

Reproducible forms for *Breaking Free from Depression*

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EXERCISE 1.3 Patient Health Questionnaire–9 (PHQ-9)

Name: _____ Date: _____

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?

(Circle a number or use “✓” to indicate your answer.)

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

Add columns: _____ + _____ + _____

Total:

EXERCISE 2.5

My Plan for Physical Wellness

Instructions: Review possible actions on this checklist. Circle any of the actions that you might want to take within the next 1 to 3 months. Then get specific. Write down the things you actually plan to do. You can ask your doctor for help in putting the plan into action.

Possible actions	This action might improve my health	I've already done this	Actions I plan to take/comments
See a doctor for a medical evaluation if I have not done so within the last year.			
Get screening tests for hypothyroidism, anemia, or sleep apnea.			
Get checked for vitamin deficiencies.			
Get checked for other possible medical conditions that haven't been diagnosed.			
See doctor to reevaluate and improve management of chronic pain. Or use additional therapies for pain.			
Get help from doctor in more effective management of a chronic medical illness such as heart disease, diabetes, or a neurological condition.			
Receive more intensive treatment for depression (such as antidepressants or CBT) that could also help me cope with physical problems.			
Make lifestyle changes (such as increased exercise, improved diet, reduced use of alcohol or drugs).			

EXERCISE 4.4

Automatic Thoughts Checklist

Instructions: This list contains a variety of automatic thoughts that just pop into people’s heads. Use the list to indicate how frequently each of the thoughts occurred to you over the past week.

	Never	Sometimes	Moderately often	A great deal of the time	All the time
1. I wish I were a better person.	0	1	2	3	4
2. No one understands me.	0	1	2	3	4
3. I can’t get things together.	0	1	2	3	4
4. I feel like I’m up against the world.	0	1	2	3	4
5. I’ve let people down.	0	1	2	3	4
6. Nothing feels good anymore.	0	1	2	3	4
7. I’m so disappointed in myself.	0	1	2	3	4
8. I can’t get started.	0	1	2	3	4
9. I hate myself.	0	1	2	3	4
10. I’m so helpless.	0	1	2	3	4
11. My life is a mess.	0	1	2	3	4
12. I’m worthless.	0	1	2	3	4
13. My future is bleak.	0	1	2	3	4
14. It’s just not worth it.	0	1	2	3	4
15. I can’t finish anything.	0	1	2	3	4

Add columns: _____ + _____ + _____ + _____

Total:

EXERCISE 4.7

Examining the Evidence

Instructions: Write down an automatic thought that you want to challenge. Then try to identify any *evidence for* the validity of the thought and any *evidence against* the validity of the thought. If you conclude that there is enough evidence against the automatic thought, then write out some alternative thoughts.

Automatic thought:

Evidence for automatic thought	Evidence against automatic thought

Alternative Thoughts:

Thought Change Record

EXERCISE 4.10

Event <i>Write down an event or situation, or a memory of an event, that triggered automatic thoughts.</i>	Automatic Thought(s) <i>1. Record the automatic thoughts that occurred while you were experiencing or thinking about this event. 2. Rate how much you believed the thought at the time it was happening. Use a 0–100 scale where 100 = complete belief.</i>	Emotion(s) <i>1. Identify emotions such as sadness or anger that were stimulated by the automatic thoughts. 2. Rate the intensity of the emotion on a 0–100 point scale where 100 = the most extreme emotion.</i>	Rational Response <i>1. Challenge the automatic thoughts by going off automatic pilot, examining the evidence, looking for cognitive errors, or other methods. 2. Write out some rational alternatives to the automatic thoughts. 3. Rate your belief in the rational alternatives using a 0–100 scale.</i>	Outcome <i>1. Specify and rate subsequent emotions using a 0–100 scale. 2. Describe changes in behavior.</i>

EXERCISE 5.2

My Action Prescription

Name: _____ Date: _____



An action that I want to take in the next week:

Potential problems and solutions in carrying out the plan:

Potential barriers or roadblocks	Potential solutions

Signed: _____

EXERCISE 5.4

My Activity Schedule Before Making Changes

Instructions: Write down your primary activities for each of the hours in the schedule below. Then rate each activity for mastery (M=0–10, where 0 = no mastery and 10 = full mastery of the activity; mastery = how well you performed the activity) and pleasure (P=0–10 where 0 = no pleasure and 10 = maximum pleasure).

Hour	Day of Week _____	Day of Week _____
7–8 A.M.		
8–9 A.M.		
9–10 A.M.		
10–11 A.M.		
11 A.M.— Noon		
Noon— 1 P.M.		
1–2 P.M.		

(cont.)

EXERCISE 5.4 (cont.)

Hour	Day of Week _____	Day of Week _____
2–3 P.M.		
3–4 P.M.		
4–5 P.M.		
5–6 P.M.		
6–7 P.M.		
7–8 P.M.		
8–9 P.M.		
9–10 P.M.		
10–11 P.M.		

EXERCISE 5.6

Pleasant Events Checklist

Instructions: Try to keep an open mind as you scan through this list of activities that have given people pleasure. Maybe there are activities you have never tried that could spark your interest. Or there could be activities you have done in the past and could be brought back into your life. Also, there could be things that that you are doing infrequently but could become a larger part of your daily or weekly schedule. Rate your interest in engaging in each of the activities by putting a check mark in one of the columns. Then circle at least three activities that you will consider emphasizing more in your life.

Activity	No interest	Little interest	Moderate interest	High level of interest
Listening to music				
Using my sense of humor				
Doing crosswords or puzzles				
Driving				
Spending time with pets				
Walking				
Volunteering				
Playing a sport				
Watching movies				
Going to a concert or play				
Planning a trip				
Shopping				
Being at the beach or mountains				
Reading magazines or books				
Fixing up my house or apartment				
Taking a shower or bath				
Singing or playing a musical instrument				

(cont.)

EXERCISE 5.6 (cont.)

Activity	No interest	Little interest	Moderate interest	High level of interest
Woodworking				
Spending time with friends				
Going to religious services				
Writing				
Going out to lunch or dinner				
Water sports				
Cooking				
Being intimate				
Gardening				
Saying prayers				
Yoga				
Doing crafts				
Being with family				
Personal grooming				
Exercise				
Bowling				
Knitting or other needlework				
Dancing				
Going to the zoo or to a park				
Bicycling				
Wearing new clothes				

(cont.)

EXERCISE 5.6 (cont.)

Activity	No interest	Little interest	Moderate interest	High level of interest
Listening to the radio				
Appreciating nature				
Playing cards or board games				
Watching birds				
Using the Internet				
Giving gifts				
Fishing or hunting				
Going to the beautician or barber shop				
Talking with neighbors				
Photography				
Going to yard sales or auctions				
Reading cartoons				
Eating a good meal				
Hiking or camping				
Going to a health club				
Talking on the telephone				
Going to a museum or show				
Getting a massage or backrub				
Skiing				
Meditation				
Playing pool, darts, or Ping-Pong				
Giving things to others				

EXERCISE 5.7

Activity Schedule after Making Changes

Instructions: Write down your primary activities for each of the hours in the schedule below. Then rate each activity for mastery (M=0–10, where 0 = no mastery and 10 = full mastery of the activity; mastery = how well you performed the activity) and pleasure (P=0–10 where 0 = no pleasure and 10 = maximum pleasure).

Hour	Day of Week _____	Day of Week _____
7–8 A.M.		
8–9 A.M.		
9–10 A.M.		
10–11 A.M.		
11 A.M.— Noon		
Noon— 1 P.M.		
1–2 P.M.		

(cont.)

EXERCISE 5.7 (cont.)

Hour	Day of Week _____	Day of Week _____
2–3 P.M.		
3–4 P.M.		
4–5 P.M.		
5–6 P.M.		
6–7 P.M.		
7–8 P.M.		
8–9 P.M.		
9–10 P.M.		
10–11 P.M.		

EXERCISE 5.8

Motivational Enhancement Worksheet

Instructions: Select a goal that is specific and attainable. Then list some of the key motivators that could help you make the planned changes. Next, write down any demotivators that could interfere with your plan. Finally, list some actions you could take to boost the motivators and cope with the demotivators.

Goal or action to take: _____

MOTIVATORS:

- 1.
- 2.
- 3.
- 4.
- 5.

DEMOTIVATORS:

- 1.
- 2.
- 3.
- 4.
- 5.

ACTIONS I CAN TAKE TO BUILD UP THE MOTIVATORS AND MAKE THEM WORK FOR ME:

- 1.
- 2.
- 3.
- 4.
- 5.

ACTIONS I CAN TAKE TO COPE WITH DEMOTIVATORS AND MAKE THEM LESS OF A PROBLEM:

- 1.
- 2.
- 3.
- 4.
- 5.

EXERCISE 5.9

Step-by-Step Worksheet

Instructions: (1) Identify a task or challenge that is giving you difficulty. (2) Make a list of manageable steps—ones that you could accomplish in a gradual, step-by-step manner. (3) Rate the steps for degree of difficulty on a scale of 0–10 (0 = no difficulty, 10 = maximum difficulty). (4) If steps seem too difficult, break them down into smaller steps. (4) Write down any special plans that you have for accomplishing the step. (5) Log your progress in following the steps and modify the plan if necessary to meet your goal.

Task I want to accomplish: _____

Step #	Step description	Degree of difficulty	Plans and comments	Progress
1				
2				
3				
4				
5				

(cont.)

EXERCISE 5.9 (cont.)

Step #	Step description	Degree of difficulty	Plans and comments	Progress
6				
7				
8				
9				
10				
11				
12				

EXERCISE 6.2 **Positive Core Beliefs Checklist**

Instructions: Use this checklist to recognize positive core beliefs. Check “No” if you don’t have the belief, “Maybe” if it is possible that you have this belief or could develop this belief, and “Yes” if you are sure that you have this belief.

Positive Core Beliefs	No	Maybe	Yes
No matter what happens, I can manage somehow.			
When I work hard at something, I can master it.			
I’m a survivor.			
Others trust me.			
I’m a solid person.			
People respect me.			
They can knock me down, but they can’t knock me out.			
I care about other people.			
I usually do better when I prepare in advance.			
I deserve to be respected.			
I like to be challenged.			
There’s not much that can scare me.			
I’m intelligent.			
I can figure things out.			
I’m friendly.			
I can handle stress.			
The tougher the problem, the tougher I become.			
I can learn from my mistakes and be a better person.			
I’m a good spouse (and/or parent, child, friend, lover).			
Everything will work out all right.			

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EXERCISE 6.4

Maladaptive Core Beliefs Checklist

Instructions: Use this checklist to see if you might have any core beliefs that could be part of depression or part of your way out of depression. Check “No” if you don’t have the belief, “Maybe” if it is possible that you have this belief, and “Yes” if you are sure you have this belief.

Maladaptive Core Beliefs	No	Maybe	Yes
I must be perfect to be accepted.			
If I choose to do something, I must succeed.			
I’m stupid.			
Without a woman (man), I’m nothing.			
I’m a fake.			
Never show weakness.			
I’m unlovable.			
If I make one mistake, I’ll lose everything.			
I’ll never be comfortable around others.			
I can never finish anything.			
No matter what I do, I won’t succeed.			
The world is too frightening for me.			
Others can’t be trusted.			
I must always be in control.			
I’m unattractive.			
Never show your emotions.			
Other people will take advantage of me.			
I’m lazy.			
If people really knew me, they wouldn’t like me.			
To be accepted, I must always please others.			

EXERCISE 6.8

Examining the Evidence for Core Beliefs

Core belief: _____

Evidence for belief	Evidence against belief

Rational alternatives to this belief:

- _____
- _____
- _____

EXERCISE 6.10

Putting Changed Core Beliefs into Action

Instructions:

1. Write down a maladaptive core belief.
2. Record a changed version of this belief.
3. Then list at least two ways that you could practice behaving in a way that is consistent with the new belief and will help you make the changes stick. Be specific and plan some activities that you think you can actually carry out.

Maladaptive core belief:



Changed belief:



Things I will do to put the changed belief into action:

- 1.
- 2.
- 3.
- 4.
- 5.

EXERCISE 7.3

Well-Being Log

Instructions: Check over the goals you set in Exercise 7.1. Then use this log to write down at least five instances in which you felt positive emotions associated with a state of well-being. Try to spot at least two little things that you may have ignored if you weren't paying attention to a full range of well-being experiences.

Situation	Experiences and feelings of well-being	Intensity (0–100)

EXERCISE 7.4

Building and Sustaining Well-Being

Instructions: Use this log to record experiences of well-being. If something seems to interrupt the experience, write down the diverting thoughts or the behaviors that appeared to short-circuit the state of well-being. Then act as a thoughtful observer or coach. Write down ideas for holding on to or magnifying your feelings of well-being.

Event	Experiences and feelings of well-being	Interfering thoughts and/or behaviors	Observer

EXERCISE 7.7

My Plan for Using the Thoughts–Action Path

Thoughts–action methods	How much I believe that using this method(s) could benefit me (rate on 0–10 point scale where 0 = no benefit and 10 = maximum benefit)	My plan for using this method
Thought change records and related methods such as spotting automatic thoughts and cognitive errors, examining the evidence, and developing rational alternatives		
Coping cards		
Action prescriptions		
Activity schedules		

(cont.)

EXERCISE 7.7 (cont.)

Thoughts–action methods	How much I believe that using this method(s) could benefit me (rate on 0–10 point scale where 0 = no benefit and 10 = maximum benefit)	My plan for using this method
The step-by-step approach		
Identifying and finding ways to use my strengths		
Identifying and modifying core beliefs (schemas)		
Keeping a well-being log and related methods for enhancing well-being		

EXERCISE 8.7

Record of Antidepressants

Instructions: Use this worksheet to record the antidepressants that you have tried. Rate the effectiveness and note any side effects.

Antidepressant	Dose	Length of treatment	Effectiveness rate 0–10 (10 = best response)	Side effects	Comments

EXERCISE 8.8

Biological Treatments in My Plan for Wellness

Instructions: Use this worksheet to record your ideas and plans for using biologically based treatments for depression. If a question does not fit your situation, skip over it and go to another question.

If you want to start an antidepressant, which choices would you like to discuss with your doctor? Are there any antidepressants that appeal to you more than others?

If you are currently taking an antidepressant that is effective and is well tolerated, how long do you plan to continue on this medication? What advice, if any, has your doctor given you about the length of treatment?

If you are currently taking an antidepressant and are having significant side effects, what ideas do you have to discuss with your doctor about reducing or coping with these side effects?

If you are currently taking an antidepressant, but have not had a full remission (symptoms have gone away), what options for increasing the chances of recovery would you like to discuss with your doctor?

If you have not had full relief from antidepressants, are there any other biologically based treatments that you would like to consider using?

EXERCISE 10.2

**Dealing with the Impact of Depression
on Relationships**

Instructions: If you believe that depression has had an influence on any of your key relationships, consider the three actions noted below. Try to write down a few specific ideas for taking any of these actions that you think would be helpful.

Actions	Ideas for putting this strategy to work
Educate and inform others about depression	
Use CBT and other treatments to reduce symptoms	
Try to understand and cope with negative feelings about relationships	

EXERCISE 10.6

Relationships in My Plan for Wellness

Instructions: Review the exercises in this chapter and the preceding chapter. Then fill out this worksheet to help pull together your plan for using your relationship strengths or coping with relationship problems in the fight against depression.

Relationship action	How important this relationship action is to me (0 = not important at all; 5 = moderately important; 10 = extremely important)	Specific steps I plan to take
Build quantity or quality of relationships		
More effectively use my relationship strengths		
More effectively deal with the impact of depression on my relationships		
Cope with loss and grief		
Cope with a conflicted relationship		

EXERCISE 11.2

Sleep Log

Instructions: Each morning, log your sleep habits for the next week to see if there are any patterns or trouble spots to target. Keep the log (and a pen) by your bed so that it is easily accessible when you wake up.

Date	Time to bed	Time(s) awake during the night	What did you do when you woke up?	How long were you awake?	Time awake in the morning	Sleep environment (any disruptions or distractions)
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

EXERCISE 11.9

My Plan for Lifestyle Change

Lifestyle areas	My degree of difficulties/problems in this area (rate on 0–10 point scale where 0 = no problems and 10 = maximum problems)	How much I believe that change in this area could benefit me (rate on 0–10 point scale where 0 = no benefit and 10 = maximum benefit)	Main motivators for change (payoffs for making changes)	Key actions I will take to change
Sleep				
Exercise				
Diet				
Alcohol and substance use				
Seasonal changes in depression				

EXERCISE 12.1

Taking Stock of Your Spiritual Resources

Instructions: Spend several days thinking about the following questions as you go about your daily routine. At the end of each day, note the spiritual experiences you've had. Once you feel you've recorded a good representation of your spiritual life, use the second half of the form to record any changes you might like to make.

PART I: A SPIRITUAL JOURNAL

In what ways do I find meaning in my life and the life of those around me?

What makes me feel as if I'm not alone but part of a larger universe?

How do my daily decisions take into account what's best for those beyond myself—my family, my friends, my community, the environment?

In times of trouble, where do I turn for solace?

Was I brought up in a particular religious tradition, or have I had other religious experiences? If so, what role do religious practices have in my life today?

How often do I attend religious services?

(cont.)

EXERCISE 12.1 (cont.)

Do I go out of my way to commune with nature or with a deity on my own (for example, pray, meditate, go on retreats or pilgrimages)?

Do I read the Bible, the Koran, or other spiritual literature?

PART II: A SPIRITUAL ASSESSMENT

After reflecting on my answers to the preceding questions, how would I define my spirituality? Minimal? Undeveloped? Rich? Highly evolved?

How important is spirituality to my life?

Do I want to enhance my experience of spirituality or add to my spiritual resources in any way?

How could spiritual resources—those that I have and those that I could have—help me on my path to wellness?

What are three things I could do to strengthen or add to my spiritual resources should I feel the need?

1. _____
2. _____
3. _____

EXERCISE 12.7 My Plan for Putting Spiritual Resources to Work

Instructions: Use this worksheet to organize your ideas for using spiritual resources. You can also use the worksheet to make notes on spiritual resources or connections that you want to explore further.

I. FINDING MEANING

Key things that give my life meaning and purpose	Specific plans/commitments/actions related to this source of meaning	Comments/notes/questions related to this source of meaning

(cont.)

EXERCISE 12.7 (cont.)

II. OTHER SPIRITUAL RESOURCES THAT I COULD USE NOW OR DEVELOP IN THE FUTURE

Other spiritual resources	Ways I could put them into action	Comments/notes/questions

EXERCISE 13.10 **My Plan for Using the Mindfulness Path**

Instructions: Review the exercises you have completed in this chapter. Then note specific ways you will practice mindfulness.

Mindfulness activity	How important or valuable I think this mindfulness practice could be for me (rate on 0–10 point scale where 0 = no benefit and 10 = maximum benefit)	Actions I will take to practice this mindfulness activity
Be more mindful in activities of everyday life		
Use simple mindfulness meditations such as the “stopping” meditation or a brief meditation on the breath		
Use the body scan meditation		
Practice mindfulness methods of letting negative thoughts and distressing emotions “pass by”		
Take mindful action		

EXERCISE 14.1 **My Plan for Using the Paths to Wellness**

Instructions:

1. Record PHQ-9 ratings to check on your progress.
2. Review Exercise 3.13 (page 56), where you first rated your interest in the paths. Then review the plans you've written for using each of the paths to wellness. You can find these plans at the end of Chapters 7, 8, 10, 11, 12, and 13.
3. The next step is to decide on the weight you want to give each path in your overall plan for recovery. Use a 1–5 priority rating, where 1 = the highest priority. These ratings will give you an idea of the relative importance of the different paths in your comprehensive plan.
4. Then record some of the principal steps you have taken or would like to take to put plans into action.
5. Finally, you can make some notes about your experiences in using the paths and/or write down ideas you have for future plans.

Beginning PHQ-9 score (from Chapter 1): _____ Number of days (weeks) since completion of first PHQ-9 rating: _____
 PHQ-9 score now: _____ My goal PHQ-9 score: _____

Path to recovery	Priority	Key actions I have taken or am taking to use this path	Key actions I haven't taken yet but would like to take to use this path	Notes/comments
Thoughts–action path				
Biology path				

Relationship path	Lifestyle path	Spirituality path	Mindfulness path

EXERCISE 14.3

Getting Past a Plateau

Instructions: Consider each of the strategies on this worksheet and make specific notes on ideas you would like to use to get past a plateau. Take this worksheet with you to discuss these ideas with a doctor or therapist.

Strategy	Specific ideas I have for using this strategy	Comments/notes
See a doctor to reconsider the diagnosis		
Use more aggressive pharmacotherapy or other biological treatments		
Start an evidence-based therapy or increase level of participation in therapy		
Use well-being therapy methods		
Address an interpersonal issue or other nagging problem		
Use light therapy		
Examine lifestyle to see if changes would help		
Use other strategies derived from the paths to wellness		

EXERCISE 14.4

My Plan for Staying Well

Instructions: Review each of the strategies for staying well and write out specific things you will do to use these strategies. You can check over your comprehensive plan for wellness (Exercise 14.1) to get ideas for maintaining wellness.

Strategy	My specific plan for using this strategy	Comments/notes
Develop a long-term relationship with a health care professional.		
If medications have been used, develop a plan for how long they should be continued.		
Consider use of CBT. Or if you have already had treatment with CBT, note your plans for continuing to use these skills.		
Consider use of mindfulness meditation.		
Continue to use other strategies from the paths to wellness.		