

Re-Balancing the Autonomic Nervous System: A Necessary Pre-requisite To Effective Counselling & Psychotherapy.

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Abstract

In a unique insight to what actually happens behind the 'closed door' of a therapy room, the author opens up his approach at the beginning of a counselling or psychotherapy relationship, giving near-verbatim accounts of how he communicates with those clients (or patients) who are suffering mostly with depression and anxiety. He postulates that effective therapy is really only possible as the person concerned re-establishes a balance within their Autonomic Nervous System (ANS), but this is largely up to the person, as they have to work at this on a self-help basis outside of the therapy session.

Key-Words: Autonomic Nervous System

Zusammenfassung

Ausballanzieren des Autonomen Nerven Systems: Eine notwendige Voraussetzung für effektive Beratung und Psychotherapie.

Der Autor eröffnet uns sein Zugang bei Beginn einer beratenden und psychotherapeutischen Beziehung dadurch, dass er fast Wort für Wort berichtet, wie er mit seinen Klienten (oder Patienten) kommuniziert, die hauptsächlich an Depressionen oder Angstzuständen leiden.

Dies ermöglicht eine einmalige Einsicht in das, was wirklich hinter den „geschlossenen Türen“ des Therapiezimmers passiert. Er postuliert, dass effektive Psychotherapie nur wirklich sein kann, wenn die Person ein ausballanziertes Autonomes Nerven System (ANS) erreicht. Um dieses Ziel zu erreichen, muss sich die Person, außerhalb der Psychotherapie, selber zu helfen wissen.

Schlüsselwörter: Autonomes Nerven System

Résumé

Rééquilibrer le système nerveux autonome : une condition préalable à l'accompagnement et à la psychothérapie

L'auteur fournit une perception unique de ce qui se passe vraiment derrière la 'porte fermée' de la pièce servant de cadre à une thérapie ; il donne ouvertement des informations sur son approche en début de relation thérapeutique, indiquant presque mot pour mot comment il communique avec des clients et patients souffrant pour la plupart de dépression et d'anxiété. Selon lui, il n'est possible de mener une thérapie efficace qu'une fois que le système nerveux autonome a été rééquilibré ; mais c'est le client qui doit faire ce travail en s'aidant lui-même à ce niveau en dehors des séances de thérapie.

Mots-clés: Système Nerveux Autonome

Восстановление баланса автономной (вегетативной) нервной системы: необходимая мера для обеспечения эффективности консультирования и психотерапии

Резюме

Автор описывает свое уникальное понимание того, что на самом деле происходит за «закрытой дверью» терапевтического кабинета. Раскрывая свой подход к установлению консультационных и психотерапевтических отношений, автор приводит практически дословные отчеты своего взаимодействия с клиентами или пациентами, страдающими в основном от депрессии и тревоги. Он постулирует, что эффективная психотерапия возможна только в том случае, если человек восстанавливает баланс в работе своей автономной нервной системы. Однако восстановление этого баланса в большей мере зависит от самого клиента, так как эта работа должна проходить в режиме самопомощи вне терапевтической сессии.

Ключевые слова: автономная (вегетативная) нервная система

Theory

This particular approach has a considerable benefit if instituted as quickly as possible at the onset of therapy as this somewhat proactive intervention has considerable benefits. If the client (or patient) can learn to balance, or rebalance, their Autonomic Nervous System (ANS) effectively, this can lead directly to a reduction in any symptoms of stress; a reduction in the incidence and severity of their depression; less working days potentially lost; less suffering from anxiety-based disorders (general anxiety disorder, phobias, & panic attacks); greater emotional flexibility and resilience; a greater facility for self-help and capacity for self-regulation; probably less domestic problems, happier families and children; a lower incidence of using easily available 'drugs' (alcohol, nicotine, caffeine, sugar, etc.) as 'comforters'; (hopefully) a lower incidence of 'revolving door' patients; and generally a better quality of life. Whilst this might mean initially a slightly different therapeutic relationship from the usual, a different (more reflective or collaborative) therapeutic relationship can reasonably easily be established subsequently to deal with any remaining specific problems.

Client Contact

It is easiest to initiate this approach pretty quickly, in the first session or so, before any other type of therapeutic relationship is established. The client can even be prepared beforehand by the introduction of some of the principles in a leaflet about (say) Anxiety or Depression that are handed out prior to the therapy. This actually happens when I am working as a counsellor in a GP surgery.

If the client can gain an understanding of the basic principles about the functioning of their Autonomic Nervous System - something they can take away and 'work at' - it will benefit them '60-24-7' (every minute of each hour of each day) and they are then somewhat more self-regulated and self-empowered. This particular approach does not require a degree in physiology. I find that clients can quite easily comprehend the basis of the relationship between their physiology (ANS) and their basic stress, depression and/or anxiety.

Having gone through the usual preliminaries of introductions, 'logging in' (I work in a GP surgery with a 'paperless' record system), and having heard something of their initial 'story' and their reasons for the referral, I usually explain then what the 'first step' might be, if this is appropriate for them. This is therefore an intervention made at some point quite early on in their first therapy session. However, if other matters seem more urgent, this can easily be delayed.

The majority of patients I see in this setting are 'suffering' from reactive symptoms to life stress events: these usually present as anxiety, depression or a combination of both. About 60-65% of client (patients) clearly fall within this category. Some may have other issues as well, but this seems quite predominant. The following text (in italics) is an approximation of what I usually say:

"It sounds as if you are going through a fairly bad patch in your life, and that's why you have been referred for counselling or psychotherapy (or why you have chosen to get some

additional help at this time). What I suggest, for the rest of this session, is that we look at some of the basic aspects of stress in your life and try and get these back into some sort of shape as quickly as possible. That should reduce some of your stress and distress, anxiety and depression, and then, as things become a bit clearer and more stable, we can look at the some of the really difficult or more psychological aspects of you situation. How does that sound?"

I realise that this sounds as if I am being quite 'directive' at the start of the 'therapy' and this is probably reasonably accurate. I do a lot of work in National Health Service clinics and for (time-limited) Employee Assistance Programmes, and this 'directive' approach is therefore very 'appropriate' there, than if the person is coming to me privately for (say) life-long psychological problems or training requirements. Whoever is paying for it, the presenting problems that the clients come with are often quite similar: there may well be some current stressful situations as well as some longer-term issues. Obviously where the immediate issue is one of (say) bereavement, or drug-addiction, or a similar more specific condition, I would modify this approach appropriately. This is especially true for people with ME (myalgic encephalomyalitis) or CFS (chronic fatigue syndrome), for whom a much more 'graded' approach to (say) exercise would be more suitable, or for people with very high levels of anxiety and agitation, with whom I would give more emphasis to the relaxation components of this approach.

However, I have also been given feedback that many people quite like this 'directive' approach, rather than being faced with a relative 'passive' therapist who says little and just 'reflects' back. Some people obviously 'vote with their feet', saying effectively, *'This isn't for me.'* But this is a relatively small percentage, and I give some figures later. So, I always, always, make a point of getting specific feedback:

"I always like to ask at the start of the second session, 'How was the first session for you?' It is really helpful for me to hear any feedback that you have, so that I can tailor the 'therapy' more specifically to your needs, rather than you having to fit yourself to the therapy. Please be as frank you can be, or wish to be. I am also happy to hear feedback at any time throughout the course of the therapy. If the therapy is to work, it has to work for you."

It is important for me to try to establish a good 'working alliance' with the client / patient, and one where I am seen as a supportive resource, and not as a directive authority. If I am getting any negative feedback, I will drop this tactic and then deal with that. If there are urgent or specific issues that they bring (high levels of distress, suicidal ideation, drug abuse, violence, etc.), these will obviously take precedence, until the situation 'plateaus' or evens out a little.

The 'educational' component

When it is appropriate, or if they seem to agree to 'go along with' this initial strategy or approach, I start to explain it to them like this:

"You may not realise it, but you have an Autonomic Nervous System (ANS) that runs every organ in your body, below your level of consciousness. This is separate from the nervous

system for voluntary movement that works with your muscles, or the nervous system for pain, or the sensory nervous system in your skin, and from your eyes, ears and taste. Each and every animal on this planet, including the human animal, has an Autonomic Nervous System (ANS) and it is this system that essentially 'runs' our bodies without us ever really thinking about it. It organises and controls the functioning of the heart, lungs, kidneys, muscle tone, hormones, digestion, etc."

I usually check to see if they are still 'with me' from time to time, and that I haven't blinded them with science. People are usually quite interested in finding out more about how their body works.

"The ANS is divided into two separate halves: the Sympathetic, the activity adrenaline-based half, and the Parasympathetic relaxed or digestive-half. The Sympathetic half is the emergency response system: sometimes called the 'fight-or-flight' mechanism. The sympathetic nerves do one thing to each organ, and the parasympathetic nerves do something completely different. Essentially, they work in opposition to each other, so that when you move towards a more sympathetic state, you are less parasympathetic, and visa versa."

I then usually try to relate this new information to their everyday experiences:

"Imagine you are watching a wildlife programme on the TV. You see a deer or antelope grazing gently on the plains of the Serengeti: this is an example of pure parasympathetic activity. It moves gently; it grazes; then it lies down and chews the cud, or nudges a neighbour. Then, suddenly it smells a predator – a lion, or something. Its ears go up, eyes are wide, the head turns from side to side; it becomes very alert, its muscles are tense ready for either 'fight' or 'flight'. This is pure sympathetic activity.

All these changes are brought about instantly by the affects of adrenaline (and other stress hormones) flooding through the animal, preparing each part of its body, each organ, for this emergency or 'survival' situation. The digestive system closes down completely, as you do not want to be digesting your lunch when you are trying to prevent yourself from becoming someone else's lunch. The blood retreats from the skin, to be available for the muscles. The muscles prime themselves into readiness for instant action: 'Fight or Flight'.

If the antelope runs away, or has to fight, that is fine! Most of the stress hormones (adrenaline & cortico-steroids) are then burnt off in the resulting intense, physical activity. Within a short time after it is safely back into the herd, it will go back to grazing again and you cannot tell which animal was chased, even if it has a distinctively shaped horn, or special markings. But if it doesn't have to fight or run, if the initial smell of the predator goes away, then slowly the animal relaxes, and eventually goes back to digesting its food, and it manages to digest some of those stress hormones as well: also fine. Either way, it has a method of rebalancing its ANS and getting back towards its 'normal' parasympathetic state."

It is good to check in occasionally with the client / patient, though at this point they are usually still with me as regards understanding. I keep my language simple, with good eye contact, and I use my hands to illustrate points: this is an active communication. If they are still interested and have no specific questions, then I continue:

“But ... And ... Here we have a problem. The human animal is NOT in the plains of the Serengeti, near where it originated. We got ‘smart’ and discovered that we could ‘use’ the sympathetic system whenever we wanted to: all that energy, drive and determination. We now call it ‘work’. So we have open-plan office; buses and bosses; trains and time schedules; school runs or spring-cleaning. We are continually (putting ourselves) under stress.

On the Serengeti plains, we might only be chased once every two or three weeks, if we’re unlucky. Now we get stressed three or four times in an hour – if we are lucky! It is often more than that. Our ‘normal’ state is therefore much more sympathetic, than parasympathetic. We can even forget how to relax properly: we can become addicted to adrenaline.

What happens then is that if the stress hormones, and the by-products of adrenaline, are not broken down, burnt off, or digested, and stay around, then the next stressful situation will add in some more. This gradual build-up of stress also has the tendency to escalate the level of the next stress situation, so we become more wound up, and then we also experience a build-up of emotional stress. This quickly spirals and creates even more stress.

These layers of stress can even eventually build up into a mass or a ‘block,’ which cannot be burnt off, or easily digested. This physiological condition is called the ‘metabolic syndrome’: a cluster of symptoms including high blood pressure, insulin resistance, high cortisol levels, and high cholesterol, which can double the risk of heart disease and diabetes, and has other effects as well. Not everyone gets to this level.”

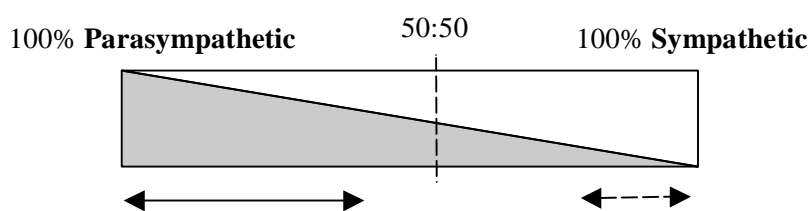
Sometimes, I explain that if the ‘animal’ on the Serengeti plains cannot escape, and thus ‘burn off’ the stress – because (say) it is in a cage or something – then it will stay stressed a lot longer, well after the lion has gone away. The stress hormones stay in the body – if they are not ‘burnt off’. I continue:

“So, the balance of these two systems, which tend to work in opposition to each other, is essential for good physical and emotional health. That is why I am going into this explanation with you. In a simplistic diagram, it can look like this.”

I often quickly draw the diagram below for them.

“The end result is that, instead of spending most of our time down the parasympathetic end of the spectrum (solid double-arrowed line) with only a few excursions into more stressful (sympathetic) situations like every other sensible animal on the planet, we – supposedly civilised ‘animals’ – spend most of our time at the higher stress, sympathetic end of the spectrum (dashed double-arrowed line), well above the half-way mark (50:50 line), with only

the occasional excursion into healthy parasympathetic relaxation. No wonder we – and the rest of the world – are in such a state!”



Diag 1.

“The result of this unnatural imbalance in our essential physiology is that, collectively and individually, we suffer from a large number of stress symptoms: not because there is anything particularly wrong with us individually, but because there is something seriously wrong with the way that most of us mostly live our lives nowadays. Our ‘normal’ lives are not ‘natural’ any longer. And this is where you can make the most difference; you may need to get things back into a more natural balance, at this sort of basic level.”

This is a good point to stop and check out to see if there any questions, or to give them an opportunity to say something: often it is just a question of clarification. I have also hinted at a solution, so they have often become quite interested.

“Our DNA only differs from chimpanzees by about 4%: so put a chimpanzee down in the middle of Oxford Street, London, or Princes Street, Edinburgh, and it would not survive more than a few minutes before it was a gibbering wreck. Ever been shopping there on a Saturday in August or just before Christmas? Know the feeling? This is our physiology talking to us. What we have to do is that we have to find ways to burn off the excessive stress hormones, and ways to spend more time just relaxing, so as to get ourselves, our basic Autonomic Nervous Systems, back into a proper balance again. We also have to find many more ways of doing the things that we ‘have’ to do in a much more relaxed way. We have to pay much more attention to the physiological ‘cost’ of living modern lives in modern cities. We also now tend to live in more isolated units (nuclear families) rather than in extended families (tribes) and small social groups (extended families). So it is all a lot harder for us, as we are having to do everything just by ourselves: all this is very unnatural to our physiology. So you may need to focus on this a bit and try to help it out.”

That is the basic explanation of the ANS: it wasn’t too hard. It takes about four to five minutes (no more) to get this essential understanding across. You can see the comprehension beginning to dawn on their faces. *“Oh, so that’s what is going wrong!”* I usually add in something light like, *“They ought to teach this stuff in every Primary School.”* After a little exchange, a moment for feed-back, or for them to ask any questions or intervene with something, I then usually continue something like this:

“So, let’s come back to you. You have been referred to me by your doctor for counselling or psychotherapy because of ... (often involving stress, anxiety, or depression). There is often a

direct connection between your levels of physiological (bodily) stress, as I have been indicating, and some of these deeper emotional problems. What happens is that continued stress, over a long period of time, has a debilitating effect on your body. At some point it can't take much more and so it starts to give out 'distress' signals. This is like someone who is struggling in the water waving their arms. Anxiety, as an emotional problem, is often caused by a direct build-up of stress, and the stress hormones. Depression (certain types of depression: like exogenous or reactive depression) is where the body, and thus the emotions, gets overloaded and switch off, rather like the thermostat in the boiler. It says, 'Enough Already! Show me the underside of the duvet.' Looking at what your doctor said and what you have told me of your circumstances, it sounds as if you have been having quite a rough time of it. So, a scenario like this might apply to you"

This is a cue for the client then to 'sound off' a little about what actually has been happening to them, and one often then hears a lot more than they ever told the doctor. This then often provides a perfect cue for pulling out the Holmes and Rahe, 'Life Event Stress Inventory' (see Appendix 1) and talking them through this. I frequently get people putting in their scores that total 250 – 350 on this scale. I usually suggest to them that this sort of level of stress could really be quite significant and be the cause of their presenting problems. This is the equivalent of two or three members of their close family being killed within a relatively short period of time. Higher scores make it even more certain that stressful life events have played an active part in the presenting problems. Very few people deny this. So, now we get to the punch line, I remind them:

*"Since your body is being continually primed for **intense physical activity** (fight or flight), the most efficacious way of getting rid of these hormones is actually by doing some sort of intense physical activity: like – wait for it – aerobic exercise." (They often groan.)*

It's OK. You don't have to go to the gym, wear lycra, or watch MTV. Any intense physical activity will do, but it does need to be 'aerobic' – i.e. when you get out of breath and hot and sweaty – otherwise your metabolism doesn't get up to the level at which it burns off all these nasty stress hormones. You don't have to go jogging either: power walking is actually much better for you; but, hill climbing, running on a beach, digging the garden, chopping wood, cycling, or swimming, anything like that, is very good. Try to vary the activity from time to time in order to use different muscle groups. As you burn off these stress hormones, you also start to release the nicer, healthier hormones, like endorphines, and that is why you feel good afterwards.

Ideally (and I do stress that this is only ideally), you should be doing this sort of activity for about 30-45 minutes minimum each time: that way your system goes on working for a couple of hours afterwards.: less than that and the effects drop off quite quickly. And, ideally, you will do this about 5 times per week. You may have to work up to this level, but it is reasonably

easy to do this. The important thing is to get your trainers and sweats on, and just start doing it. You can take a little MP3 player with you and enjoy some nice music or an audio-book whilst you do it, but just get out there and do it. It is absolutely the best possible thing that you can do for yourself – and it is very effective for stress, anxiety and depression. Much better than any anti-depressant pill.”

If they are already on anti-depressants, as sometimes doctors ‘dish’ these pills out a little too quickly, then I explain that the anti-depressants just help to lift them up a little so that they can feel more capable of doing this sort of activity. *“It’s like a buoyancy aid, when you are learning to swim.”* And I sometimes explain briefly how the SSRI-type of medication works on preventing (inhibiting) the re-absorption (re-uptake) of the (selective) Serotonin by acting as a one-way filter at the synaptic root, showing then a simple diagram. They quite like that sort of explanation, as often they are quite scared of anti-depressants (or any) medication. Then I continue:

“It is almost guaranteed that, if you do this sort of activity regularly, you will burn off any residual stress hormones, and that will make you more able to relax or become less distressed. Much of your current situation is probably due to an excess of stress hormones, and this is the best and simplest way of dealing with them. It is that simple, but it is – obviously – not that easy.”

We can then have a little discussion about what sort of activity might be best suited for them, and any timetabling difficulties, or any physical problems, etc. I have even worked on this approach with elderly paraplegics: they can get ‘hot and sweaty’ lifting small weights, even in a wheelchair!

“Having sorted out some of the adrenaline-based sympathetic side, you should then find it much easier to relax.”

This is then the cue to investigate their ‘parasympathetic side’. I usually ask them: *“How do you relax?”* In the little booklet that we use in the practice for anxiety and/or depression, we have listed a number of suggestions about different types and ways to relax. These are all simple and accessible, and fairly varied, ranging from a nice long hot fragrant bath, candles, and music in the background; to lying on the sofa, listening to Mozart, and having a nice glass of wine (or something); to doing something like Yoga, Pilates, Tai Chi, or Progressive Relaxation. I have a tape and a CD that I will lend out, if needed, but I prefer to help people develop their own new life skill, along the lines of the old maxim: *“Do you give someone a fish, or teach them how to fish?”*

To help them to focus on the parasympathetic side, I sometimes teach people the principles of the Autogenic Therapy technique. This (for those who don’t know of it) is a well-tried and tested method of somatic (bodily) relaxation that has been ‘proved’ over many years and in many different trials to be effective for people with hypertension (high blood pressure). *“So, if it works for them, at that level, it should work for you.”*

I am very careful to explain that I am not a qualified Autogenic Therapy practitioner or teacher; that I will only go through the basic principles with them; and that I have adapted it to have a 'script' and an 'image' for relaxing each part of the body; and that, if they want to work on this technique more, they can contact someone. So I also give them the URL of the UK Autogenic Therapy website: www.autogenic-therapy.org.uk

Quite often I will leave this component for the next session, as I don't want to do too much 'teaching' all in one session, and it also gives them some time to focus on the issue of bringing more exercise into their lives. But I will mention that I can help them with the relaxation of they want me to do that, so as to create an 'entrée' into the topic later.

When I do talk to them in more detail about their relaxation, I usually recommend that they practice some form of relaxation about 8-9 times per week for a minimum of 20 minutes each time. As with the exercise, it does not really matter what type of relaxation is done, just so long as it works for them.

"As you begin to get your ANS back into balance, with this sort of combination of regular exercise and relaxation, you will start to feel the benefits. It will take 2-3 weeks to really feel these, but try to find a new balance in your life – in a variety of different ways. Take this time of relative crisis to create an opportunity to get things sorted a little bit better. This work on the ANS can be fundamental to a healthy life, so that is why I have been stressing it a little at the start of the therapy. It is like the foundations of a house: get them right at the beginning and you don't get so many problems later. The four cornerstones of a healthy life are: exercise, relaxation, sleep and diet.

I know this sounds simple, even simplistic – it is – but I also know that it is not at all easy: you are changing the habits of years. However, it is no good for me to be working with you on more complex psychological issues if you can hardly sit still and are 'climbing walls', or you are flat and have no energy; or even if you are at the bottom of a large 'black hole' of depression.

This sort of re-balancing work can really help you get yourself back into a basic, stable, solid balance again. There is nothing I, or any other therapy, or another professional, or any little pill, can do that is actually more effective and long lasting.

As you start to do it, you will discover that it is quite easy to maintain a healthy balance. It is a little more difficult at first to get started or re-started on this: just like it takes more effort to overcome inertia, but things are much easier once they are rolling.

I usually get an acknowledgement that they understand the rationale and I often get a basic agreement that they will try to do something towards this approach. Sometimes, I will print out a simple calendar for the next month, with squares where they can put a coloured (red) dot for each exercise session and a (green) dot for each relaxation session, etc. This helps them keep motivated, especially if they stick it on the fridge in full view. We can then discuss more specific ways and means that work for them.

As I have mentioned, for the General Practitioner (medical) health practices that I work in, I have produced a basic leaflet for people with Anxiety and Depression. These contain (similar) sets of suggestions about “Fitting More Exercise into Your Life” and “Types of Relaxation” as well as other basic information, local resources, etc. Examples of these booklets are available to be viewed, in PDF file format, on my web site: www.courtenay-young.com

I am convinced that working in this way with the patient with a declared focus on re-balancing their AHS is the most effective way of working with them, as a precursor to subsequent counselling and psychotherapy. Any disadvantages experienced by being ‘too’ proactive, directive, or assertive as a therapist are outweighed by the advantages of getting the client back towards a healthier level of functioning and more into homeostasis or balance with respect to their ANS. The therapeutic relationship can become more significant once this phase is over.

Practice

I work in the UK National Health Service as a counsellor and psychotherapist. In one clinic, where I work for only 11 hours per week, I have been referred over 260 clients in the last 3.5 years: in another clinic, working 3 hours per week, I have been referred over 70 clients in the same period. That makes an average of about 90 referrals a year, or pro rata 240 new referrals *per annum* for a full-time post (20 per month). I don’t know how that compares with other counsellors and psychotherapists.

For the clients that I have seen and have been discharged, I have seen them for an average of about 6.8 sessions, though I have also seen some people for more than 24 sessions. For the clients I am still seeing, there is an average of about 8.6 sessions, as some of the longer-term clients skew the average figures upwards. I currently have between 30 - 40 ‘active’ clients and see them, on average, about once every 2-3 weeks. Of all the people I have seen, about 75% have been referred specifically for anxiety and/or depression, most caused by stress or distress (including bereavement) and mostly for exogenous depression (i.e. where the source is outside of the person – as with a build-up of stress from a number of different sources).

In the clinics I work in, we now use the Hospital Depression & Anxiety Scale (HADS) as a quick assessment tool. The HADS has 2 sub-scales (one for Anxiety, the other for Depression) each with 7 statements, each statement scored from 0-3. It was designed as a screening test for use in non-psychiatric sessions. The scoring for each scale is: less than 8 = ‘normal’; from 8 – 10 = ‘borderline’; above 10 = ‘morbid’ indicating a presence of anxiety or depression. The doctors can easily do this with the patient (it only takes about 2 minutes) and it is recorded on their medical record.

In other clinics, the Clinical Outcomes in Routine Evaluation (CORE) scores are used, which gives a rating on 4 scales – Well-Being, Performance, Risk given 34 multiple-choice statements. In others, the Global Assessment of Functioning (GAF) scale. All clients are assessed according to one or others of these scales. About 95% improve, according to these measures.

We have now developed a protocol (Appendix 2) for patients presenting with anxiety or depression: a score on either of the HADS scales of less than 8 means: no further action (NFA), reassurance and a period of ‘watchful waiting’; if ‘borderline’ or some low ‘morbidity’ (HADS score: 8-12), we give the patient a copy of the appropriate Self-Help booklet for Anxiety or Depression, which is recorded, and another appointment is made with the doctor in 3-4 weeks; If ‘morbid’ on either scale (HADS score > 12), we give the appropriate Anxiety &/or Depression booklet, record this, **and** they are offered a counselling referral, **or**, in extreme cases (say a score of >15), consider a counselling referral **and** some appropriate medication. Another appointment is then made for 2-3 weeks. This is in accordance with the UK NICE (National Institute for Health & Clinical Excellence) Guidelines for anxiety (No. 22) and depression (No. 23).

I have written two booklets: one; *“Anxiety – And How To Work With It”* and the other; *“Depression – And How To Work With It.”* They both contain about 8 pages of information on, and suggestions for, Exercise, Self-Care, and Relaxation, with a list for further reading and useful websites. The Anxiety booklet additionally contains another 4 pages of information about Panic Attacks, Phobias and General Anxiety Disorder. Both booklets conform to the NICE ‘stepped care’ system. NICE also recommend ‘social prescribing’ and so I also have available in the consulting room a folder of brochures from all the local agencies that might be suitable as an additional resource or for someone to be referred on to. I am also producing another booklet, similar to the above, entitled *“Stress – And How To Work With It”* and a more preventative booklet; *“How to Maintain Good Mental Health”* or something similar. I also have a book being published this summer by Karnac Books (Young, 2008), containing many similar self-help suggestions.

Conclusion

This schema, relatively simple to use and understand, seems to be quite effective, low cost and beneficial. It encourages the client or patient to mobilise their own resources towards a system of basic self-regulation and self-empowerment. It does not conflict with any particular modality or methodology as it can be applied in any way that the therapist sees fit. It is in accordance with current ‘best practice’ and it seems to work efficaciously.

Author

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LIFE EVENT STRESS INVENTORY

It is quite often the case that an accumulation of very stressful life events in a relatively short period (eg: 12-18 months) increases one's vulnerability to anxiety states, depression, or can even bring these on due to 'emotional overload'. Several life events are suggested below and some sample scores (rated up to 100) are given.

Please use this page and write in your 'stress' scores for those events that you have experienced over the last 18 months. Example: for some people, their 'Marriage' day was the happiest time of their life and everything went swimmingly; for others it might have been a very, very stressful period. So you decide upon your score.

A couple of lines have also been left for you to add in any life events not mentioned in the list.

List of "Life Events"	Sample Scores	Your Scores	Comments
Death of a spouse, partner or child	100		
Divorce	73		
Marital separation	65		
Imprisonment	63		
Death of a close family member	60		
Personal injury or illness	55		
Marriage	50		
Dismissal from work	47		
Retirement	45		
Change in health of family member	44		
Pregnancy	40		
Sexual difficulties	39		
New family member	39		
Business/work changes	39		
Change in financial situation	38		
Death of a close friend	37		
Change in amount of arguments with spouse	36		
Taking out a major mortgage	32		
Foreclosure of mortgage or loan	30		
Change in responsibilities at work	29		
Child leaving home	29		
Trouble with in-laws (or neighbours)	29		
Spouse begins or stops work	27		
End / change school, or begin college	26		
Change in living conditions	26		
Change in social activities	26		
Trouble with the boss	23		
Changes in work hours / shifts / conditions	20		
Holidays	15		
Christmas	15		
Changes in sleep / diet	15		
Minor violations of the law	11		
>....	•		
>....	•		
YOUR TOTAL SCORE	=		

If you scored between 200-350 points, your symptoms (often depression or anxiety-based, sometimes a serious illness, or an increased incidence of minor illnesses) are *probably* as a result of an accumulation of these stressful life events. Make sure you take appropriate measures to reduce the current stress in your life.

If you scored more than 350, you should be awarded a gold medal for remaining upright and still functioning. In order to return to more normal levels of functioning, you may need some help in 'working through' these issues, for a little while, as your symptoms are almost certainly related to these stressful life events.

One person scored 960, and couldn't understand why I was amazed: she had 'habituated' her levels of stress.

Adapted from Holmes & R  he, 1967

C*** MEDICAL PRACTICE
 PROTOCOL FOR PATIENTS WITH ANXIETY AND/OR DEPRESSION**

