
Appendix A

Personality disorders and cognitive content

Cluster A personality disorders

- 1 Paranoid personality disorder. A pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent:
 - ‘Often people deliberately want to annoy me.’
 - ‘I cannot trust other people.’
 - ‘It isn’t safe to confide in other people.’
- 2 Schizoid personality disorder. A pervasive pattern of detachment from social relationships and a restricted range of expressions of emotions in interpersonal settings:
 - ‘Relationships are messy and interfere with freedom.’
 - ‘Intimate relations with other people are not important to me.’
 - ‘I shouldn’t confide in others.’
- 3 Schizotypal personality disorder. A pervasive pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships as well as by cognitive or perceptual distortions and eccentricities of behaviour. Cognitive content is much the same as schizoid above.

Cluster B personality disorders

- 1 Antisocial personality disorder. A pervasive pattern of disregard and violation of the rights of others occurring since age 15:
 - ‘Other people are weak and deserve to be taken.’
 - ‘If I want something I should do whatever is necessary to get it.’
 - ‘People will get at me if I don’t get at them first.’
- 2 Borderline personality disorder (BPD). A pervasive pattern of instability of interpersonal relationship, self-image, and affects, and marked impulsivity. The cognitive content of BPD (Butler *et al.* 2002) reflect themes of

- dependency, helplessness distrust, fears of rejection/abandonment/losing emotional control and extreme attention-seeking behaviour.
- 3 Histrionic personality disorder. A pervasive pattern of excessive emotionality and attention seeking:
 - ‘Unless I entertain or impress people, I am nothing.’
 - ‘I should be the centre of attention.’
 - ‘People will pay attention only if I act in extreme ways.’
 - 4 Narcissistic personality disorder. A pervasive pattern of grandiosity (in fantasy or behaviour), need for admiration, and lack of empathy:
 - ‘I don’t have to be bound by rules that apply to other people.’
 - ‘If others don’t respect my status they should be punished.’
 - ‘People have no right to criticise me.’

Cluster C personality disorders

- 1 Avoidant personality disorder. A pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation:
 - ‘If people get close to me they will discover the real me and reject me.’
 - ‘If I think or feel something unpleasant I should try to wipe it out or distract myself.’
 - ‘Unpleasant feelings will escalate and get out of control.’
- 2 Dependent personality disorder. A pervasive and excessive need to be taken care of that leads to submissive and clinging behaviour and fears of separation:
 - ‘I am needy and weak.’
 - ‘I need somebody around available at all times to help me carry out what I need to do in case something bad happens.’
 - ‘I need others to help me make decisions or tell me what to do.’
- 3 Obsessive compulsive personality disorder. A pervasive pattern of pre-occupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness and efficiency:
 - ‘It is important to do a perfect job on everything.’
 - ‘Details are extremely important.’
 - ‘I have to depend on myself to see that things get done.’

Appendix B

Screening questionnaire

Questionnaire – *please answer each question as best you can*

Name:

Date:

Address:

d.o.b.

Telephone no:

Are you working?

What kind of work do you do?

What kind of work (if any) did you do in the past?

How do you spend your day?

How were things at school?

Did you have any particular problems at school? If you did what were they?

Do you have any qualifications? If so what are they?

What (if any) are the major problems you are having at the moment?

1.

2.

3.

Please indicate when the problems listed above began and also if there was a time when they got much worse.

- 1.
- 2.
- 3.

Have any very scary things happened to you or did you see such things happening to others? If so write them down below and put when they happened (include any abuse in childhood).

- 1.
- 2.
- 3.

Have you had any professional (doctor or counsellor) help for any of your difficulties? If you did please indicate when, for how long and by whom.

- 1.
- 2.
- 3.

Have your parents or brothers or sisters suffered with their nerves? If yes please indicate who and if you can what they suffered or are suffering from.

What has your mood been like?

How much have you been drinking alcohol in the past month?

Have you been taking any drugs? Please indicate any prescribed drugs as well as any other drugs that you may be taking.

- 1.
- 2.

Was there a time in the past when you took drugs that were *not* prescribed by your doctor? YES/NO

If yes to the above please indicate what drug/s you took, when and for how long.

1.

2.

Have you been in trouble with the law? YES/NO

Appendix C

The 7 Minute Mental Health Screen/Audit

This screen is an interview format for the First Step Questionnaire (Appendix H) and provides guidance on interpreting the latter. It covers the common mental disorders and positive findings can be investigated further by turning, where indicated, to the relevant page in the Cognitive Behaviour Therapy Pocketbook (Appendix D). If the focus is on auditing the effects of an intervention, the time frame for questions can be altered, e.g. last 2 weeks.

<i>1. Depression</i>	Yes	No	<i>Don't know</i>
During the past month have you often been bothered by feeling, depressed or hopeless?			
During the past month have you often been bothered by little interest or pleasure in doing things?			
Is this something with which you would like help?			

A positive response to at least one symptom question and the help question suggests that detailed enquiry be made, page 163

<i>2. Panic disorder and agoraphobia</i>	Yes	No	<i>Don't know</i>
Do you have unexpected panic attacks, a sudden rush of intense fear or anxiety?			
Do you avoid situations in which the panic attacks might occur?			
Is this something with which you would like help?			

A positive response to at least one symptom question and the help question suggests that detailed enquiry be made, page 169

3. <i>Post-traumatic stress disorder</i> <i>In your life, have you ever had any experience that was so frightening, horrible or upsetting that, in the past month, you</i>	Yes	No	Don't know
i. Have had nightmares about it or thought about it when you did not want to?			
ii. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?			
iii. Were constantly on guard, watchful, or easily startled?			
iv. Felt numb or detached from others, activities, or your surroundings?			
Is this something with which you would like help?			

A positive response to at least three symptom questions and the help question suggests that detailed enquiry be made, pages 171–172

4. <i>Generalised anxiety disorder</i>	Yes	No	Don't know
Are you a worrier?			
Do you worry about everything?			
Has the worrying been excessive (more days than not) or uncontrollable in the last 6 months (a time frame of the last 2 weeks can be used if the intent is to audit an intervention rather than screen)?			
Is this something with which you would like help?			

A positive response to the two symptom questions and the help question suggests that detailed enquiry be made, page 165

5. Social phobia	Yes	No	Don't know
When you are or might be in the spotlight say in a group of people or eating/writing in front of others do you immediately get anxious or nervous?			
Do you avoid social situations out of a fear of embarrassing or humiliating yourself?			
Is this something with which you would like help?			

A positive response to at least one symptom question and the help question suggests that detailed enquiry be made, page 174

6. Obsessive compulsive disorder	Yes	No	Don't know
Are you bothered by thoughts, images or impulses that keep going over in your mind?			
Do you try to block these thoughts, images or impulses by thinking or doing something?			
Is this something with which you would like help?			

A positive response to the symptom questions and the help question suggests that detailed enquiry be made, page 167

7. Bulimia	Yes	No	Don't know
Do you go on binges where you eat very large amounts of food in a short period?			
Do you do anything special, such as vomiting, go on a strict diet to prevent gaining weight from the binge?			
Is this something with which you would like help?			

A positive response to the symptom questions and the help question suggests that detailed enquiry be made.

8. Substance abuse/dependence	Yes	No	Don't know
Have you felt you should cut down on your alcohol/drug?			
Have people got annoyed with you about your drinking/drug taking?			
Have you felt guilty about your drinking/drug use?			
Do you drink/use drugs before midday?			
Is this something with which you would like help?			

A positive response to at least two of the symptom questions and the help question suggests that detailed enquiry be made.

9. Psychosis	Yes	No	Don't know
Do you ever hear things other people don't hear, or see things they don't see?			
Do you ever feel like someone is spying on you or plotting to hurt you?			
Do you have any ideas that you don't like to talk about because you are afraid other people will think you are crazy?			
Is this something with which you would like help?			

A positive response to at least one of the symptom questions and the help question suggests that detailed enquiry be made.

<i>10. Mania/hypomania</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
Have there been times, lasting at least a few days, when you were unusually high, talking a lot, sleeping little?			
Did others notice that there was something different about you? If you answered 'yes', what did they say?			
Is this something with which you would like help?			

A positive response to at least one of the symptom questions and the help question suggests that detailed enquiry be made.

IMPORTANT NOTE: If when you inspect the 7 Minute Mental Health Screen or the First Step Questionnaire the person screened positive for either items 1 (depression), 8 (substance abuse/dependence), 9 (psychosis) or 10 (mania) ask:

Have you been hurting or making plans for hurting yourself?

Appendix D

Cognitive Behaviour Therapy

Pocketbook

The disorders are listed in alphabetical order. For each disorder there are questions which directly access each symptom in the DSM-IV-TR criteria. For a symptom to be regarded as present it must produce clinically significant distress or impairment. When there is a need to re-assess the client, the same questions can be asked again to check progress.

A conceptualisation of each disorder is presented for sharing with the client. A Sat Nav for that disorder follows, to be used as an aide-memoire during therapy (it is not intended to replace the session by session guidelines). Finally usage of the Pocketbook is governed by the mnemonic FACT. The F and A stand for first assess. The third letter of FACT, 'C', stands for conceptualisation. The last letter of FACT, 'T', stands for treatment and under this heading the core cognitive behavioural interventions are summarised in the Sat Nav.

Depression

During the last 2 weeks:

- 1 Have you been sad, down or depressed most of the day nearly every day?
- 2 Have you lost interest or do you get less pleasure from the things you used to enjoy?
- 3 Have you been eating much less or much more?
- 4 Have you been having problems falling asleep, staying asleep or waking up too early of a morning?
- 5 Have you been fidgety, restless, unable to sit still or talking or moving more slowly than is normal for you?
- 6 Have you been tired all the time nearly every day?
- 7 Have you been bothered by feelings of worthlessness or guilt?
- 8 Have you had problems taking in what you are reading, watching/listening to or in making decisions about everyday things?
- 9 Have you been hurting or making plans for hurting yourself?

If the client answered yes to five or more of the above (at least one of which has to be question 1 or 2) then it is likely that the client is suffering from depression.

Conceptualisation – present a story that makes sense to the client and is consistent with the CBT model. Examples:

- (a) *'on strike for better pay and conditions'*
- (b) *'stopped investing so there can't be a return'*
- (c) *'you equated your worth with doing . . . how do you know there can't be other routes to a sense of achievement and pleasure?'*
- (d) *'why would the dice be forever loaded against you?'*

Depression Sat Nav

<i>Therapeutic targets</i>	<i>Treatment strategies</i>
1. Depression about depression	Focus on responsibility for working on solutions and not on responsibility for problem
2. Inactivity	Developing a broad investment portfolio, wide-ranging modest investments
3. Negative views of self, personal world and future	Challenging the validity, utility and authority by which these views are held. Use of MOOD chart
4. Information processing biases	Highlighting personal biases and stepping around them using MOOD chart
5. Overvalued roles	Valuing multiple roles, renegotiation of roles in social context
6. Relapse prevention	Personally constructed self-help 'manual', utilising key points from therapy and drawing on self-help books and computer assisted material

Generalised anxiety disorder

Ask the client if they would regard themselves as a ‘worrier’, in the sense that they always find something to worry about and if they are not worrying they worry that they are not worrying. If the worry has been excessive or uncontrollable (more days than not) for at least 6 months and they have three or more of the following symptoms (more days than not):

- 1 tiring very easily
- 2 restlessness, keyed up or on edge
- 3 difficulty concentrating or mind going blank
- 4 irritability
- 5 muscle tension
- 6 difficulty falling or staying asleep

then it is probable that they are suffering from generalised anxiety disorder. (However, a diagnosis of GAD is not given if they are suffering from depression; the latter is regarded as more significant in the diagnostic ‘bible’ DSM-IV-TR, American Psychiatric Association 2000).

Conceptualisation – the essence of GAD can be conveyed to clients as follows: ‘worry about everything and nothing, worry even if there is nothing to worry about’, ‘imagination runs riot, what if this, what if that, what if the other’.

Generalised anxiety disorder Sat Nav

<i>Therapeutic targets</i>	<i>Treatment strategies</i>
1. Uncontrollable worry	Worry time
2. Perception that demands exceed resources	Behavioural experiment. Working sequentially rather than simultaneously, weaning off excessive responsibility – responsibility pie
3. Simultaneous positive and negative beliefs about worry	Challenging anxiogenic meta-cognitions about worry
4. Task interfering cognitions (TIC)	Switching to task oriented cognitions (TOC) TIC/TOC
5. Tension	Relaxation exercises, exercise
6. Intolerance of uncertainty	The certainty of uncertainty – the futility of intolerance. A fear that it is not necessary to be afraid of
7. Relapse prevention	Personally constructed self-help 'manual', utilising key points from therapy and drawing on self-help books and computer assisted material

Obsessive compulsive disorder

Obsessions

- 1 Are you bothered by thoughts, images or impulses that keep going over in your mind?
- 2 Do you try to block these thoughts, images or impulses by thinking or doing something?

Provided the client's concerns are not simply excessive worries about everyday problems and provided the client sees these thoughts, images as a product of his/her own mind, then yes responses to questions 1 and 2 above indicate a likely obsession.

Compulsions

- 1 Do you feel driven to repeat some behaviour, e.g. checking, washing, counting, or to repeat something in your mind over and over again to try to feel less comfortable?
- 2 If you do not do your special thing do you get very anxious?

Yes responses to these last two questions indicate a probable compulsion.

Note: the client has to be aware that their obsession and compulsion are excessive or irrational and they must also significantly interfere with functioning or cause significant distress.

Conceptualisation – normalise the client's thoughts/ideas/fantasies by likening the mind to a 'railway station', nobody can control what 'train of thought/image comes in'. Point out that (a) trying to neutralise them by overt behaviours, e.g. repeated handwashing, or covert rituals, e.g. counting to a certain number, 'feeds' the intrusions; (b) pursuing a feeling of certainty is like searching for the 'Holy Grail'; and (c) they take an excessive share of the 'responsibility pie'.

Obsessive compulsive disorder Sat Nav

<i>Therapeutic targets</i>	<i>Treatment strategies</i>
1. Model of mental life, thought–action fusion (TAF), attributing moral status to intrusions	Develop more appropriate model, decoupling fusion, emotional reasoning – the difference between feeling guilty and being guilty
2. Inappropriate goal state, e.g. absolute certainty, perfect cleanliness	Distilling achievable goals
3. Excessive responsibility	Responsibility pie
4. Bipolar functioning – perception of no choice (compulsion) alternating with perception of perfect freedom (leading to self-blame)	Encourage perception of reasonable degree of control by postponement strategies. Use of MOOD chart
5. Neutralising images, thoughts, behaviours	Exposure and response prevention. Behavioural experiments
6. Overestimation of danger	Distillation of realistic probabilities
7. Relapse prevention	Personally constructed self-help ‘manual’, utilising key points from therapy and drawing on self-help books and computer assisted material

Panic disorder and agoraphobia

- 1 Do you have times when you feel a sudden rush of intense fear that comes on, from out of the blue, for no reason at all?
- 2 Does it take less than ten minutes for the panic attack to reach its worst?
- 3 During your last bad panic attack did you have four or more of the following:
 - i Heart racing
 - ii Sweating
 - iii Trembling or shaking
 - iv Shortness of breath or smothering
 - v Feeling of choking
 - vi Chest pain
 - vii Nausea
 - viii Dizzy, light-headed, unsteady or faint
 - ix Things around seemed unreal
 - x Fear of losing control
 - xi Afraid you might die
 - xii Numbness or tingling sensations
 - xiii Chills or hot flushes

If the client answered yes to, each of the three questions above it is likely that they are suffering from panic disorder.

The client should then be asked: ‘Some people with panic disorder avoid certain situations for fear of having a panic attack, e.g. going places alone, crowded shops; do you?’ If this is the case it is then necessary to establish whether this avoidance interferes with their daily routine, job or social activities. If the answer to this is also yes then they are probably suffering from panic disorder with agoraphobic avoidance. The agoraphobic avoidance would be regarded as severe if they were totally unable to go out by themselves, mild if they just cannot go great distances by themselves and moderate if how far they can go by themselves is in between.

Conceptualisation

- (a) Advise that panic attacks are fuelled by catastrophic interpretation of unusual but not abnormal bodily sensations. View panic attacks as a ‘Big Dipper Ride’, ascending the symptoms get worse, tempting to get off near the top, but if the client does not do anything then the symptoms comes down the other side within ten minutes.
- (b) Suggest that using ‘safety behaviours’ prevents learning that nothing terrible would happen if they did nothing at all in the panic situation.

Panic disorder Sat Nav

<i>Therapeutic targets</i>	<i>Treatment strategies</i>
1. Catastrophising about bodily symptoms	Normalising bodily symptoms
2. Anxiety sensitivity	Induction of panic symptoms
3. Avoidance of feared situations	Graded exposure to feared situations
4. 'Safety' procedures	Daring to gradually wean off 'safety' procedures
5. Intolerance of discomfort	Committing to goals, challenging 'catastrophic' cognitions
6. Dependence	Daring to gradually act independently
7. Relapse prevention	Personally constructed self-help 'manual', utilising key points from therapy and drawing on self-help books and computer assisted material

Post-traumatic stress disorder

A.

- (1) Have you ever been involved in a very serious accident, incident or assault that still plays on your mind?

If more than one trauma is reported: Which one of these affected you most?

- (2) How did you react when it happened?

If unclear: Were you afraid or did you feel terrified or helpless?

In order to meet criterion A the person must have both objectively experienced an extreme event A(1) and felt intense fear, helplessness or horror at the time A(2).

B.

- i Do you have distressing memories or pictures of the incident popping into your mind?
- ii Do you have distressing nightmares of the incident?
- iii Do you ever feel that you are not just remembering the incident but that you feel like it is happening again and lose some awareness of where you are, what you are doing?
- iv Do you come across any reminders of the incident that cause you to get very upset?
- v Do you get any physical symptoms such as breathing heavily, heart racing, sweating when you come across reminders?

In order to meet criterion B at least one of the symptoms in this category must be endorsed.

C.

- i Do you try to block thoughts/images and avoid conversations about the incident?
- ii Do you avoid activities, places or people that bring back memories of the incident?
- iii Is there any big gap in your memory of the incident that you don't remember even though it was at a time that you were conscious?
- iv Have you lost interest in or stopped bothering with things you used to do that you enjoyed?
- v Have you felt that you are not connecting with others, more than just a bit out of synch?

- vi Do you feel flat, unable to feel warm to people?
- vii Do you have a sense that you are going to die young, by a particular age?

In order to meet criterion C at least three of the symptoms in this category must be endorsed.

D.

- i Are you having difficulty falling or staying asleep?
- ii Have you been having outbursts of anger or snapping?
- iii Do you have trouble concentrating sufficiently to read or watch TV?
- iv Are you on guard a lot of the time, keep checking on things?
- v Are you easily startled, taking more than seconds to calm down?

In order to meet criterion D at least two of the symptoms in this category must be endorsed and these symptoms must represent a change in functioning from before the trauma.

For a diagnosis of PTSD not only must the client have at least one intrusion, three avoidance and two disordered arousal symptoms but the symptoms must have lasted at least a month and significantly interfered with their working or domestic life.

Conceptualisation – suggest developed a ‘dodgy alarm’ (amygdala) that goes off (a) at any reminder, (b) anything not exactly the way you want it to be and (c) unexpected noises or sudden movements. Client reacts as if in a ‘war zone’, making communication with others very strained.

Post-traumatic stress disorder Sat Nav

<i>Therapeutic targets</i>	<i>Treatment strategies</i>
1. Taking seriously the sense of vulnerability/threat	Distinguishing 'real' from 'false' alarms, elaboration of similarities/differences in response to reminders
2. Self-blame	Accepting that responses are a normal response to an abnormal situation
3. Nightmares	Updating account of trauma and correcting the fantasy of an even worse outcome
4. Flashbacks	Detached mindfulness, writing an updated account of the trauma or constructing and listening to updated account on audiotape
5. Avoidance	Daring to gradually venture into the land of approach
6. Isolation	Building bridges with others, communication guidelines, anger control
7. Mood	Use of MOOD chart to manage mood
8. Relapse prevention	Personally constructed self-help 'manual', utilising key points from therapy and drawing on self-help books and computer assisted material

Social phobia

- 1 When you are or might be in the spotlight, say in a group of people or eating/writing in front of others, do you immediately get anxious or nervous?
- 2 Do you think you are much more anxious than other people when the focus is on you?
- 3 Do you think that you are more afraid of social situations than you should be?
- 4 Do you avoid social situations out of a fear of embarrassing or humiliating yourself?
- 5 Do these social anxieties bother you?

If the client answered yes to each of the above five questions it is likely that they are suffering from social phobia.

Conceptualisation – present a formulation that makes sense to the client and is consistent with the CBT model. Examples:

- (a) *'It is as if people with social phobia think that they are at the centre of a circle, others are on the edge of the circle looking at them marking them out of 10. If it was really like that no one would do anything, I'd be like a frightened rabbit frozen in car headlights on a country road.'*
- (b) *'Can you be sure that the story you carry around of how others think about you is correct? Maybe different people have different stories?'*
- (c) *'Who says you have to be perfect socially, to be acceptable; politicians are never short of words but who trusts them?' When you think of people you like are they really the most socially skilled people?'*

Social phobia Sat Nav

<i>Therapeutic targets</i>	<i>Treatment strategies</i>
1. Perception of what others think about them	Revisiting onset of belief that others negatively evaluate them and consequences, contrasted with utility of previous beliefs/assumptions
2. Information processing biases	Vigilance for all or nothing thinking, mindreading and inappropriate moral imperatives. Use of MOOD chart
3. Theory of mind (ToM)	Poor fit between client's official version of what is necessary to be acceptable to others with the actual behaviour of those they like. Rescripting ToM
4. 'Adolescent' self	Comforting, re-educating the 'adolescent' self that emerges in social situations. Coping self-statements – preparing for the stressor, encountering the stressor, coping with feeling overwhelmed, post-mortem
5. Social skills	Teaching client (a) how to keep a conversation going and to talk themselves using the headings 'general', 'specific', 'feeling' and (b) the greater importance of non-verbal skills
6. Avoidance	Graded exposure to avoided situations
7. Relapse prevention	Personally constructed self-help 'manual', utilising key points from therapy and drawing on self-help books and computer assisted material

Appendix E

MOOD thought record

<i><u>Monitor mood</u></i>	<i><u>Observe thinking</u></i>	<i><u>Objective thinking</u></i>	<i><u>Decide what to do and do it</u></i>

Appendix F

Panic diary

1. Date Time began Time to reach worst

Physical symptoms

What I thought?

What I did?.....

How bad on a scale (0–10) where 10 would be the worst attack I have ever had?
.....

2. Date Time began Time to reach worst

Physical symptoms

What I thought?

What I did?.....

How bad on a scale (0–10) where 10 would be the worst attack I have ever had?
.....

3. Date Time began Time to reach worst

Physical symptoms

What I thought?

What I did?.....

How bad on a scale (0–10) where 10 would be the worst attack I have ever had?
.....

Appendix G

Therapist Competence Screen

- 1 Did the therapist collaborate with the client in addressing his/her pressing concerns?
Yes No
- 2 Did the therapist focus on a therapeutic target appropriate for the disorder (first column in Sat Nav)?
Yes No
- 3 Did the therapist employ an appropriate treatment strategy for the targeted problem (second column in Sat Nav)?
Yes No
- 4 Did the therapist negotiate a homework assignment that addressed the therapeutic target and integrated new learning from the session?
Yes No Unsure
- 5 Was there a review of homework?
Yes No

A positive response to each of the five questions indicates a probable at least minimal level of therapist competence.

Appendix H

The First Step Questionnaire

This questionnaire is a first step in identifying what you might be suffering from and pointing you in the right direction. In answering each question just make your best guess, don't think about your response too much, there are no right or wrong answers.

1.	Yes	No	Don't know
During the past month have you often been bothered by feeling depressed or hopeless?			
During the past month have you often been bothered by little interest or pleasure in doing things?			
Is this something with which you would like help?			

2.	Yes	No	Don't know
Do you have unexpected panic attacks, a sudden rush of intense fear or anxiety?			
Do you avoid situations in which the panic attacks might occur?			
Is this something with which you would like help?			

3.	Yes	No	Don't know
In your life, have you ever had any experience that was so frightening, horrible or upsetting that, in the past month, you			
i. Have had nightmares about it or thought about it when you did not want to?			

ii. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?			
iii. Were constantly on guard, watchful, or easily startled?			
iv. Felt numb or detached from others, activities, or your surroundings?			
Is this something with which you would like help?			

4.	Yes	No	Don't know
Are you a worrier?			
Do you worry about everything?			
Has the worrying been excessive (more days than not) or uncontrollable in the last 6 months?			
Is this something with which you would like help?			

5.	Yes	No	Don't know
When you are or might be in the spotlight say in a group of people or eating/writing in front of others do you immediately get anxious or nervous?			
Do you avoid social situations out of a fear of embarrassing or humiliating yourself?			
Is this something with which you would like help?			

6.	Yes	No	Don't know
Are you bothered by thoughts, images or impulses that keep going over in your mind?			
Do you try to block these thoughts, images or impulses by thinking or doing something?			
Is this something with which you would like help?			

7.	Yes	No	Don't know
Do you go on binges where you eat very large amounts of food in a short period?			
Do you do anything special, such as vomiting, go on a strict diet to prevent gaining weight from the binge?			
Is this something with which you would like help?			

8.	Yes	No	Don't know
Have you felt you should cut down on your alcohol/drug?			
Have people got annoyed with you about your drinking/drug taking?			
Have you felt guilty about your drinking/drug use?			
Do you drink/use drugs before midday?			
Is this something with which you would like help?			

9.	Yes	No	Don't know
Do you ever hear things other people don't hear, or see things they don't see?			
Do you ever feel like someone is spying on you or plotting to hurt you?			
Do you have any ideas that you don't like to talk about because you are afraid other people will think you are crazy?			
Is this something with which you would like help?			

10.	Yes	No	Don't know
Have there been times, lasting at least a few days when you were unusually high, talking a lot, sleeping little?			
Did others notice that there was something different about you? If you answered 'yes', what did they say?			
Is this something with which you would like help?			

Appendix I

Recovered but . . .

- 1 I need to be alert for possible triggers to relapse, which are likely to involve:
- 2 I need to identify what I have started thinking again, which will likely involve:
- 3 I need to identify what I have started doing again, which will likely involve:
- 4 I need to remind myself to apply what worked last time, but at the earliest opportunity so that a slip does not become a full-blown relapse. What worked best last time was:
- 5 I need to expect slips and learn from them, so that the gap between slips gets gradually longer.
- 6 I have to be alert for black and white thinking, e.g. 'I am either cured or suffering from full . . .'
- 7 I need to remind myself that it is only a question of regaining lost ground; I am not back at square one.
- 8 In the event of a slip I must utilise not only the survival manual, but other resources such as self-help books, computer assisted therapy, a therapist, GP, a good friend/family member.