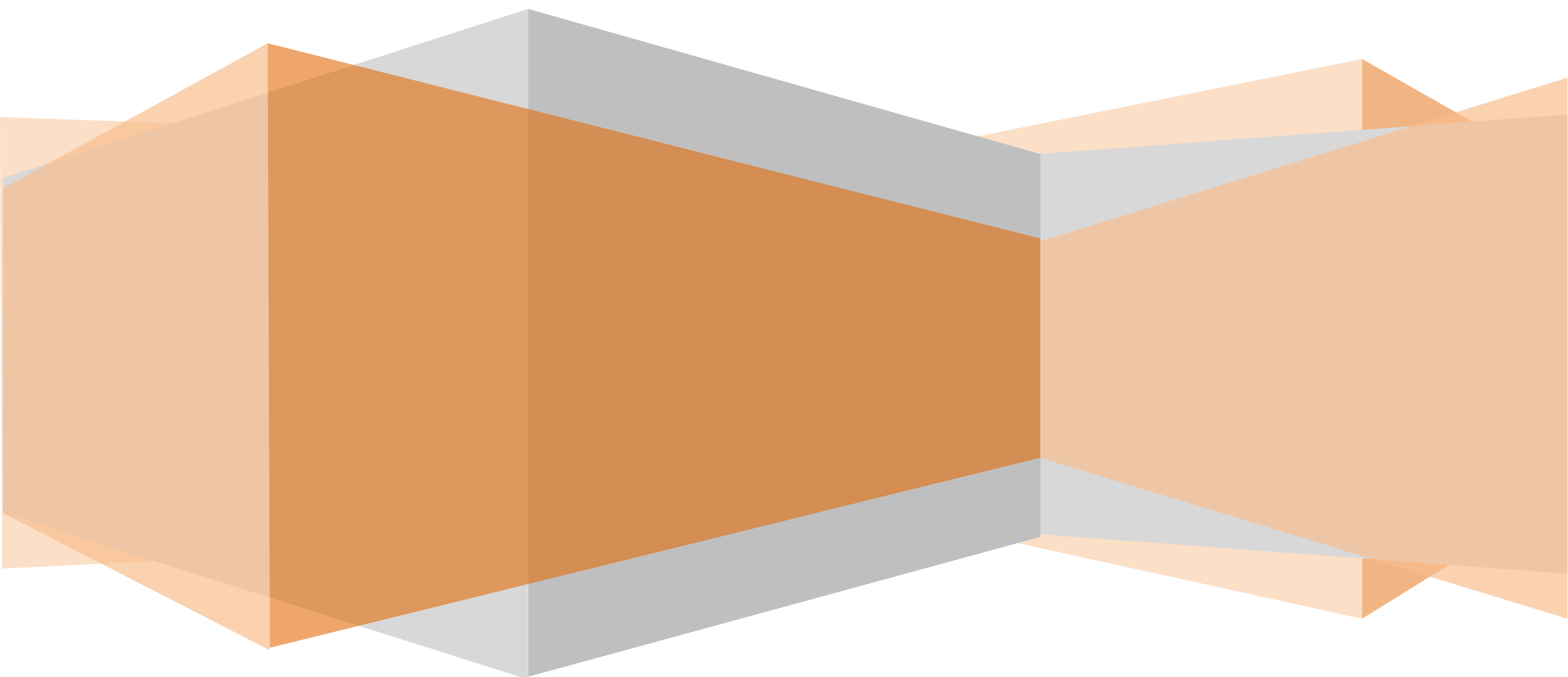
Serenity Programme

Delivery Guidelines



Contact 1: Initial Assessment

Key Tasks

- ✓ Building a working alliance
- ✓ Introducing the Serenity Programme
- ✓ Symptom & risk assessment – clinical decision making
- ✓ Beginning to understand the client's issues and concerns

Program start: 1 – 2 hours face-to-face meeting

Screening assessment

The helper should explain that the client will be asked to complete the GAD-7, the PHQ-9 and the CORE-OM (or alternative outcome measures) during this session and again after three months to help monitor the effectiveness of the programme. Clients will also complete the DASS-21 at the end of each of the workbooks. Ideally initial assessment scores on the GAD-7 and PHQ-9 should be 15 or less, and question nine (suicidal ideation) on the PHQ-9 should score '0'.

People with higher scores may be able to use the programme if their general level of functioning is adequate (e.g. stable social and/or romantic relationships, occupational roles and cognitive functioning relatively intact, low clinical risk, GAF>50), though may require increased monitoring and support. Generally, such people are likely to be better served by face-to-face mental health services.

Clients should be reassured that the workbooks are downloaded to their own computer; so neither store nor send any personal information about users over the Internet.

Risk assessment

For general practitioner (GP), primary care or professional referrals, should the client be assessed (using the CORE-OM) as being at high risk to themselves or to others, or if the client scores anything above '0' on question nine of the PHQ-9, the client's GP should be informed immediately.

Decision making

Risk scores should be compared with the risk assessment provided by the original referrer to check for any increase in risk between referral and screening assessment. Clients who have referred themselves to the programme and have high risk scores should be encouraged to consult their GP, as more conventional services are likely to be more appropriate for them.

However, there are no hard and fast rules; clinical judgement is required. Helpers should consult with their clinical supervisors before taking on clients who score 15 or more on either PHQ-9 or GAD-7, or who score a non-null result on question 9 of the PHQ-9. Skilled clinical supervision of helper's ongoing work is, of course, essential.

Programme aims

Helpers should discuss the overall aims of the programme with clients, taking time to check whether these aims are understood and are in accord with the client's own.

- To understand how our thoughts, feelings and behaviour interact
- To learn new skills and strategies for the future
- To learn to 'think about our thinking' so we can better help ourselves
- To learn skills to better manage our thoughts and moods

Key points

Each contact with the client should be treated as a 'single session timeframe' i.e. there is no guarantee that the client will return or complete the programme, so each session should achieve some 'closure', ideally with the client having achieved some benefit from that experience. A useful guide to a successful session is that both client and helper should feel a little more positive at the end of the session than at the beginning.

Empathic working and accurate identification of key concerns, together with encouraging the client to notice their successes and a focus on positive outcomes during the meetings will help, as will reframing any undue negative focus towards a more positive perspective.

Key points about the programme to discuss with clients during this meeting

1 Explain that this programme offers supported self-help. The client will be able to access a series of workbooks at home, with the added benefit of a helper who will offer support by telephone.

2 The programme is written in an easy to understand fashion and has been developed over several years with the input of many people who have suffered from anxiety and depression.

3 The approach is very practical; during the third workbook, helpers will work alongside the client to identify goals for the programme. This is done collaboratively, as appropriate goals can be difficult to identify.

4 Explain that the client will be given a username and password for the 'member's area' of the Serenity Programme™ website, from where they can download their workbooks.

5 Explain that the workbooks must be downloaded to the client's computer, that if they are open in a 'browser' window the client may not be able to save their information into the workbooks. Some modern browsers, for example Google Chrome, may use their own built-in PDF viewer to read the workbooks. If this happens the workbooks will not have full functionality. We recommend that users download the workbooks to their own computers and open them in Macromedia Acrobat Reader version XI or better.

6 Explain that, once downloaded; the workbooks belong to the client. They can bring them to sessions; print them or save them as a permanent record of their progress – however they are confidential to the client, they do not have to show them to anyone.

7 The client can write as much, or as little as they wish – although generally, the more they put into the programme, the more they will get out of it.

8 Ask the client if they have any questions about the programme.

9 Ensure the client has a written record of their username, password and the web address of the programme.

10 Users are requested not to share their login details with anyone else.

11 The user should be aware that, while confidential, the helper may discuss issues about the programme with their supervisor or team leaders and that notes, while kept securely and in accord with the Data Protection Act, may be subject to subpoena and so are not absolutely confidential. Referrers may request clinical reports, in which case this issue should be discussed with users.

The working alliance

1 The helper will help clarify points in the programme and offer support and encouragement to the client.

2 Most contact with the client will be by telephone, unless otherwise agreed. The client's permission to leave messages on a voicemail service must be gained before messages can be left.

3 The helper will initiate contact with the client i.e. the helper will not say 'call me in two weeks', they will say 'Let's make a mutually convenient time when I can call you'.

4 The helper will usually work with the client for a maximum of six months. It is suggested that any additional time or contact be provided to reinforce engagement and positive working, in an effort to unintentionally reinforce passivity or lack of engagement.

5 If the helper cannot contact the client, and has left messages which aren't returned, the helper will usually not try to get in contact more than three times before discharging the client and notifying the referrer. If the client is going to be away, or hasn't been able to get in

touch with the helper or reply to their messages, the client will be expected to 'phone to reestablish contact with the helper.

6 If either the helper or the client can't keep a commitment to meet or to call, then it is usually the responsibility of the person cancelling to take the initiative in reestablishing contact – 'If I cancel, I remake the appointment; if you cancel, you remake the appointment'.

7 The frequency of contact will be negotiated between helper and client. Contact should not be so frequent that the client hasn't time to practice behavioural assignments or becomes unduly stressed, and not so infrequent that a sense of 'momentum' is lost, and much of the contact time is spent reviewing and 'catching up'. Suggested module timings are provided at the end of this guide, but are best negotiated according to individual user's needs and wishes.

8 The helper should discuss whether it is OK for the client to contact them with questions between sessions. Helpers should not make themselves more available than they are willingly able to manage.

9 Reassure the client that there is a great deal of content in the programme, and that we don't expect people to learn it all – people will take from the programme what they need, and can return many times, On each visit clients will probably finding something new in the programme.

10 If the client should feel worse at any stage, encourage them to contact their GP in the usual way. For crises, unless otherwise planned, users are encouraged to use widely available services. Crisis numbers should be provided, e.g. The Samaritans (08457 90 90 90 in the UK).

11 Explain that, while confidential, the helper may discuss issues about the programme with their supervisor and that notes, while kept securely and in accord with Data Protection Act principles, may be subject to subpoena and so are not absolutely confidential. Referrers may request clinical reports, in which case this issue should be discussed with users

12 Should a user not be available for a planned 'phone call, they must notify the helper beforehand. It is usual practice that, should a user not be available for three planned contacts in a row without explanation, the helper will notify the user that 'phone support will be terminated unless the user requests otherwise.

Introducing modules 1 and 2

1 The helper looks through the website and opens pages of the module 1 on screen with the client, making sure they know how to enter their username and password and how to download the workbooks.

2 The helper explains that a key aim of the programme is to help the client better deal with stress. There is a considerable amount of material on the website, which may cause some clients concern if they believe they have to complete it all in a certain manner, to a very high standard or to a deadline!

3 Reassure clients that it is fine to put the programme to one side, and that few people complete the programme smoothly without some 'life event' causing timescales to slip. If the client is becoming consistently stressed over the programme, they are doing it wrong!

4 For clients who may be unfamiliar with computers, the helper should demonstrate how to enter text into the workbooks, and the rudiments of saving workbooks from the Internet to a local computer.

5 Before the end of the first session, encourage clients to ask questions about the programme – the only 'silly question' is the one that isn't asked!

6 At the end of the session, the helper will make an appointment to contact the client again, after the client has read modules 1 and 2. For most people a two-week gap is sufficient, though this is something best agreed between helper and client.

7 For most people, the next contact will be brief and by telephone, though some clients may wish to meet again. This is at the discretion of the helper and depends on the level of support required by the client.

Contact 2:
1st Phone Support

Key Tasks

- ✓ Check progress – client should have read modules one and two
- ✓ Identify obstacles
- ✓ Support concordance
- ✓ Check DASS-21 scores
- ✓ Appreciate work completed
- ✓ Validate effort and commitment
- ✓ Arrange goal-setting meeting with client

Week 3: 10 minutes 'phone contact

Checking progress

Ask the client how they found modules one and two. Avoid leading questions e.g. 'was it alright?' Rather ask 'what was it like?' remember to use open-ended questions (e.g. 'tell me about your week') to encourage the client to speak freely. Remember to ask the client about their scores on the DASS-21 measure at the end of each workbook. We recommend the helpers keep a copy of the relevant module with them while speaking with the clients, so they can refer to relevant points from the module.

Tasks

Tasks from section two encourage introspection, some tasks ask the client to identify healthful and harmful behaviours and to identify five of their 'strengths'.

The latter task has a reflexive component, in that clients rate how challenging it was to identify their strengths. A significant level of difficulty is the case for most people, and can lead to a useful discussion on our tendency to accentuate the negative and fail to appreciate our strengths. The helper can usefully link such negative self-appraisal with a lowering of self-confidence and mood.

Module two introduces the 'four buttons' of CBT, behaviour, emotions, sensations and thoughts.

The helper may want to reinforce the inter-relatedness of these aspects of our experience, and further help the client to differentiate emotions from thoughts and physical sensations. For example, the statement 'I feel ashamed' can be thought of as a consistent state of emotions (maybe one or maybe more emotions), thoughts (self-critical and blaming), unpleasant somatic sensations and external behaviours (what others can see the client doing).

In self-help therapy of this sort, an overarching aim is to encourage 'metacognitive monitoring' i.e. the cultivation of a benign or benevolent 'self-observing ego' which helps the client to consider their thoughts and impulses, rather than immediately acting upon them.

It is to expand the period of time between 'stimulus' and 'response' in order to widen the potential for informed choice, rather than a reflex action. To this end it's useful to develop the question 'what am I feeling?'

The statement 'I feel useless' can perhaps better be thought of as a thought, rather than a feeling.

When we say 'I feel useless' perhaps we are using linguistic shorthand for 'I'm judging myself harshly'. In a sense, our language is a little 'sloppy'. Rather than being pedantic and appearing to quibble over linguistic niceties, the purpose of such introspection is the thought itself i.e. the practice and development of metacognitive capacity.

So, as helpers we need to encourage the client to ask 'is that a thought or a feeling?' for many people this may feel uncomfortable and seem pointless. The point is; it helps us develop our ability to question and think about our thinking, so expanding the 'slice of time' between stimulus and response and so our potential for choice.

The final task in module 2 encourages clients to notice a time when they felt just a tiny fraction better. Catastrophic or 'all or nothing' thinking leads some clients to portray their entire experience as universally painful and depressing. The point of this exercise is to introduce the possibility that, for some of the time, the client will feel a little better. Recognizing that these times exist, albeit perhaps briefly, is the first step to redistributing our attention away from unpleasant and painful stimuli to more positive and healthful ones.

The final task is to encourage the client to read module three and arrange a face-to-face meeting with them to discuss goal setting in perhaps two weeks' time.

Contact 3: Face-to-Face Goals & Contracts

Key Tasks

- ✓ Check progress – client should have read module three
- ✓ Support concordance
- ✓ Check DASS-21 scores
- ✓ Identify and prioritise goals
- ✓ Validate complexity of goal setting process
- ✓ Appreciate work completed

Week 4: 1 hour face-to-face meeting

Checking progress

Module three includes a revised model of change adapted from Prochaska and DiClemente. [1]

Tasks

Tasks from section three encourage clients to focus on their goals and upon the supports and constraints which either help or hinder their progress towards goal attainment.

Helpers encourage clients to focus on their broader life goals and upon the more immediate steps that will take the client closer to them.

Two broad approaches are used in this section; one is the identification of 'SMARTER' goals i.e. goals that are Specific, Measurable, Attainable, Relevant, Timely, Enjoyable and Rewarding. The second approach is concept of the 'therapeutic contract'. Both techniques take place in the context of an overall focus on solutions and desired outcomes.

Setting SMARTER goals

For many people, the identification of goals is an important part of their recovery.

However, some people seem philosophically averse to the idea of goal setting, preferring to accept life as it comes along, rather than adopt what they may view to be a somewhat 'goal-driven' approach to life.

While goals are a central part of the programme, helpers should resist the temptation to impose goals on clients in the belief that they are 'good medicine' for everyone.

When a client is ready to identify and work towards a goal progress is more natural and spontaneous. If work towards a goal becomes a struggle, consider the following:

To what extent is the goal the clients own, rather than something they think they 'should' do?

Does the client have the resources (time, energy etc.) to meet the goal now, or would a future time be more appropriate?

Would goal attainment result in some loss that the client is not ready to relinquish?

Contracting for change

Berne [2] described transactional Analysis (TA) as a fundamentally contractual approach. He described a contract as:

'An explicit bilateral commitment to a well-defined course of action'

Steiner [3] outlined four essential components of a contract: mutual consent, valid consideration, competency and lawful object.

Steiner asserts that contracts are mutually negotiated (not imposed), that there is a valid exchange between parties (both parties contribute to the agreement, even if it only of their time) and that the contract is able to be realised i.e. promises made are able to be delivered upon and that the overall goal is legal or ethically acceptable.

To be effective, psychological or 'treatment' contracts have additional requirements.

Contracts specify what is wanted, rather than what is not wanted. Many people tend to focus on the negative, which can unintentionally foster passivity.

Contracts which begin: 'I don't want to do 'X' anymore' or 'I want to stop doing X' are less likely to succeed.

Contracts are worded in positive terms – what we will do, rather than what we will not do.

Contracts are for ourselves – contracts to do what we 'ought' or 'should' are less likely to succeed. We must want the change. Sometimes we feel we ought to change because it's what we think others expect of us, or even perhaps to rebel – to do the opposite of what's expected. Either way, the change might not be really what the client themselves wants.

Contracts are specific, measurable, achievable and observable. A contract to 'be less anxious' is not workable as it is over-generalised – what would less anxious look like? In what situations does the client want to be 'less anxious?' How anxious is anxious enough?

How will the client and others know when they have achieved their goal? What will people be able to see and hear that lets them know the client has achieved their goal? What people? Remember – be specific!

Is the contract clear? Sometimes we obfuscate the meaning of our words, leading us to intellectualise rather than be moved by the truth and common sense of our contracts. The contract should be understandable to an average 8 year old. Rephrase it if it's not.

Check what the contract will cost the client to achieve. All change incurs some loss. This may be simply time and energy, but it may also be changes in the clients personal or work life. Becoming a 'different person' incurs the loss, at least in part, of our 'old self'.

Committing to act

Experience dictates that progress towards a goal is cumulative – success breeds success.

Identify five things you will do to achieve your contract goal. Write them down. Be specific. When will you do them? Where? With whom? What will people actually see you doing?

Identify the one action you will do today and commit to doing it. The sooner you can do it, the better!

If you haven't acted towards your goal within 24 hours of making a commitment to do so, the likelihood of taking that step reduces drastically!

Summary

According to Woolams and Brown [4] a contract can have one of four potential outcomes:

1. We can continue to do what we are doing and feel bad about it
2. We can continue to do what we are doing and feel OK about it
3. We can do something different and feel bad about it
4. We can do something different and feel OK about it

A ‘want’ or a ‘wish’ or a ‘desire’ is not a goal (because it is not ‘SMARTER’).

‘I want to be happy’ is not an acceptable treatment contract (it’s neither specific, nor measurable nor observable).

‘I want to make people like me’ is not an acceptable treatment contract (because we can’t change other people).

‘I need to’ or ‘I should’ do ‘X’ is not an acceptable treatment contract (it’s different to ‘want to’ or ‘will’).

A goal is not a treatment contract.

‘I will walk my dog each evening at 7pm for 20 minutes’ is an acceptable treatment contract, because it is Specific, Measurable, Achievable, Relevant, Timely, Enjoyable and Rewarding.

The final task is to encourage the client to read module four and arrange a telephone support call with them to discuss module four in perhaps two weeks time.

References

1 Prochaska, J.O. & DiClemente, C.C. (1982) Trans-theoretical therapy - toward a more integrative model of change. Psychotherapy: Theory, Research and Practice 19(3) pp. 276-288.

2 Berne, E. (1966). Principles of Group Treatment. New York: Grove Press.

3 Steiner, C. (1971). Scripts People Live. New York: Grove Press.

4 Woollams, S. & Brown, M. (1978). Transactional Analysis. Ann Arbor: Huron Valley Institute Press.

Contact 4: 2nd Phone Support

Key Tasks

- ✓ Check DASS-21 scores
- ✓ Check progress towards goals
- ✓ Client should have read module four
- ✓ Client should have made progress towards goal completion
- ✓ Appreciate and validate work completed to date
- ✓ Feedback from previous face-to-face meeting

Week 6: 10 minutes ‘phone contact

Checking progress

Ask the client how they found the experience of goal setting, and what they have achieved towards their goals in the intervening period. Stress the importance of movement towards goals, even is only small or slow progress is made, validate client’s efforts and help with any obstacles faced.

Module 4 introduces the cognitive-behavioural model, stressing how our behaviour, thoughts, emotions and sensations are linked, and how change in one of these areas can help bring about change in the others.

Tasks

Tasks from section four encourage thoughtful reflection on a range of issues. In some ways this module is the most ‘cognitive’ of the nine, so will suit some clients more than others. Clients are encouraged to rate their current life stressors using the Holmes-Rahe Social Readjustment Rating Scale (SRRS). Helpers can usefully enquire as to the score.

Allow the client sufficient time to consider and review their progress during the support call, and make an appointment to call them again in two weeks. From this point forward in the programme, support is by telephone unless otherwise indicated.

Contact 5:
3rd Phone Support

Key Tasks

- ✓ Check DASS-21 scores
- ✓ Check progress towards goals
- ✓ Client should have read module five
- ✓ Validate work completed to date

Week 8: 10 minutes ‘phone contact

Checking progress

Module five discusses physical and psychological relaxation.

Tasks from section five are limited; this module is much more ‘experiential’ than the others. Some clients expect relaxation and mindfulness approaches to reap immediate benefits and may need reminding that their symptoms most likely took a long time to develop, and that recovery may take longer than they might hope.

Allow the client sufficient time to consider and review their progress during the support call, and make an appointment to call them again in two weeks.

Encourage the client to persevere with mindfulness and relaxation exercises, other high quality mindfulness products are available, for example from the Oxford Mindfulness Centre (http://oxfordmindfulness.org/); the weight of evidence seems to support their use.

Helpers should recommend that mindfulness and relaxation become an integral part of user’s lives, as the evidence suggests that their continued use can help prevent (or reduce the impact of) relapse.

Make an appointment to call the client again in two weeks and encourage them to read module 6.

Contact 6:
4th Phone Support

Key Tasks

- ✓ Check DASS-21 scores
- ✓ Check progress towards goals
- ✓ Client should have read module six
- ✓ Appreciate work completed to date

Week 10: 10 minutes 'phone contact

Checking progress

Module six introduces a range of methods to help people manage 'difficult feelings'. The module addresses a range of experiences from feeling nothing or feeling numb, to experiencing a maelstrom of feelings, where one prevalent experience is difficult to identify or a panic or 'limited symptom' attack.

Tasks

The overall aim of the session is to help people tolerate strong emotions without recourse to 'acting out' behaviour. We want to encourage clients to be able to recognise, experience and communicate their experience to others.

This module also introduces to idea of 'graded exposure' and provides a simple outline to help users to combat avoidance. Some clients will read a great deal about anxiety and understand their condition very well, yet still suffer from the symptoms of anxiety and from a restricted lifestyle. Often this is because they have yet to engage in the 'behavioural experiments' required to fully assimilate and integrate their learning.

Helpers should take the time to understand how the user's life and choices may be restricted by their anxiety symptoms, especially by any people, places or situations they might avoid. Users might require additional encouragement and support to face up to challenging situations.

However, for many people facing up to difficult situations and staying in the situation until their anxiety reduces by half will provide very powerful and rapid learning. Few things convince us that we can manage situations and cope with our feelings like the successful experience of managing our difficulties in real life!

Allow the client sufficient time to consider and review their progress during the support call, make an appointment to call the client again in two weeks time and encourage them to read module seven.

Contact 7:
5th Phone Support

Key Tasks

- ✓ Check DASS-21 scores
- ✓ Check progress towards goals
- ✓ Client should have read module seven
- ✓ Appreciate work completed to date

Week 12: 10 minutes 'phone contact

Checking progress

Ask the client about their progress towards their goals in the intervening period and validate progress made.

Module seven discusses 'difficult thoughts'. The module has a 'cognitive' focus, helping people to consider their thoughts and to identify those which are 'helpful' and those that are 'less helpful'.

Tasks from section seven include identifying unhelpful ideas (Task 42) and ways in which the client may 'put off' (procrastinate) around important goals (Task 46). Both of these tasks are worth pursuing during the support call.

Allow the client sufficient time to consider and review their progress during the support call, make an appointment to call the client again in two weeks time and encourage them to read module eight.

Contact 8:
6th Phone Support

Key Tasks

- ✓ Check DASS-21 scores
- ✓ Check progress towards goals
- ✓ Client should have read module eight
- ✓ Appreciate work completed to date

Week 14: 10 minutes ‘phone contact

Checking progress

Ask the client about progress made towards their goals from Module Three in the intervening period.

Module eight introduces a simple method of problem solving that encourages clients to identify, prioritise and act on problems. When we’re low or anxious, it’s only natural that problems mount up. When we’re feeling this way we also tend to dwell on our problems, causing them to take up a lot of our time and energy, often just by thinking about them.

Tasks

Tasks from section eight encourage clients to identify, prioritise and address practical problems, rather than allow them to accumulate and become stressors. During this section some clients tend to ‘gloss over’ their practical problems, some discount the existence of any problems, their importance or their ability to change things.

We sometimes need a lot of support to help address a problem, sometimes only realising what a burden it had become after the problem has been dealt with. Support the client so they can take credit for clearing the problem, as this often increases our sense of control and our ability to skillfully deal with future challenges.

Make an appointment to call the client again in two weeks and encourage them to read module nine.

Contact 9:

7th and final Phone Support

Key Tasks

- ✓ Check DASS-21 scores
- ✓ Check progress towards goals
- ✓ Client should have read module nine
- ✓ Appreciate work completed to date
- ✓ Validate clients work throughout the programme
- ✓ Highlight progress made and goals achieved
- ✓ Identify and help plan for any future service needs

Week 16: 15 - 30 minutes 'phone contact

Checking progress

Ask the client about their goals achieved in the intervening period and about any future goals.

Module nine discusses relapse prevention, important elements of which are:

- ✓ Awareness
- ✓ Coping Skills
- ✓ Life balance

Relapse is treated as a process rather than as an event. The process of relapse may be thought of as a series of unhelpful thoughts or actions that may take place over a long period of time and not a reflex-like phenomenon, as some people may see it.

There are a number of high risk situations we may become exposed to which increase the likelihood of relapse to old behaviours. These include:

Negative emotional states (e.g. fear, sadness, guilt)

Negative physical states (e.g. tiredness, physical pain)

Interpersonal conflict (e.g. work conflicts, family relationship stress)

External demands (e.g. changes in work or social role)

This module is very practically oriented, encouraging the client to think about and review issues in the broader context of their lives which may lead to a greater vulnerability to stress or anxiety.

As well as looking forward and identifying future coping strategies, the module provides useful information relating to healthy exercise, eating and sleeping.

As well as providing an opportunity for review of this module, helpers should review progress over the whole programme from the initial meeting, perhaps using the clients DASS scores to look at symptom score changes over the period of the programme.

In summing up, draw upon progress towards goals and allow the client time to review their subjective experience of the programme, as well as more objective symptom measures.

Notice what you have appreciated about the client, perhaps their diligence, their commitment to their programme or any particular ways in which they have dealt positively with any significant events during the programme.

Help draw the user's attention to their achievements, while acknowledging any sadness at the end of the programme and helping relationship.

Discuss possible future help available to the client, if required. The client is free to keep copies of all the workbooks and assessment forms used, should they wish to do so.

Complete any outcome measures used to evaluate the programme, and allow the client time to reflect on their successes and gains before saying 'goodbye'.

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Suggested timescales

May be adapted to suit individual circumstances, choice and needs.