A Manual of Cognitive Behaviour Therapy for People with Learning Disabilities and Common Mental Disorders

Carers Guide

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How to use this guide

This guide is designed for carers and/or support workers to help them assist individuals with learning disabilities as they undergo CBT for depression and/or anxiety. The booklet provides information about the therapy [cognitive behaviour therapy], how the individual can benefit from it and how you can help the individual through the treatment process.

Your role in the treatment will be as a 'CBT helper' to support the individual as s/he progresses though the treatment. This will include:

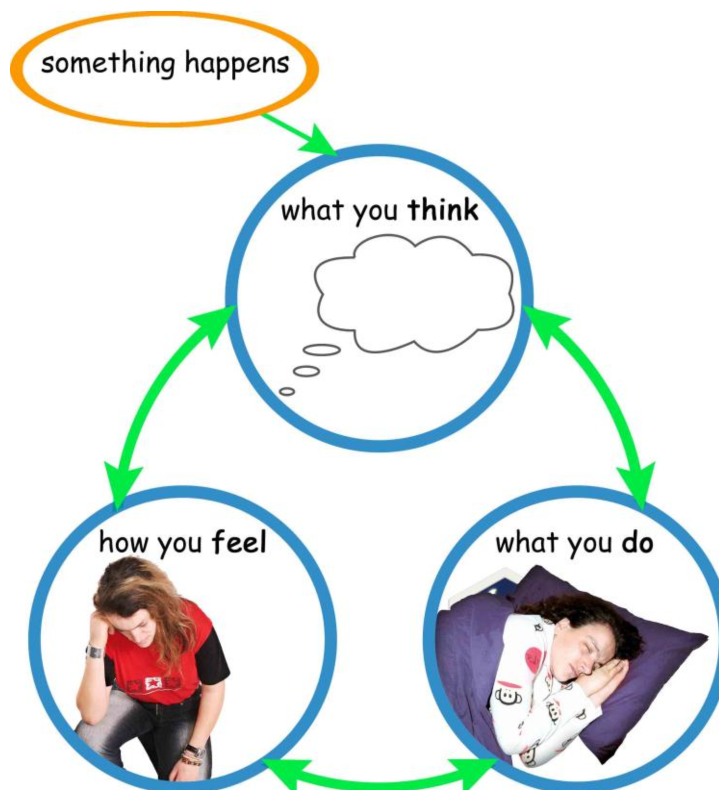
- Bringing/reminding individuals to attend the sessions.
- Motivate the individual in regards to the treatment.
- Reminding the individual to do the homework tasks.
- Helping the individual to do the homework tasks.
- Inform the therapist of how the individual is getting on with the homework tasks.
- At times, you might also be asked to the join the sessions.

Chapter 1 – Cognitive behaviour therapy

1.1 Definition of Cognitive Behavioural Therapy (CBT)

Cognitive behavioural therapy looks at how the way you think (cognitive) can change the way you feel and behave. Cognitive behaviour therapists believe that our thoughts and beliefs are connected to our emotions, behaviours and bodily feelings. The central idea in cognitive therapy is that our *perception* of an event or experience (the way we see it) powerfully affects our thoughts and our emotional and bodily response to it. *Figure 1* illustrates the links between thoughts, feelings and behaviours as it shows a very common example of depression.

Figure 1: Linking thoughts, feelings and behaviours.



The therapist will show the individual how to identify and differentiate between their thoughts, feelings and physical reactions in everyday situations as well as in the big events in their lives. Once the individual is able to identify and differentiate between their thoughts, feeling and behaviours, the therapist will show them how these are linked and affect the other. The key part of the treatment is then for the therapist and individual (often with the help of the carer/support worker) to think about and change unhelpful aspects of various thoughts that are associated with unhappy and/or anxious moods and/or behaviours.

Cognitive behaviour therapy is a way of helping people understand that the way you think and what you belief affects the way you feel and the ways you behave.

1.1.1 Identifying emotions

The therapist will explore how an individual 'sees' their emotions. They will try to understand whether the individual can tell the difference between emotions, for example when they are angry, afraid, ashamed, embarrassed, jealous or sad. The therapist will also help the individual to identify how they respond emotionally to things that happen around them. The therapist will show the individual the links between what happens to them and what they feel and think about it.

1.1.2 Establishing links between thoughts and feelings

The therapist will show the individual how emotions and thoughts are linked to situations. The therapist might ask the individual about when they've been feeling sad recently and make a link between what has happened to them around that time and their thoughts and their feelings. For example the therapist might say *"when someone shouts at you, you feel sad and then you don't go out...." This example shows the links between events, feelings and actions.* Worksheets will also be used to help the individual separate and think about their feelings, thoughts and their behaviour.

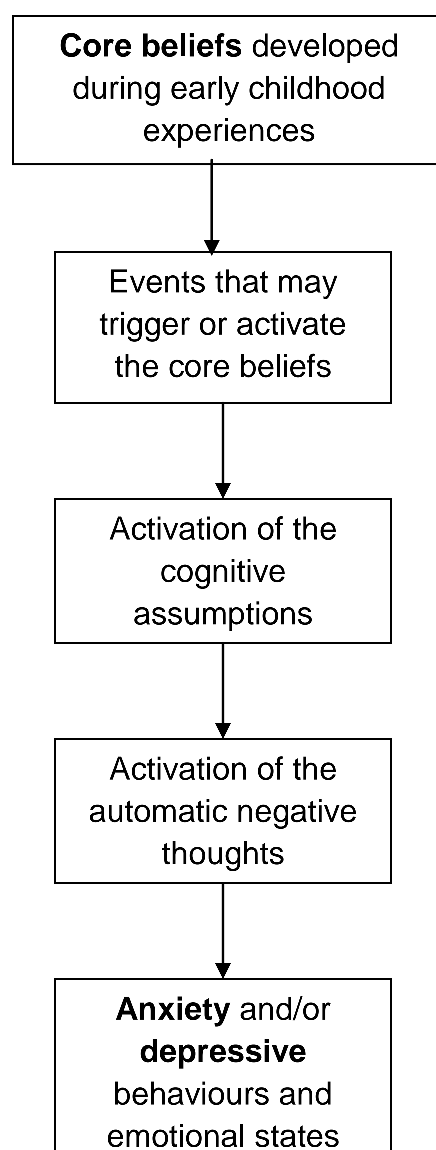
The therapist will often then identify particular problem areas and the feelings that go with them that are unpleasant. One of the main goals of therapy is to help the individual go on with their day to day lives *in spite of* these unpleasant feelings. The therapist might also discuss the unpleasant thoughts that are at the core of the individual's problems and trigger the bad feelings.

Once the links are established between thoughts, feelings and behaviour, the therapist and the individual will come up with alternative ways of thinking to change the unpleasant feelings and unhelpful behaviours.

1.2 Negative thoughts and core beliefs

Negative thoughts can lead to sadness or fear and these moods in turn can make people avoid meeting other people or going out. This vicious cycle that leads from the fearful thoughts to fearful feelings and to withdrawal from usual daily activities is what we are trying to stop in cognitive behaviour therapy. *Figure 2* shows how negative thoughts develop and the role of core beliefs

Figure 2: Cognitive behavioural model (based on Beck et al, 1979)



As we've described earlier, the frequency of negative thoughts, blaming oneself and feeling hopeless are all associated with depression. People with learning disabilities may also not value themselves and this can lead to depression. People with learning disabilities, however, may have more difficulty than most people in recognizing and challenging negative thoughts. Similarly, people with learning

disabilities may find it difficult to recognize and change their emotions. The therapist will help them with this.

1.3 Thinking style errors

Thinking style errors are common mistakes that people make in their way of thinking that lead to unhelpful behaviours. The therapist will get the individual to think about:

- Their reactions to things that happen to them.
- How thoughts are linked to feelings.
- How mistakes can be made in these thoughts.

The therapist will also help the individual challenge their thoughts about what they observe or believe, to think about other ways of understanding what is happening to them or what they have experienced/observed. The therapist will be familiar with all the sorts of 'thinking mistakes' that people make and will challenge the person having therapy to come up with alternatives to their beliefs. An example of a thinking style error can be where the individual thinking things/situations can either be really good or really bad; this is known as *black and white thinking*.

Thinking style errors are common mistakes that people make in their way of thinking that lead to unhelpful behaviours.

1.4 Important points about the treatment

Therapy is a partnership in which a person with learning disabilities works with the therapist to identify the thoughts and feelings that are troubling them and leading to low mood or anxiety. The therapist provides all sorts of ideas for the individual to use to reduce their negative thinking and feel better.

Being aware of how you think, the nature of your thoughts and how you might change them is a long term process. Cognitive therapy sets the individual out on that process. Just like long term changes in eating habits are better than crash diets, the aim of cognitive behaviour therapy is to give a person skills for changing the way he or she lives in the longer term. It takes a while for people to get to grips with the *cognitive model* and depends on how much *homework* is done between appointments, but eventually people find they are thinking and living differently.

To help the individual deal with their thinking and moods the therapist will use techniques such as role-playing (practicing being in situations so the individual can see how they might think and behave differently), showing individual's ways of behaving and giving them feedback.

1.5 The approach of the therapist

The main aim of the therapist is to develop a relationship in which there is collaboration and cooperation with the individual. In this way the therapist can also judge how the individual sees themselves in relation to those around them. The therapist will be warm and encouraging towards the individual but he or she will NOT be a *friend*. Rather the therapist will be genuine and honest while at the same time being careful to make sure that the person receiving therapy doesn't think they are being criticised or condemned. This is hard at times because sometimes people with depression are overly sensitive to criticism and feel that the therapist is being hard on them. However for some individuals it may be very hard to trust the therapist because of experiences they have had with 'authority figures' in the past.

1.6 Carer/support workers role

This booklet is aimed at helping carers/support workers to understand what is involved in therapy so that they can help and support the individual in their treatment. It is often really important to help individuals between sessions to complete homework tasks and try out new ways of behaving. Even having the carer/support worker present in the therapy session can be helpful if things become difficult for the individual to understand or if he or she needs support. The therapists may bring you the carer/support worker into the treatment so they understand the sorts of things the individual needs to do, both during and between sessions (homework). In doing this, however, we also have to be careful that you the carer/support worker doesn't become too essential in the therapy and the individual becomes dependent on you being in the treatment. As a carer/support worker you will help the individual see how they can make relative and positive changes in their life.

The aim of CBT is to help the individual to become "their own therapist".

1.7 Confidentiality

Usually the therapist starts seeing the service user on their own and will at some point include you the carer/support worker in the treatment. It is important that you the carer/support worker keep everything that happens in the appointment to yourself as individuals may at times bring sensitive personal and private issues that need to be addressed in therapy. All therapists are very careful not to share any secrets given to them during therapy. This is essential as it allows the individual the trust the therapist and enables them to talk about their concerns. As a carer/support worker you may at times be present in the session when sensitive topics are discussed, you must be very careful to maintain confidentiality just as the therapist does. Alternatively, the individual may wish to only have the therapist in the session and you the carer/support worker may have to leave the session for a few minutes.

However on rare occasions confidentially can be broken for example if it becomes clear that the individual poses a risk to others or him or herself. This may involve the possibility of violence to other people or self harm to the individual themselves.

The main aim of confidentiality is to make the person feel safe and confident that people will not talk about what s/he said during the therapy.

Chapter 2– Homework

Homework tasks/exercises are an essential part of CBT as it allows the individual to practice the skills they have learnt in the session and apply them to situations in their everyday lives. Your key role as the carer/support worker in the treatment will be to help the individual with these tasks. The individual will be given a homework task/s to do at the end of each session which they will bring to the following session, where it will be discussed with the therapist.

Usually therapists have a number of themes in mind when they are setting or revising homework and they may discuss these with you the carer or the support worker to make sure that the service user is encouraged to do the homework and actually undertakes it. The therapist will ask for your feedback in how the individual got on with the homework exercises. The therapist will often try to find out how well the individual understood the nature of the homework task, the reasons for the homework and how well they were able to do it. They may ask about any difficulties encountered, how much they enjoyed the tasks and whether the homework matched the goals of therapy. Most importantly they may ask whether the service user has gained control of some of his/her problems and whether the homework helped in the progress of therapy.

Note: Although the term homework is used to describe things that the individual might do between therapy sessions, however this may sometimes bring up negative feelings for the individual as they may having struggled with homework in their formal learning (school or college). If so, the therapist and the individual will discuss this in the therapy session and they might decide to use an alternative word.

2.1 Homework that is not done or incomplete

Sometimes the individual may only want to do part of the homework or not do it at all. All is not lost however, as incomplete homework can provide as much information for the therapist as homework completed successfully. The reason for not completing the homework is also valuable to the treatment. Common reasons why the individual may not be willing to do the homework task include:

- The individual finding the task more difficult than he or she initially thought.
- Things may have happened that meant he or she couldn't complete the tasks.
- The service user may not attempt to do the homework because they fear doing it incorrectly.

Individuals can be encouraged to do that homework tasks by addressing the issues above and/or by:

- Explaining to individual that there are no right or wrong answers.
- Explain the task again to ensure that s/he has understood what the task involves and the reasons for doing them at all.
- Informing the individual about the benefits of the homework and the importance of doing it.

If the individual refuses to do the homework task, the individual should not be forced to do the work. You the carer/support worker should filled out the '*Checklist of reasons for incomplete homework tasks*' and provide your feedback to the therapist in the following session. The therapist will then discuss this further with the individual in the session.

Chapter 3– Communication skills

As all carers/support workers know, people with learning disabilities may experience difficulties telling other people what they feel, what they believe and what they need. We need to make the therapy accessible so they can understand it, this includes using pictures, photo symbols, drawings and signs to help them understand their mood and recognize unpleasant thoughts.

3.1 Communication in people with learning disabilities

The level of understanding and communication skills varies from person to person in people with learning disabilities. This chapter provides some common difficulties that people may experience and provides some tips helpful for you the carer/support worker to aid communication and understanding between you the carer/support worker and the individual. The individual you are supporting with the CBT treatment may experience some of these difficulties but not others. Common difficulties in communication that someone with learning disabilities may experience are:

- Finding it hard to understand abstract thoughts and questions such as "what would happen if you...?”. Therefore you the carer/support worker are advised to use ask concrete questions, such as asking questions like “where are your shoes?" Or "what have you done today"?
- Difficulties in expressing things clearly and concisely.
- Having a limited vocabulary.
- Using the same word to describe different but similar things, thoughts and/or emotions.
- Only having access to simpler words and therefore not being able to put together complicated sentences.
- Taking longer to answer questions.
- Finding it harder to speak clearly due to their specific learning disability.
- A person with cerebral palsy may have weak face and throat muscles that make their words less clearer.
- Sometimes people with learning disabilities say words or sentences over and over again. Or they may describe a distressing event or something that interests them over and over again. To avoid this ask concrete rather than vague questions.

Alternatively, people can use non-verbal communication such as smiles and/or polite gestures to hide the difficulties they may be having in understanding what is said to them. The real trouble is that they may not have understood what has been said to them but give the appearance that they have. They may nod, smile or say "I'm okay" just to cover up a lack of understanding. **It is important for you the carer/support worker to understand what the individual is saying and not *pretend* to understand just to make the individual feel happier or less embarrassed.** Listening carefully and making sure that you are looking at the individual when they are talking, and trying to make them feel at ease, may help. People's gestures, the looks on their faces and their tone of voice all help in communication. Furthermore, it is also important to keep in mind that people with learning disabilities can understand simple sentences containing two or three ideas.

3.2 Suggestibility

This means how much an individual can be influenced by others – how easily they can be persuaded to agree to, or do, something. We find that people with learning disabilities are often very ready to accept other people's viewpoints and may change their minds easily when under pressure. For this reason you should avoid asking leading questions and will give clear instructions to make sure that the individual understands what is being said, especially in regards to the homework exercises/tasks. Individuals may also have more difficulty recalling what was said in therapy, therefore you the carer/support worker may have to repeat things several times.

3.3 Learning new things

People with learning disabilities may be slower to learn new things than other people. In order to learn new things you need to be able to pay attention and have a reasonably good memory. People with learning disabilities may have poor memories as well as difficulties concentrating, which means that they take longer to learn. To overcome these difficulties the therapist will make sure that the therapy goes slowly and methodically and that not too much information is given at once. Using pictures, calendars and diaries also makes sure people with learning disabilities gain from the therapy.

3.4 Helpful tips for the carer/support worker to aid communication

Box 1: Key tips for communication (Winn & Baron, 2009)

1. Speak slowly; using everyday words, simple grammar and short sentences i.e. plain English no jargon.
2. Use pictures/photographs to help explain or draw pictures.
3. Link your explanation with everyday things especially if you need to talk about more abstract things like time concepts e.g. 'take your tablet 3 times a day' is more easily understood as 'take your tablets at breakfast, lunch and dinner'.
4. Write the key information down so that the individual can go over in afterwards as s/he requires.
5. Be aware of your facial expression and body language. Are they giving the same message as your speech? Use lots of non-verbal feedback, especially head nods and facial expression to show that you're listening.
6. People with learning disabilities may have difficulty ignoring distractions. Make sure you are talking to them in a quiet place.
7. Think about how to ask questions. Remember that open questions can be more difficult.
8. Give the person plenty of time to respond, you might have to wait longer than you'd expect.
9. Check that they have understood you. You may need to ask them to repeat back what you said. Some people will find this hard to do.
10. Be aware of other things that may affect communication, e.g. hearing, vision, physical and mental health, epilepsy, medication, time of day (are they a 'morning' person) general mood, interest in the topic, etc.
11. Be sensitive to any cultural 'rules' the person may have, particularly with regard to eye contact, personal space & gestures that may have different meanings. Check what language the person is most familiar with and whether you need an interpreter.

Chapter 4 – About Depression and Anxiety

4.1 Symptoms of depression

- feeling miserable or sad for at least a week or two when the sadness as most of the day
- loss of interest or pleasure in usual activities
- Changes in appetite and weight
- loss of energy
- loss of sleep even when very tired. The patient may sleep badly and wake up a lot in the night.
- loss of interest in sex
- worrying all the time about small things
- poor concentration, inability to think clearly
- lots of negative thoughts e.g. feeling guilty
- not moving much or speaking much
- fear of people and places and a reluctance to go out
- hearing voices when nobody is around
- having suicidal thoughts

People with learning disabilities cannot always express their feelings easily in words and instead may behave in odd ways to show how they feel. Changes in behaviour might also indicate depression or fear. Sometimes behaviours like aggression, withdrawal or reduced talking are just signs of feeling depressed. Individuals may complain of physical symptoms, which are really indications of depression.

4.1.2 Suicidal thoughts

People who are depressed sometimes want to harm or kill themselves to escape their unhappy lives or even just to punish others. If the individual expresses such thoughts to carer/support worker, s/he is required to inform the therapist, who will then explore these feelings with the individual in the session.

The therapist may also involve the carer in this by informing the carer where to get help in emergency and helping them to ensure that the individual doesn't have any sorts of things near them that they could use to harm themselves. You the

carer/support worker can also use the following techniques to contain the situation until the next session (from Holt et al, 2004):

- Try to distract the individual's thoughts away from the suicidal thoughts, by involving them in low-key activities with someone that the individual knows well.
- Let the person know that you accept and care about them.
- See what things may be causing the individual stress and remove them (e.g. too much work).
- Do not try to insist or force the person to do too much or go out if s/he does not want to.
- Do not criticize them.

4.2 Additional information about depression

When people become depressed they often feel out of control of their thoughts and emotions. People have control over their behaviour in the following ways:

1. *Self-monitoring*: they may pay extra attention to negative things that happen to us compared to positive things, or they may focus on the short term rather than the long-term and get things out of proportion.

2. *Self-evaluation*: they may think that they have to follow very strict rules. They may also feel good or bad depending on what happens to them and if they rely too much on this way of thinking we become the victim of events. Thus the therapist helps the individual to value themselves in a way that doesn't depend on their thoughts about what happens to them.

3. *Rewards*: depressed people don't treat themselves enough or have enough positive thoughts about themselves. They tend to blame themselves too much for things that happen to them and for even for the thoughts they have.

Sometimes people who are depressed, or who are becoming depressed, feel helpless about what happens to them and give up trying to respond to events or think about things appropriately. They expect that everything will always turn out badly or that they cannot do anything about the situations in which they find themselves. The more they expect bad things to happen, and the less control they feel they have either their lives, the greater the emotional impact can be on them.

For further information on depression please refer to:

http://www.rcpsych.ac.uk/default.aspx?page=0

4.3 Symptoms of Anxiety

- nervousness or restlessness
- inability to pay attention to things
- breathing too deeply or too often
- being snappy and irritable
- worrying all the time
- inability to sit still
- feeling that they are choking or their heart is racing too fast
- Sometimes the individual may just seem angry, aggressive or irritable without showing any other obvious sign of fear or anxiety. A person who is very anxious a lot of the time may also become depressed. They may become angry and aggressive.
- Other bodily symptoms are shown on the body may (below).

The therapist may give examples to the individual of how it is to be anxious. They may use the body map (below) to help explain what it feels like to be anxious and to give the individual a chance to describe the bodily and emotional feelings they have. The therapist and carer/support worker will work together to help the individual understand which of his or her symptoms/feelings mean that s/he is feeling anxious. The individual can take this body map (below) away and look at it later, perhaps at home, to help him/her remember what anxiety is like and which symptoms go with it. In that way, both you the carer/support worker and the individual may see early on when the anxiety is coming back or is becoming a problem.

For further information on anxiety please refer to:

http://www.rcpsych.ac.uk/default.aspx?page=0

4.4 Medication

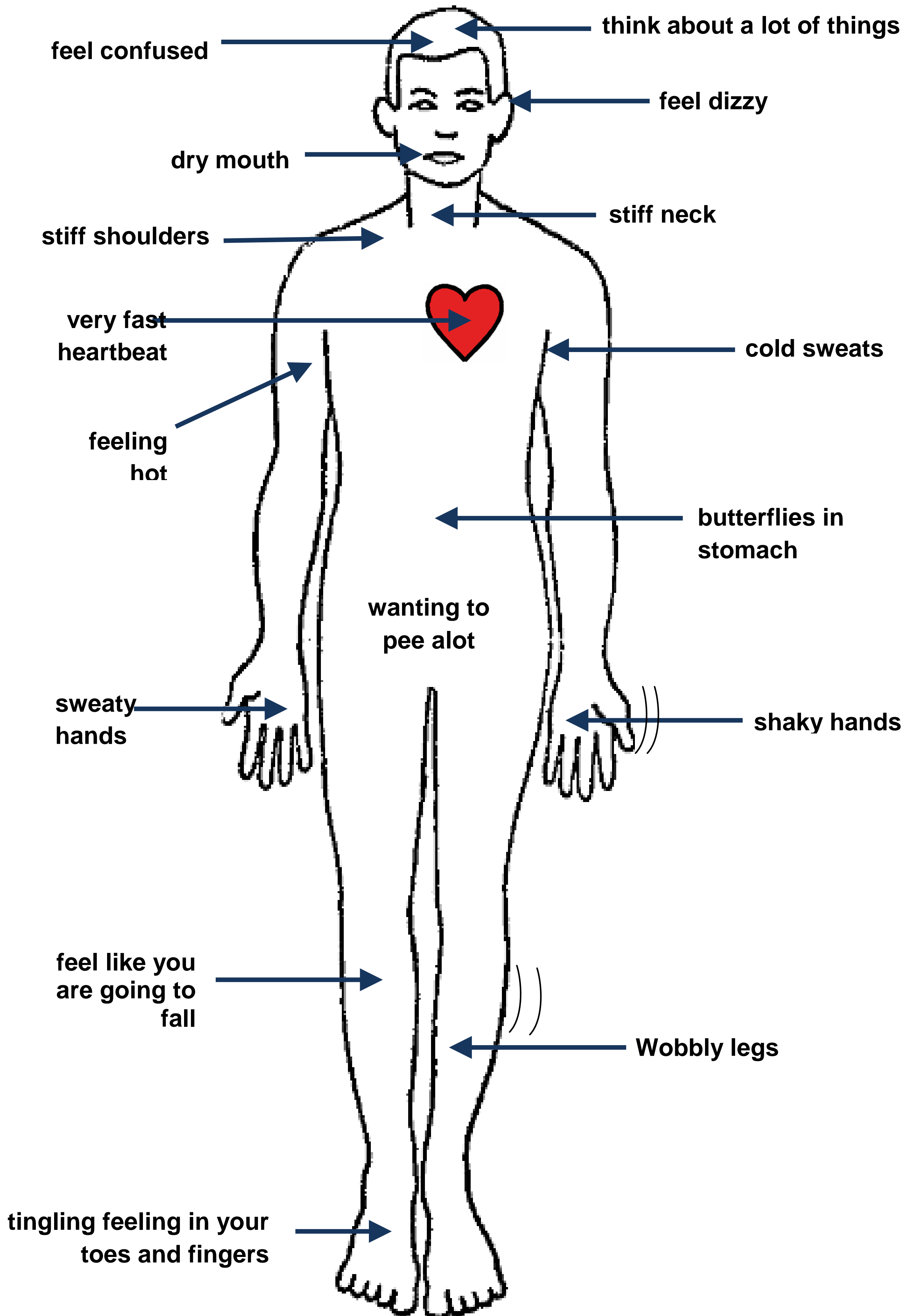
The therapist may also discuss pills or medicine that can help people with depression and anxiety. A useful website which provides more information on this is

www.ld-medication.bham.ac.uk/medical.htm

Besides explaining about tablets and medicine this website also has a good way to found out more and show the individual when and how to use medicines.

The therapist may also want to talk to the doctor (GP or specialist) who is prescribing the medicines for the individual in case there is ever a need to change them. The therapist also needs to know what possible side effects to expect in the individual. For example the individual may not be able to concentrate during therapy because of the medicine. The therapist will usually want to know if there is any change in medicine too, as this may change the therapy.

Anxiety Body Map



Chapter 5 – CBT treatment

The main aim of cognitive behaviour therapy is to help people address their negative thinking and to build strategies to cope with difficulties in better way. The therapist will help the individual recognize negative thinking and then replace the negative thoughts with more realistic ones.

The treatment will be divided into three stages as follows:

1. The beginning phase [sessions 1 to 4]
2. The middle phase [sessions 5 to 14]
3. Finishing phase [sessions 15 to 20]

5.1 How appointments happen (session format)

Usually the therapist tries to keep the therapy session regular and predictable so that the individual can concentrate, relax and know what to expect. The therapy sessions will be very structured as the therapist and individual will set out an agenda at the beginning of the each session. Even though the content of the sessions will vary from session to session, the session format will remain the same. This is:

- *Reviewing the homework:* The therapist usually sets aside 10 minutes at the beginning of the appointment to go over the tasks the user planned to do between appointments. This will often involve how the individual found the homework, how much they enjoyed it and whether they had any difficulties with it. The therapist may involve you the carer/support worker in this discussion and ask your views on how the homework went and the individual's willingness to do it. If the individual had problems with homework, these will be discussed.

- *Discussing and addressing problems*: The therapist will refer back to the agenda agreed at the start of the session and then work through the problems further.

- *Setting homework exercises:* Towards the end of the session the therapist will agree with the individual what homework tasks as be completed by the next session. The tasks will usually be appropriate to the topic discussed/addressed in the session. The therapist will take time to go over things several times in order to ensure that the individual is motivated and that s/he understands the task. The therapist will also involve you the carer/support worker in this process and ensure that you have also understood the task and how you can help the individual in completing the task.

5.2 The beginning phase [appointments 1 to 4]

When the individual starts therapy the first few sessions will focus on his or her ability to do the therapy and the way in which the therapy will go. This might involve things like appointment times and other practical arrangements, as well as arranging transport and letting you the carer/support worker know when the appointments are. You the carer/support worker and the individual will meet with the therapist to go over the materials and to be sure of any support required. The therapist with the individual will also discuss with you how much you will be involved in the treatment. The therapist will also go over the guidelines around confidentiality.

5.2.1 Assessment of Language and Thinking skills

Before starting the therapy, the therapist will try to get an idea of how well the individual communicates and how they think. The therapist will give the individual some tests of language to gauge their level of comprehension and grammar. They will also give them tests of memory, and reading and writing ability. In this way they can judge what kind of therapy to give them and how quickly the therapy might go. The therapist will also observe how well the individual pays attention and how easily they are distracted. In this way they can make sure that the therapy fits their ability to understand and undertake it.

5.2.2 Self-control and confidence

The therapist will try to judge how much the individual believes they can influence things that happen around them. Some people believe that they are largely in control of their lives while other people believe that they are buffeted to and fro by what happens to them. Assessing this way of looking at life is important because CBT is harder when those who don't feel in control of their thinking, feelings or actions. Answers like "I don't know" or answers that refer to other people doing things or taking charge suggest that the individual does not feel they can take charge or be in control of things.

5.2.3 Motivation

Individuals do not usually refer to themselves for psychological therapy. Instead, they are brought by health professionals or carers, or therapy is suggested as a good idea to them. This is because changes in behaviour and mood are usually noticed by people around the individual. The individual him/herself may not always express a concern that they need help. Furthermore, not all individuals who are referred for CBT understand the need for it or are happy to take part in it. Also individuals who are depressed or anxious may not want to seek help. They may seem reluctant and hopeless about the treatment. These factors will inevitably result in a lack of or no motivation to attend treatment. Part of the carer/support workers role will be to encourage the individual and motivate them to attend the sessions and

do the homework tasks. You the carer/support worker can encourage the individual by providing accurate positive feedback.

5.3 The middle phase of treatment

This is the main part of the treatment when the individual really gets to grips with his/her problems and starts to work through them. The therapist works with the individual to come up with new and better ways of thinking and behaving.

5.3.1 CBT Techniques That the Therapist Will Use

The therapist will use a range of CBT techniques to help the individual understand their thinking and the kinds of errors that occur in all of our thinking styles. The therapist might use pictures and diagrams as well as role-play.

Role-play is when the therapist and individual play out imaginary situations together that are relevant to the problems the user brings to the treatment. *For example, if the individual has difficulty being assertive with a friend or neighbour then the therapist might act in the role of that friend or neighbour and encourage the service user to practice speaking in an assertive way to them.* This is a kind of rehearsal which helps to make the individual realize that they can try out different ways of behaving.

5.3.2 Additional Skills

The therapist may use other ways throughout therapy to help individuals increase their assertiveness and communication, their relationships with others [social skills training] and their health.

- *Relaxation and healthy living:* The therapist will provide the individual with a relaxation and healthy living CDs at some time during the treatment. The CDs will contain information in an accessible format. You the carer/support worker will help the individual which the relaxation skills which are helpful in reducing anxiety and stress. When relaxation is practiced regularly it helps reduce stress and increase happiness. You the carer/support worker will also remind the individual when to use relaxation techniques or other materials that have a bearing on this.
- *Encouraging regular exercise:* Regular exercise helps to improve mood and is good for sleep. Exercise in the morning helps individuals relax during the day and should be added to the daily routine where possible. However, the therapist will probably discourage the individual from exercising too late in the day as this can disrupt sleep.
- *Improving sleeping habits:* Making sure the individual has a regular sleeping routine and avoids napping during the daytime can be very important. Thus the therapist with the help of the carer/support workers might help the individual develop a regular pre-bedtime routine that means they will settle

- quickly when they try to sleep. You the carer/support worker can help and therapist and the individual choose what to include in their bedtime routine. This might include having a warm bath, listening to relaxing music or having a glass of warm milk - or whatever works for that user.

5.4 Midway Treatment Review

Half way through treatment the therapist may spend an appointment or two reflecting with the individual on their progress in treatment and on their goals. They will discuss how close the goals are to being reached, what goals need more work and review progress so far. The therapist may also as you the carer/support worker for your feedback.

5.5 End of treatment [appointments 15 to 18]

The aims of the finishing sessions are to summarize the key points covered in treatment, to go over the new ways in which the individual has learned to behave, bring the treatment to an end and advise on how to avoid distress in the future. The therapist will bring the treatment to an end in a gradual way.

5.5.1 After the treatment

Treatment usually ends with the therapist summarizing the new skills the individual has learned to manage their thoughts and moods. The therapist will discuss the overall plan for the future and who will be involved in supporting the individual. The therapist will also explain to the individual and you the carer/support worker how you might identify early signs of future anxiety or depression.