Low mood and MS
A group adjustment course

Written by
A Garfield, J M Holmes,
E Ford, H Ferguson, K Treece
and N B Lincoln

This manual is the result of
MS Society-funded research
at the University of Nottingham
About this manual

- It was written to guide trained health care professionals in delivering a six-session adjustment course for people with multiple sclerosis (MS) and low mood.
- The course takes a CBT-based approach, but facilitators do not need to be expert in CBT to deliver it.
- Facilitators should be trained to deliver the course and have supervision from a clinical psychologist or other appropriately qualified mental health professional.
- To find out about training and access to the full course resources, including PowerPoint slides, notes and handouts, contact **MS Society Education Team – 020 8438 0700 education@mssociety.org.uk**
- This manual was developed as part of an MS Society-funded research programme run by the University of Nottingham.
- The approach has been shown to be effective at reducing distress (Forman & Lincoln 2010; Lincoln et al, 2011).
- The group was evaluated for people with MS, but much of the content will be appropriate for those with other long-term progressive neurological conditions.

MS Society research

The MS Society funds a programme of independent research that has revolutionised the diagnosis and treatment of MS and helped establish the UK’s global reputation in this area.

The Society’s research agenda is led by people with MS, working alongside independent panels of experts. We continue to search out advances in symptom management, developing better services and identifying the causes of MS, as well as breaking new ground for better treatments. Our ultimate aim is a world free of MS.

The MS Society has invested over £142 million in MS research since 1956, and it will continue to be a key priority in our aim to beat MS.

Find out more at www.mssociety.org.uk/research or call 020 8438 0799 (weekdays 9am-4pm).
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Course content

The course runs for six sessions, each lasting around two hours.

The aim of each session is to:

- provide management techniques that help participants feel more in control of their mood
- help individuals identify and deploy skills to reduce distress
- increase awareness of thoughts, emotions and behaviours and how they interact
- promote a realistic adjustment to MS
- provide an opportunity to explore thoughts and feelings about MS among people with similar experiences

Using psycho-education and guided self-help, the participants can develop problem-solving skills, as well as challenging their own thought processes and making changes to their activities.

Why deliver this course?

There are high rates of depressed mood and anxiety among people with MS, but clinical services often have limited capacity for psychological support. An evidence-based group approach can effectively treat significant numbers of people and allow specialist resources to be directed to those most in need.

What the participants say

“Made me think how it affects me and other people around me”

“Could decipher thoughts and feelings with someone there to talk to”

“Still get down, but easier to get happy again and if miserable can now talk things through”

“Made me look at things more closely and deal with things better”

“It is nice to talk to someone who you know really understands”

“Not many friends/ family know about the condition, so good to talk to others and realise there is nothing to be ashamed of”

Many people with MS experience emotional difficulties, such as anxiety or depression\(^1,2,3\). The prevalence of depression in patients with MS varies depending on the research methodology, type of assessment used and cut off scores applied. The rates for major depression range from 23%\(^3\) to 46%\(^4\) and low mood or minor depression rates have been reported to be 79%\(^5\) to 85%\(^6\). Patten et al\(^7\) found depression to have a lifetime prevalence of 50% for people with MS and an annual prevalence of 26% compared to 9% for those without MS. The prevalence of depression in MS is...
also higher in comparison to people with other chronic illnesses. Mood disorders may be due to brain lesions or due to difficulty adjusting to psychosocial changes caused by MS, such as changes in work and social activities.

The prevalence of anxiety has been reported to be between 25% and 57% with variation due to the methodology used. Anxiety rates have been found to be higher shortly after diagnosis, when there are concerns about the future. Women with MS are more likely to have problems with anxiety than men and rates of social anxiety have been reported to be high within the MS population.

Feelings of depression and anxiety interact with each other and with fatigue. Changes in concentration, appetite and sleep patterns may be a result of both fatigue and mood disorders. Longitudinal research has shown a bi-directional relationship between depression and fatigue. Anxiety is also predicted by earlier depression. In addition, state anxiety and fatigue have been found to be predicted by immunotherapy status.

The relationship between MS symptom severity and mood is not clear. Although some research has found associations between low mood and increased MS symptoms, others have not. Quality of life has also been found to be determined by mood rather than the severity of neurological symptoms.

Both depression and anxiety can affect MS symptoms and therefore it is important to help manage these feelings. A prospective study of women with MS found that the presence of stressful life events was associated with an increased rate of relapse and this has been supported by meta-analysis.


Why a CBT approach?

Cognitive behavioural therapy
Cognitive behavioural therapy (CBT) is an ‘active, directive, time-limited, structured approach based on an underlying theoretical rationale that an individual’s affect and behavior are largely determined by the way in which he structures the world’¹. The focus of cognitive behavioural therapy is on the here and now and helping people to bring about changes in their lives. Treatment programmes have a strong emphasis on adaptive learning and producing changes outside the clinical setting. All aspects of the therapy are made clear to the patient and methods are explicitly planned together with the patient. Problem solving is an integral part of the treatment process².

The cognitive model of depression
The cognitive model of depression postulates three specific concepts to explain depression: the cognitive triad, schemas and cognitive errors (faulty information processing)¹. The cognitive triad is the idiosyncratic way in which someone thinks of themselves, their future and their experiences. For example people may think of themselves as defective or inadequate, interpret ongoing experiences in a negative way and expect the future to be gloomy. Schemas are shaped by past experience and guide the way in which information is interpreted. Schemas help to explain why depressive thoughts can be long standing despite objective evidence to contradict them. When a circumstance is faced a schema is activated. The schema will screen out, code and differentiate the information that is being processed. A negative schema may highlight the bad and dismiss the good. Schemas can be multiple and vary in their activation times. For example a negative schema may only be activated in stressful situations. In severe depression, it would be activated most of the time¹. Faulty information processing or systematic errors in thinking help to validate negative concepts. These may include a process of magnification or minimisation of the significance of an event and over-generalisation of one event to global issues.

Anxiety
For people with anxiety, cognitive behavioural therapies attempt to help the patient address, evaluate and modify unrealistic appraisals of danger and their related behaviours. From an evolutionary perspective, the anxiety response, of an activated autonomic nervous system, was appropriate for dealing with physical threats, such as a predator. In society today the fight or flight response may be useful in situations of threat, such as running out of the way of a speeding vehicle, but when the anxious reaction is repeatedly activated in response to misperceptions of danger or threat, it can be maladaptive. Furthermore, a vicious cycle of anxiety may develop, whereby the physical experience triggers more and more feelings of worry and panic.

Negative and worrying thoughts
The cognitive model aims to address negative and worrying thoughts. Behavioural principles are used to help someone modify and evaluate their negative thought processes. The behavioural aspect comprises a set of small experiments whereby the ideas and hypotheses of the patient are tested out. It is important to be aware or record the thoughts and attitudes during the behaviour as these help the therapist to understand the processes involved³. In overcoming problems faced by a patient with depression or anxiety, the therapist may highlight how the negative over-generalised conclusions are incorrect. When the difference between cognition and behavioural outcome is highlighted, patients may realise they have not lost the ability to function at their previous level, but that their discouragement and pessimism make it difficult to function.
Adapting the methods of CBT

For people with MS it is important to remember that negative thought processes may not always be inaccurate, such as ‘I am no longer able to walk as fast as I used to – therefore I do not feel I am the same person any more, I am useless’. Here the statement about walking may be accurate, but the second part may be inaccurate. It may be possible to challenge the second part of the statement. What characteristics make this person feel like themselves? Is there a way of obtaining these without walking? Secondly the individual is unlikely to be useless, and so in cognitive behavioural therapy this idea would be challenged, for example by asking the person ‘Do your close relatives think you are useless?’ and ‘What is the evidence that you are useless?’. This may lead to the recognition that this statement is an over generalisation. The same applies for worrying thoughts; there may be some truth in the thought process. For example, ‘I am worried my MS is going to get a lot worse’ is realistic, as MS is a progressive disease and people are likely to experience new symptoms over time. There is no control or prediction of this and so this is, understandably, a common worry for people with MS. It can be useful for people to challenge this thought, by statements such as ‘No one knows what is going to happen in the future’ and ‘What will be will be, I can’t let what if control my life’. It is important to adapt the methods of cognitive behavioural therapy, which were traditionally designed to challenge inaccurate thought processes, for people with MS where there is likely to be some truth within their thoughts.

The wider context and the evidence

The importance of recognising and treating mood disorders is acknowledged by the NICE MS guidelines. Recommendations for the treatment of depressive symptoms include the recommendation that ‘psychological treatments, such as cognitive behavioural therapy, should be considered, but only as part of an overall programme of depression management’ and for symptoms of anxiety that ‘any person with MS whose function or happiness is being adversely affected by anxiety should be offered specialist assessment and management’. In addition, for those with marked anxiety, it is recommended that psychologically-based treatment is offered.

A Cochrane review identified 16 studies providing psychological intervention for mood difficulties in people with MS and concluded there was some evidence to indicate that CBT helps people to adjust to and cope with having MS. CBT may be provided in different formats including 1:1, telephone administered and group programmes. Group therapy, in particular, may help to decrease the feeling of isolation and help promote peer support.

Mohr et al. allocated participants to one of three groups: a non-structured supportive-expressive group, 1:1 CBT or medication (SSRI-Sertraline). They found 1:1 CBT and medication both significantly decreased scores on the Beck Depression Inventory after 16 weeks. Larcombe & Wilson randomly allocated MS patients experiencing depression to receive either group CBT or a waiting list control. Participants who received the CBT significantly improved on most measures in comparison to those in the control group, one week after completing the group CBT course. Foley et al. found that after 6 sessions of CBT and progressive muscle relaxation participants were significantly less depressed and used more problem-focused coping methods than the control group. A review and meta-analysis of psychotherapies aimed at reducing depression found that psychotherapies that focused on improving coping skills were more effective than therapies that focused on improving insight. People with problem-solving-based coping experienced less depression.

In addition Rigby, Thornton and Young found CBT to be more effective for reducing anxiety than a social support group or an information booklet. There is an evidence base to support the use of cognitive behavioural therapy to promote positive coping styles and adjustment to MS. The programme presented here was also shown to improve mood.


Who should facilitate?

This course can be facilitated by health care professionals with a specialism in MS or in mental health. During the research, the groups were facilitated by assistant psychologists under the supervision of a clinical psychologist. However, they could be carried out by other health professionals provided there is supervision from an appropriately qualified mental health professional. An understanding of cognitive behavioural therapy, the difficulties people with MS face and information on MS is essential.

Facilitators should be trained to deliver the course.

Supervision for the duration of the course should be available from a clinical psychologist or other appropriately qualified mental health professional, if not facilitated directly by a specialist in this field.

It is useful to have at least two facilitators, one to lead the group and the other available to assist any members who need individual assistance to work through the tasks. It also enables a facilitator to attend to a group member who becomes distressed and needs to leave, whilst the rest of the group continues.

To find out about training and access to the full course resources, contact MS Society Education Team – 020 8438 0700 education@mssociety.org.uk

Who should participate?

The sessions were designed for people with MS who experienced problems with mood, and who had their MS diagnosis for at least a year. The programme was evaluated with individuals who scored 8 or more on the depression or anxiety subscales of the Hospital Anxiety and Depression Scale (HADS; Zigmond & Snaith, 1983) or 3 or more on the General Health Questionnaire -12 (Goldberg, 1992).

Each individual was provided with information about the programme and given an opportunity to ask questions. Group members need to be able to communicate their opinions and experiences in a group setting and to reflect on how MS affects their mood. Individuals may be anxious about attending the sessions and it may take a few sessions for people to relax into the new experience.
Before you start the course

Meet individually with potential participants
This meeting should:
• indicate whether group therapy is appropriate
• provide them with relevant information
• answer their questions
• determine any access issues (see below)
• provide a baseline assessment of mood
• alert the facilitator to issues each person is likely to talk about in group sessions
• assure them that it will not put them in the position of having to disclose any information they do not wish to disclose
• assure them that they may discontinue attending at any time if they wish
• assure them that there will be help available if at any time they become distressed

Consider the group as a whole
Ideally, each group has between eight and 10 people attending. You might need to invite more people than this – not everyone will make it to every session.

It may be helpful to try to match group members on certain characteristics, such as the severity of symptoms, age or whether they are still working or not. Some group members reported feeling uncomfortable if they were the only group member with a low level of physical disability or the only man.

Find suitable times for different people and try to match to these. For example, maybe run morning, afternoon and late afternoon groups.

Think about access
Consider as many aspects of access as possible. For example, you might be able to arrange help with:

• transport
• large print handouts and large print presentation slides
• descriptions of diagrams for those with visual problems
• writing notes
• reminders for those who report memory problems
• goal setting – particularly for those who have difficulty with executive functioning
• agreeing time off work (for example, by providing a letter to employers to explain they are invited to attend a support group as part of their continued care and rehabilitation)
• access to the room itself, and necessary facilities – a room near accessible toilets is a good idea
• information about parking – remember that participants might not all have a blue badge

What you will need
• the Low mood and MS PowerPoint course slides (see over)
• laptop/ computer and projector
• name labels
• handouts, including notes on the relaxation exercise and paper copies of that session’s slides for each participant (see over)
• worksheets
• homework sheets
• notes pages of PowerPoint slides (for you)
• chairs and tables
• coffee, tea, water, biscuits
• CD player and relaxation CD
• whiteboard/ flipchart

Information booklets from the MS Society or MS Trust are useful to have available if people ask for more information. They can be ordered for free from the websites.
The six sessions

The content of each session is designed to address a factor relating to mood. This is discussed in the context of also having MS.

The six sessions:
- Introduction
- Problem solving and target setting
- Worry
- Gloom
- Relationships
- The future

The handouts, slides and accompanying notes are available from MS Society Education Team – 020 8438 0700 education@mssociety.org.uk

Session 1 – Introduction

Outline of the session
- Introduce the facilitators to the group members
- Give the group members a chance to get to know each other
- Provide information on psychological adjustment
- Highlight problem areas
- Relaxation session

The initial session provides introductions to the group and other group members. Participants should be encouraged to feel comfortable within the group environment. The group members should be introduced to the main aims of the group, including:

- sharing problems
- sharing ideas for coping with these
- sharing information
- establishing a support network
- realistic adjustment to MS symptoms
- enjoyment

The ‘rules’ of the group are discussed. These include:

- allowing enough time for everyone to talk
- making clear there is no pressure to say any more than you want to
- keeping personal details of other group members confidential

It should be emphasised that, while individuals should not feel pressured to speak unless they want to, they are more likely to benefit if they participate in the discussion.
Give the group members a ‘get to know you’ task. For example: ask members to get into pairs and then ask each member to find three interesting facts about their partner. The pairs then take it in turns to introduce their partner back to the group (Session 1 Handout 1). It works well if the group facilitators are also involved in this task.

A presentation on psychological adjustment is provided, which introduces the cognitive behavioural model, as shown in the diagram below. This is also used in the other sessions.

Approximately 10-15 minutes should be allowed for a refreshment break. This helps to encourage the group members to socialise, which is especially important in the initial session.

After the break there is discussion about problems encountered with MS. Group members are asked to think about problems they have experienced and to discuss them with the person next to them. While thinking about their problems, the group should be asked to try and find specific examples such as ‘finding it difficult to walk to the shops’ instead of general statements, such as ‘having MS’. Depending on the size of the group, the group members can be asked to discuss their problem areas in small groups and to feed back to the group as a whole.

The relaxation session at the end includes a diaphragmatic breathing exercise.

Not everyone enjoys or finds relaxation useful or comfortable to participate in. Ask for feedback from the group after the first relaxation session.

The homework for the first session is to finish completing the problem sheet (Session 1 Handout 2) and to rank problems from the most important to the least. Group members should be asked to add examples when at home and to bring them to the second session.

(Forman, 2007)
Session 2 – Problem solving and realistic target setting

Outline of the session

• Discuss common problems
• Develop problem-solving skills
• Address realistic target setting

This session addresses the common and most important problems group members face. This may include memory and concentration problems or access and mobility problems.

The session starts with an overview of the homework and a discussion of the problems that people identified. Asking the group members to think of problems they have solved in the past and to think of the process by which they did that helps to highlight the problem-solving method.

The presentation describes the method of problem solving. This includes breaking down the problem into manageable chunks, saying what the problem is, looking at it from all sides, brainstorming solutions, weighing up solutions, deciding what to try first and trying it. Using the problem-solving method in this way allows the individual to take a step back and approach the problem in a practical manner. This will not be a new process for some people, but it allows them to explicitly look at problem solving.

The process of brainstorming allows all potential solutions to be stated, even if they are highly expensive or totally unrealistic. For example, the problem of ‘lack of concentration at work’ may promote problem-solving solutions such as ‘quit my job’ or ‘obtain a notepad to record things to do’. Although the first solution is extreme it can be beneficial to look at all the possible solutions. Approaching a problem by asking ‘What would other people do in this scenario?’ can provide examples of solutions they may not have thought of before (Session 2 Handout 1).

Weighing up the potential solutions helps provide an explicit assessment of the positive and negative aspects of each. Group members are encouraged to pick two or three of the solutions and then to assess what the pros and cons of the ideas are (Session 2 Handout 2). The group members’ task is to work through a problem which is important to them and to consider ways they can problem-solve. The facilitator’s role is to go around the group and provide support and further explanation to group members.

Finally, encouraging group members to break a goal into manageable chunks helps to provide realistic methods for success (Session 2 Handout 3).

This session covers many methods of problem solving and it is likely that different people will be successful at different stages of the problem-solving process. If people are able to present a specific problem and potential solutions then this may be all they need to start the process. The facilitator should promote the idea that it is for the individual to decide which method is best suited to them, and to encourage them to apply the method to problems they come across.

The anger diaries (Session 2 Handout 4) are given out in this session but used in Session 4 (Gloom). They provide group members with the opportunity to record times of anger and help to identify any obvious triggers.
Session 3 - Worry

Outline of the session

- Understanding what worry is and how to recognise it
- How worry can affect your body
- How worry comes across in your thoughts
- Ways of reducing worry

The session starts with an overview of the previous homework – asking whether people were able to solve any of the problems using the methods, or achieved any of their targets.

The aim of this session is to explore feelings of worry and the physical symptoms that worry causes.

Asking the question ‘What is worry?’, and what other words can be used to describe it, opens the topic. Going through the physical impact as well as the behavioural and cognitive effects enables the facilitator to make people aware of the ways in which worry affects them. This can help people to identify worry when they experience it (Session 3 Handout 1).

The presentation of a vicious cycle helps to highlight the way in which the behaviours, thoughts and physical effects of worry all interact to produce a state of anxiety. Highlighted by an arrow, the ability to intercept this cycle, and to stop it in its tracks, is the key to providing coping mechanisms for anxiety. The issue of worrying thoughts is addressed. It is explained how replaying a worrying thought over and over leads to it becoming an automatic thought.

Methods of coping with the feelings of worry can be addressed by controlling:

- **Thoughts**, by blocking out negative thoughts and counteracting them with a rational view or positive thought (Session 3 Handout 2).
- **Physical** symptoms, for example reducing increased heart rate and butterflies in the stomach by using physical relaxation methods or meditation.
- **Behaviours**, by identifying the behaviours associated with worry and stopping or altering them. For example, rather than rushing a piece of work or something which is important, making a conscious effort to take time and to control the behaviour.

These factors interact and so members should be encouraged to change more than one of them.

The issue of whether it is beneficial to talk about worry is discussed and how individual differences will affect the level of worry that people experience. It is important to emphasise that worry is natural and that the session is designed to provide a way of recognising worry and acting on it.

Homework for this session is to use the methods identified in the session to reduce feelings of worry, using the worry less worksheet (Session 3 Handout 3).
Session 4 – Gloom

**Outline of the session**

- Understanding feelings of low mood and depression
- Identification of these feelings
- How gloom and MS interact
- How to tackle feelings of low mood
- Anger management

In the original research programme this was run as one session. However, there is a lot of material to cover and so it may be better to move some of the material into the final session.

The aim is to discuss feelings of low mood and sadness. Initially, the homework on worry is discussed and group members are asked to share whether they found any of the anxiety-management methods useful, or whether they had difficulties implementing them. Problem-solving techniques can be suggested to identify new ways of coping with them.

The presentation provides a description of depression and provides an opportunity for discussion about differences between chronic, situational and acute depression states, as well as feelings of low mood and clinical depression. This can be difficult to present. Group members will have differing experiences of depression; for example, from mild low mood to clinical depression. The focus is on understanding that feelings of low mood and depression are on a continuum and it is important to recognise these and to have the skills to manage them.

The session goes on to link the feelings of low mood with the symptoms of MS. The grief cycle may come up in discussion, with the feeling of loss associated with a diagnosis of MS, the experience of a relapse or the occurrence of new symptoms.

Ways to tackle feelings of low mood are then discussed. Methods, such as increasing enjoyable activity to promote positive reinforcement, combating negative thought processes to challenge feelings of low mood, and trying to break the pattern of ruminating low thoughts, are discussed. The ways that feelings of low mood can affect partners and supporters, as well as group members, are mentioned.

The focus of the second half of the session is on how to tackle feeling low. A series of handouts encourages people to think of their own examples and to work on their feelings. The initial handouts (Session 4 Handouts 1 and 2) ask group members to identify enjoyable activities and the things that make them happy, as well as negative thoughts and the things that make them miserable. Group members are then asked to discuss how they can challenge the negative thoughts as well as increase the activities which they enjoy (Session 4 Handouts 3 and 4).

A group discussion, or a discussion in small subgroups, can help people to share ideas.

There is a short time to discuss anger management, with the focus on being able to identify what triggers an outburst of anger and how to intervene in order to have more control over these feelings (See Session 2 Handout 4).

The session briefly covers the pros and cons of medication to help with low mood. Although many people find antidepressants effective, some may not. It can be useful to include St John’s Wort in this discussion.

Homework is set to promote the increase in enjoyable activities or to challenge negative thoughts when they arise. Some people find that writing their thoughts down and challenging them is effective. Others prefer to do this process in their heads. Group members should be encouraged to try the methods discussed in the session.
Session 5 – Relationships and others in our lives

Outline of the session

• Investigating feelings about partners or carers
• Understanding the views of members of the public
• Issues when talking to professionals and how to overcome these

The homework from the previous session is discussed – to check whether anyone successfully managed to challenge a negative thought process or to increase an enjoyable activity.

The session starts by trying to understand how problems and worries can affect relationships. The extent to which this is specific to someone with MS is addressed.

The initial focus is on people close to the group members and then progresses to people who are less close. Some people are reluctant to discuss personal relationships, although most are happy to talk about what they think members of the public think.

This session considers promoting appropriate communication between group members and their partners, carers and supporters. The aim is to help members think about other people’s perspectives and understanding of MS and how it is managed.

The presentation and discussion then moves on to the ways carers and supporters cope with the emotions they experience – for example, by offering too much support – and how this affects the way group members feel and behave with them.

The presentation includes a series of questions related to a close carer, partner or supporter relationship. Not all questions (Session 5 Handout 1) will be relevant to everyone. Group members should be asked to choose those which are relevant to themselves. These can be discussed in pairs and then fed back to the group.

After the break, the discussion moves on to those people who are not as close to the individual as the partner or carer. For example, relationships with the people you meet in the street or bump into in the shop. A set of scenarios (Session 5 Handout 2) is used to prompt thinking about peoples’ understanding of MS and their likelihood of understanding fully the issues presented by the group member.

Asking group members to think about what they would have thought and how they would have reacted before their diagnosis can be used as a prompt. For example, they may discuss people who were walking with a walking stick and unsteady, or a colleague who has time off due to MS. Asking what their opinions were prior to their diagnosis and what they are now can help to highlight how little the general public knows about MS.

Finally, the session considers relationships with professionals and how to communicate effectively with them.

The questions presented in Session 5, Handout 1 are used as homework with the supporter/carer.
Session 6 – The future

Outline of the session
• Coping with change
• Assessing change in our lives
• Creating an emotional first aid kit

The aim of this session is to recap on all the techniques that have been introduced and to go over the ways they can be applied in the future.

The session starts by asking whether anyone had success applying the questions provided in the previous session to their partners or carers.

The topic of life change is raised and discussed. Group members are asked to think of positive things which they have gained from their diagnosis of MS. Group members are also asked to look at what has changed and what has stayed the same in their lives. For example some people report feeling closer to their partners, others are able to enjoy new hobbies. This provides examples of adapting and adjusting to new challenges.

Each individual is asked to pick a life-changing experience, besides their diagnosis. For example, it might be the birth of a first child or the death of a parent. Then with reference to this event, they are asked to answer questions about it – such as, was it nice or nasty? Who helped them to cope and how? This can then be shared with the rest of the group (Session 6 Handout 1).

This provides an example of a challenging event to which they have adapted. It highlights their resources to adapt to changes in their lives. The exercise asks them to look back and be objective about the decisions they made, and to evaluate how this might be applied to current decisions. It should be emphasised to the group that in order to cope they need to address many areas in their lives, as these all impact on each other. It may be that making adjustments in one area can have a positive effect on another, and constant evaluation can aid adaptation.

Session 6 Handout 2 is used to help members see positive events since the diagnosis of MS. Session 6 Handout 3 provides examples of activities and roles which remain the same despite a diagnosis of MS. These exercises are aimed at highlighting how, despite the challenges faced due to MS, people still fulfil many of the same roles and maintain many of the same activities as before.

After the break, the group members are introduced to the notion of the MS first aid kit (Session 6 Handout 4). The MS first aid kit is a series of questions which prompt answers to provide support at times of feeling low. For example: ‘Who can you discuss your concerns with?’ and ‘Who can you have fun with?’. The kit also aims to provide coping techniques for reducing worrying or low thoughts (referring to Sessions 3 and 4) and also ways to problem-solve (Session 2). If individuals want to design their own layout, this should be encouraged.

Group members should also be encouraged to review the material they have been given and to continue using the skills and methods practised in the sessions. Make available telephone numbers of people who can offer help, and other useful sources of information. These could include local and national voluntary organisations such as the MS Society, as well as health and social care contacts. It might also be helpful to explain to them how they might keep in touch with each other (if they choose), rather than assume they will do that.
Appendices

- Session handouts / homework
- My MS first aid kit
- Deep breathing
Getting to know each other

Name of partner

Three Interesting Facts

1.

2.

3.
Please write down some difficulties you have been experiencing as a result of your MS. Order them according to their importance. Please bring this list to the next group session.

<table>
<thead>
<tr>
<th>PROBLEM YOU ARE EXPERIENCING</th>
<th>ORDER OF IMPORTANCE</th>
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What's the problem?
### Possible solutions

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<thead>
<tr>
<th>PROS</th>
<th>CONS</th>
<th>Best option</th>
<th>Think again date</th>
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1.  
2.  
3.  
4.  

Best option:

Think again date:
Realistic goal setting

Goal

How can you break down your goal?

Step 1

Step 2

Step 3

Step 4

Step 5

Who can help you achieve your goal?

How can they help?
# Anger diaries

<table>
<thead>
<tr>
<th>DAY</th>
<th>TIME</th>
<th>WHO WITH YOU</th>
<th>ABOUT</th>
<th>HOW DID YOU FEEL BEFORE?</th>
<th>HOW DID YOU FEEL AFTER?</th>
<th>WHAT COULD YOU HAVE DONE TO AVOID THE SITUATION?</th>
<th>HOW ANGRY DID YOU FEEL? (0 = NOT AT ALL, 10 = VERY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>12ish</td>
<td>Husband</td>
<td>Washing up</td>
<td>Frustrated and tired</td>
<td>Wound up</td>
<td>Had some food</td>
<td>6</td>
</tr>
</tbody>
</table>
How does worry show?

What happens to your body?

[Blank lines]

How does worry make you feel?

[Blank lines]

How does worry make you act?

[Blank lines]
## How to combat worrying thoughts

<table>
<thead>
<tr>
<th>WORRYING THOUGHT</th>
<th>POSITIVE THOUGHT</th>
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</table>
Worry less worksheet

Thoughts
A helpful thought I will keep in mind this week:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Body
A new way I will try to relax my body this week:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Actions
One thing I intend to alter about how I am acting is:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
What can we do to improve our mood?

Activities:
Think of the things which make you happy

•

•

•

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•

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<tr>
<th>How can I increase the things I enjoy?</th>
<th>How can I decrease the things which I do not enjoy?</th>
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Thoughts
What are some of the negative thoughts you have?

•

•

•

•

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•
To help you combat negative thoughts think of answering these questions:
- What is the evidence for this?
- What are alternative views here?

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<thead>
<tr>
<th>NEGATIVE THOUGHT</th>
<th>RATIONAL RESPONSE/POSITIVE CHALLENGE</th>
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<tbody>
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</table>
Ask yourselves these questions and discuss with others whether they experience similar situations with their supporters.

Show them to your supporter or carer and see what they think.

Is there any reason why you act this way? Could this be changed?

- Do I always try and see the other’s point of view?

- How can your supporter show that they care other than doing too much for you?

- What decisions does your supporter make for you now? How could you get back the initiative?

- How much of a routine can you put into place to help your supporter?

- Is outside help more of a hindrance? How could they be more useful?

- Do you share your hopes, worries, difficulties with each other? Or do you expect them to guess what they are? What could/should you tell them?

- Do you have enough time away from each other?

- How can you look after yourself better?

How can you help each other?
Think about how you would react in the following circumstances both before and after your diagnosis...

A  You see a young person with a walking stick walking unsteadily

B  You meet an old friend – say hello – and they answer in a slurred voice

C  One of your workmates (same age as you) has MS. After a couple of months off work they are due to return to work.

D  You invite some close friends over for a meal. One couple say ‘No’ to the invitation as one of them was diagnosed with MS 6 months ago and gets very tired. You feel puzzled because you have seen this friend out and about in the supermarket.

Before:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

After:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Coping with change worksheet

The change I have experienced before:

<table>
<thead>
<tr>
<th>What were the effects of this change?</th>
<th>My change</th>
</tr>
</thead>
<tbody>
<tr>
<td>How long did the effect of this change last?</td>
<td></td>
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</tbody>
</table>

Was it nice or nasty?

What effect did it have on you?

What did you do to cope with change?

Who and what helped? And how did this help?
Think positively and discuss in pairs these statements:

- A new opportunity since my MS has been...

- Something I have gained since my MS...

- Something I have learned about myself since my MS...

- Something I have learned because of my MS that will be useful in the future...
What has stayed the same - activities

1.

2.

3.

4.

5.

What has stayed the same or changed – roles

<table>
<thead>
<tr>
<th>Roles which have stayed the same</th>
<th>Roles which have changed</th>
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My MS first aid kit

All the following answers are aimed at helping you to draw on the resources you have to help you feel better when you are feeling down. Keep it somewhere safe so you can look at it again if you need to.

People you know –
We all need support in our lives:

Someone you can discuss concerns with?

Someone you feel close to?

Someone you can get information about MS from?

Someone who makes you feel like your old self?

Someone who will challenge you and make you face the things you need to face?

Someone you can have fun with?

Looking after yourself –
Trying to make yourself feel better:

Do you regularly exercise? If not, what could you do?

Do you eat well? If not, what could you alter to make sure you do?

Do you follow a regular routine? If not, what could be reorganised?

What do you enjoy doing?

Dealing with feelings –
Trying to think positively:

Do you often think ‘It’s not fair – this shouldn’t happen to me’? If so, how could you cut this down?

Do you plan ahead for times when you may be more anxious or low? If not, how could you do this?

Have you thought about how you dealt with difficult situations in the past and decided how you can use the same tactics now?

Do you find opportunities to express strong feelings in ways that help you – but don’t hurt or offend others? If not, how could you do this?

Have you found at least one thing you have gained by having your MS diagnosis? A personal quality – an opportunity – something you have learned? What is it?
When it is stressed, your body works harder and needs more oxygen. Your breathing becomes fast and shallow as your body prepares for action. Breathing like this can bring on unpleasant feelings like tingling, dizziness and muscle pain.

One simple way to relax is to breathe in a relaxed way, called diaphragmatic breathing. People find diaphragmatic breathing really useful because it can prevent stress building up. It is quick and easy to do and you can use it in almost any situation.

To begin with, it is easiest to practise diaphragmatic breathing lying down.

Start by placing one hand on your upper chest and one on your stomach.

Now, as you breathe normally, notice which one of your hands moves more. Many people find that the hand on their chest moves more. However, when you are breathing in a relaxed way your stomach should be doing most of the work.

Try it now.

As you gently breathe in through your nose, allow your stomach to rise. As you breathe out your stomach should sink again. Your chest should not move much, if at all.

Remember, breathe in, stomach out; breathe out, stomach sinks in again.

If you are finding it difficult, push your stomach outwards slightly as you breathe in. Feel it filling with air. As you breathe out, let your stomach sink back again. You don’t need to take deep breaths, just breathe comfortably.

This way of breathing may feel odd whilst you are learning it, but most people find it becomes easy with a bit of practice. Then you can use it regularly through the day to help you prevent stress building up.

Examples of relaxation CDs

Examples of relaxation CDs are available from:

Your Wellbeing – http://your-wellbeing.net/category/cds/
The site has NHS-approved relaxation CDs, tapes and downloads.

CDs are also available from Speakeasier – www.speakeasier.org/self-help-cds
Resources for facilitators and participants

Get in touch with the MS Society Education Team for details about the resources to deliver this course, including:

- Training opportunities
- PowerPoint slides
- Presentation notes to accompany the slides
- Handouts and homework sheets
- Relaxation exercises

MS Society Education Team
020 8438 0700
education@mssociety.org.uk
**MS Society**

Multiple sclerosis (MS) is the most common disabling neurological disorder affecting young adults and we estimate that around 100,000 people in the UK have MS.

The MS Society is the UK’s largest charity dedicated to supporting everyone whose life is touched by MS – personally or professionally. The MS Society works with health and social care professionals to improve services by:

- promoting good practice in MS treatment and care
- publishing newsletters, reports and educational materials
- organising networking opportunities and events
- funding research into the cause of MS, as well as developing more effective treatments and improving care and services for people living with MS – with an overall research portfolio worth over £18 million

**Join the MS Professional Network**

The MS Society Professional Network links thousands of health and social care professionals. Members have a shared interest in improving services for people with MS and receive:

- e-newsletters to keep up to date
- opportunities for learning and information exchange
- opportunities to promote and share good practice
- priority access to the MS Society's new education and information resources
- support and advice on research, service audit and development

Membership is free. Simply register online at [www.mssociety.org.uk/profs](http://www.mssociety.org.uk/profs)

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**MS Society contact information**

**MS National Centre**
372 Edgware Road
London NW2 6ND
Tel: 020 8438 0700
info@mssociety.org.uk

**MS Society Scotland**
National Office
Ratho Park, 88 Glasgow Road
Ratho Station
Newbridge EH28 8PP
Tel: 0131 335 4050
msscotland@mssociety.org.uk

**MS Society Northern Ireland**
The Resource Centre
34 Annadale Avenue
Belfast BT7 3JJ
Tel: 028 9080 2802
information@mssociety.org.uk

**MS Society Cymru**
Temple Court
Cathedral Road
Cardiff CF 11 9HA
Tel: 029 2078 6676
mscymru@mssociety.org.uk

National MS Helpline Freephone 0808 800 8000 (weekdays 9am-9pm)
[www.mssociety.org.uk](http://www.mssociety.org.uk)

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