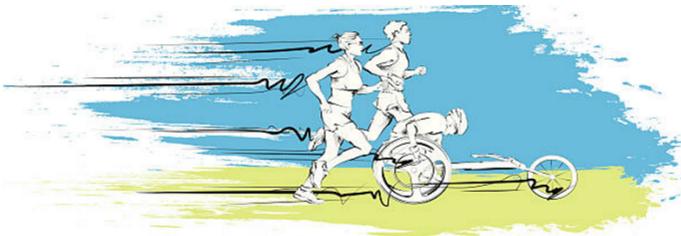
3. Lifestyle changes

a. Activity scheduling

Depression causes people to want to reduce their level of activity. However, this is exactly the wrong thing to do. When we are inactive we are more likely to engage in a thought process called *ruminating*, which involves mulling over negative thoughts about ourselves, leading to drops in mood. In contrast, when we are busy our thoughts are focused externally. Write out a weekly schedule and find activities to fill in your free time. Consider asking someone to help you stick to your schedule; perhaps get yourself a treat if you manage to keep to it.

b. Exercise and physical activity

Research has shown that being physically active is good for our mental health. Not only does it result in positive chemical changes in the body, it also focuses our thoughts externally and helps us avoid ruminating. As a guide, try and set yourself the goal of getting at least 20 minutes exercise per day. Alternatively, if you'd prefer less strenuous exercise then try and walk 10,000 steps each day.



Strategies for overcoming depression

3. Lifestyle changes continued

c. Improved sleep

When people are depressed they either find it hard to sleep or alternatively choose to spend a lot of their time sleeping. Both patterns of sleep disturbance are detrimental to well-being. Most adults require 7-8 hours of sleep and there are a number of lifestyle choices that can be effective in aiding a refreshing sleep cycle ...

- a. Go to bed at a regular time each night and rise at the same time, even if you have not had a good night's sleep.
- b. Avoid the temptation to sleep during the day.
- c. Ensure you are active during the day and that this includes getting fresh air.
- d. Avoid caffeine after 6pm as well as sugary sweets and drinks. Try and not smoke in the 2 hours leading up to bed.
- e. Warm milky drinks release a substance called Tryptophan, which helps aid sleep.
- f. Avoid stimulating activities (e.g. action movies, computer games) in the run up to bed. Instead, try to read or listen to relaxing music or talk radio.
- g. Try and keep a regular routine in the run up to bed. This helps prepare you mentally for sleep.
- h. Don't go to bed hungry.

Strategies for overcoming depression

3. Lifestyle changes continued

d. Socialising

Depression has the effect of making us want to withdraw from our friends and families. Often conversation can seem daunting or overwhelming. However, humans are social animals and social isolation leads to psychological distress. When trying to overcome depression we must fight the temptation to be socially reclusive. Try to arrange regular meet ups with friends/family, even if this is just for a short time. Social support can be particularly important in those times when we feel most critical of ourselves or during activities that we know we'll find challenging.

Try and make a list of up to 5 people who you feel you can turn to in times of difficulty ...

	<i>Person's name</i>	<i>Tel number</i>
1.	-----	-----
2.	-----	-----
3.	-----	-----
4.	-----	-----
5.	-----	-----

Thoughts of death and suicide

Sadly, for some people, living with depression can feel overwhelming and thoughts of death and suicide creep in and can come to dominate their thoughts. Often this occurs when a person feels that they have lost control entirely and they see no way of improving things.

- If you are having thoughts about suicide then you should arrange to speak to your GP immediately.
- If you don't think you can wait till you see a GP then you should either attend your local Accident & Emergency Hospital or call an ambulance and explain the situation.
- Some people are reluctant to contact medical services. The Samaritans offer a free and confidential phone service for people who are having suicidal thoughts – call 116 123 on any phone.

If you are supporting someone who has suicidal thoughts it is important you take them seriously. Encourage them to seek help and if you think they are intent on hurting themselves then you should alert the emergency services. There are also certain steps you can take to reduce their risk ...

- Put medications in a place that they cannot access and makes sure they do not have access to sharps (e.g. knives, scissors).
- Make sure they are not left unsupervised.
- Encourage them to talk things through.
- Make sure they don't have access to alcohol or drugs.

Further information

Headwise Ltd

www.headwise.org.uk / 0121 222 5342

Headwise provides therapy services for people with brain injury.



MIND

www.mind.org.uk / 020 8519 2122

MIND provides information and support for people with mental health difficulties.



Headway

www.headway.org.uk / 0808 800 2244

Headway provides information and support for people with brain injury.



the brain injury association

The British Psychological Society

www.bps.org.uk / 0116 254 9568

The BPS provides a directory of psychological therapists in your area.



The
British
Psychological
Society

The Samaritans

www.samaritans.org / 116 123

The Samaritans provides a free helpline for those dealing with suicidal thoughts.



This information leaflet was developed by Dr Alan Gray (Clinical Psychologist) through Headwise Ltd. It should not be reproduced or altered in any way. This guide is designed to inform people about psychotherapeutic approaches to depression after brain injury; it is not designed to act as a replacement to therapy.

Headwise Ltd is a leading national independent provider of specialist services to adults, children and families. We deliver rehabilitation and assessments to individuals with cognitive, physical, emotional and neurobehavioural impairments resulting from brain injury and other neurological conditions. If you would like to learn more about our services or if you wish to make a referral then please contact the Headwise team at the following address:

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