



Talking Therapies

CBT, Anxiety and Depression

Core Workbook

Website: www.talkingtherapies.berkshire.nhs.uk

Email: talkingtherapies@berkshire.nhs.uk

Phone: 0300 365 2000

Crisis Numbers:

NHS Direct (Out of hours GP Service) - 111

Samaritans - call 116123, email jo@samaritans.org

website www.samaritans.org

If you have concerns about any deterioration in your own mental health, please contact your GP

iapt

Improving Access to Psychological Therapies

What Is Cognitive Behavioural Therapy (CBT)?

Brief History

CBT was initially developed in America during the 1950s by Professor Aaron Beck. Although there were various available forms of psychological treatment these were mainly aimed at focusing on our early lives related to the past. Beck wanted to explore changing how we feel in the present time. He identified that when we feel down we are more likely to see things in an unhelpful way; we become more self-critical and tend to misinterpret many things negatively. Beck also identified that during periods when we are feeling particularly low and unsettled we change what we do and how we relate to others; some of the changes we adopt often backfire and worsen how we feel. Based on this framework CBT was developed as a **self-help** form of psychotherapy: to empower individuals to make practical changes in their thoughts and actions in order to improve how they feel.

Why use CBT?

CBT can help you to change the way that you think ('cognitive') and what you do ('behaviour'). These changes can help you to feel better. Unlike some of the other talking treatments it focuses on the 'here and now' problems and difficulties you may be experiencing by providing a helpful set of tools to make positive change possible. CBT has proven to be one of the most effective ways of improving our wellbeing as a self-help approach and has been endorsed by the National Institute of Clinical Excellence (NICE; www.nice.org.uk) as a recommended treatment option.

It is a useful way of addressing:

- How we think about ourselves, the world and other people
- The effects of what we do on our thoughts and feelings

When does CBT help?

CBT has been shown to help with many types of problems which include:

- Depression
- Anxiety
- Panic
- Phobias (including agoraphobia and social phobia)
- Stress
- OCD (obsessive compulsive disorder)
- Insomnia

Research has also found that CBT strategies have proven helpful if you have difficulties with stress, low self-esteem or physical health problems such as fatigue and lack of energy.

How does CBT work?

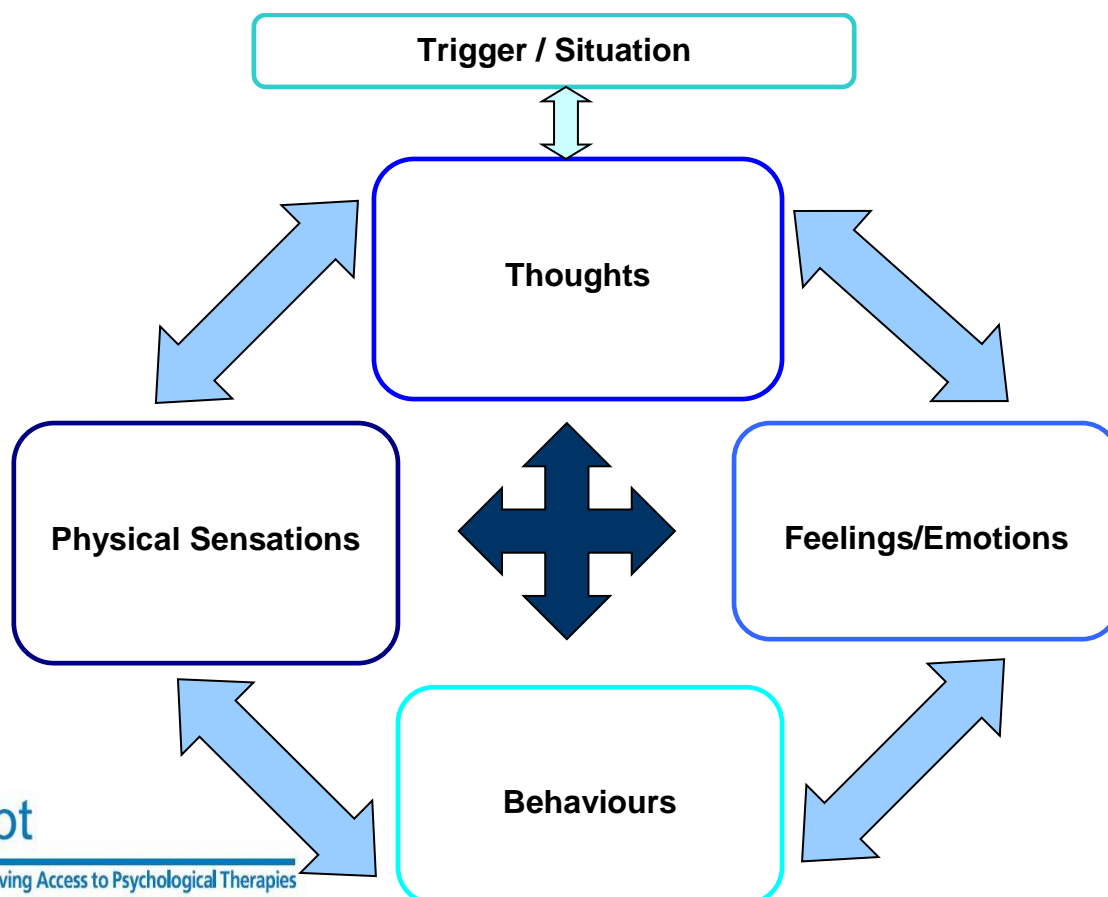
CBT can be particularly useful at helping you to make sense of overwhelming problems you may be facing in everyday life by breaking them down into smaller and manageable pieces. This makes it easier to see how they are connected and how they might affect you. These segments are:

- **Situation** - a problem, event or difficult situation in any aspect of your life

This is often followed by:

- **Thoughts** (things going through your mind)
- **Feelings** (the emotions you might be experiencing)
- **Physical reactions** (the physiological sensations in your body)
- **Behaviour** (the actions you might/might not follow through)

Each of these different areas often affects the others; the way in which you think (**thoughts**) about a problem can affect how your body reacts physiologically (**physically**) and emotionally (**feelings**). It can also alter what you do about it (**behaviour**). A simple way of showing this process is in the diagram below called a **hot-cross bun**:



There are helpful and unhelpful ways in which we might respond to situations we face that are influenced by how we think about them in our minds.

For example:

Situation	<i>It is raining outside and you are walking down the high street with your umbrella. You are feeling cold, wet and not particularly cheerful. As you walk down the road, someone you know walks by and, in your opinion, chooses to ignore you.</i>	
	Unhelpful	Helpful
Thoughts:	He/she has decided to ignore me - they don't like me	He/she looks pre-occupied and fed up with the bad weather - I wonder if there's something wrong?
Feelings:	Low, sad and rejected	Concerned for the other person
Physical:	Stomach cramps, dry mouth, low energy, palpitations	None – feel reasonably comfortable
Behaviour:	Go home and avoid this person	Contact the person to make sure they are OK

There are many ways to interpret this situation, above are two examples. How you think has affected how you felt at the time and what you did as a consequence. In the example in the left hand column, you have jumped to a conclusion without very much evidence for it; this is significant as it has led to:

- Thoughts going through your mind that might not necessarily be accurate
- Several uncomfortable feelings that will make you feel worse
- Unpleasant physical reactions
- Unhelpful behaviour

If you go home feeling low in mood you're more likely to dwell on the incident and feel worse. However, taking a proactive approach e.g. contacting the other person, leads to a stronger probability that you will feel better about yourself. This gives you the opportunity to rectify any misunderstandings about what they think of you and you will potentially feel better. This is a simplified way of using an effective application of CBT (by changing the way you think which affects the other three areas).

How effective is CBT?

- There is a lot of research that shows CBT to be effective which has resulted in it becoming one of the most widely used talking treatments in the NHS.
- It has been proven to be an extremely effective treatment for common conditions such as anxiety and/or depression in addition to panic disorder, agoraphobia and specific phobias
- It can be as effective as antidepressants, in mild to moderate depression.
- It recognises you as an expert of your own experiences and places you at the centre of change, empowering you to become your own therapist.

What if my symptoms return?

There is always a risk that previously experienced symptoms may return. If they do, your CBT skills (toolbox) should equip you to better deal with your symptoms making it easier for you to control them. Therefore, it is recommended that you continually practise your CBT skills- even after you are feeling better. If necessary, you can have a 'refresher' course in the future.

What impact would CBT have on my life?

Depression, anxiety and a range of other disorders that have a negative impact on your psychological wellbeing are unpleasant. They can have a negative effect on your ability to work and enjoy life to the full. CBT adopts practical strategies that can help you to stop undesirable symptoms and regain control. It does not have any side effects and is very unlikely to have a negative impact on your life, apart from the time you need to invest to do it.

CHANGE VIEW: 10 key facts about CBT

Change: your thoughts and actions
Homework: practicing skills
Action: make realistic change
Need: identify your main problem
Goals: move towards achievement of them
Evidence: CBT works and is successful

View: events from another realistic angle
I can do it: self-help approach
Experience: test out your beliefs
Write it down: to remember progress

What is anxiety?

Anxiety is a completely normal and natural response to situations that we perceive as threatening. Everyone experiences anxiety, although the level of anxiety and the situations in which it presents itself can differ from person to person. For example, some people are terrified of speaking in front of a large audience, whereas other people are able to do this and remain calm.

Fight or Flight

Anxiety serves a very important function – to protect us from danger. When we are faced with a threat our bodies produce a surge of adrenaline that equips us to deal with that threat. This is commonly referred to as ‘fight or flight’.



Imagine this scene: A caveman is out hunting for his dinner, when he is faced by a hungry tiger.

What does he need to do in order to survive?

He needs to either fight the tiger off or run away!

In order to fight or flee, the body must prepare itself in a number of ways:

- The brain sends messages to the body to pump adrenalin into the bloodstream and large skeletal muscles of the arms and legs
- As a result the heart pumps faster and needs more oxygen
- The body needs to cool down so it may sweat causing clamminess or capillaries come to the surface of the skin resulting in blushing
- To be as light as possible there may be a need for the bowels to empty or frequent urination to occur

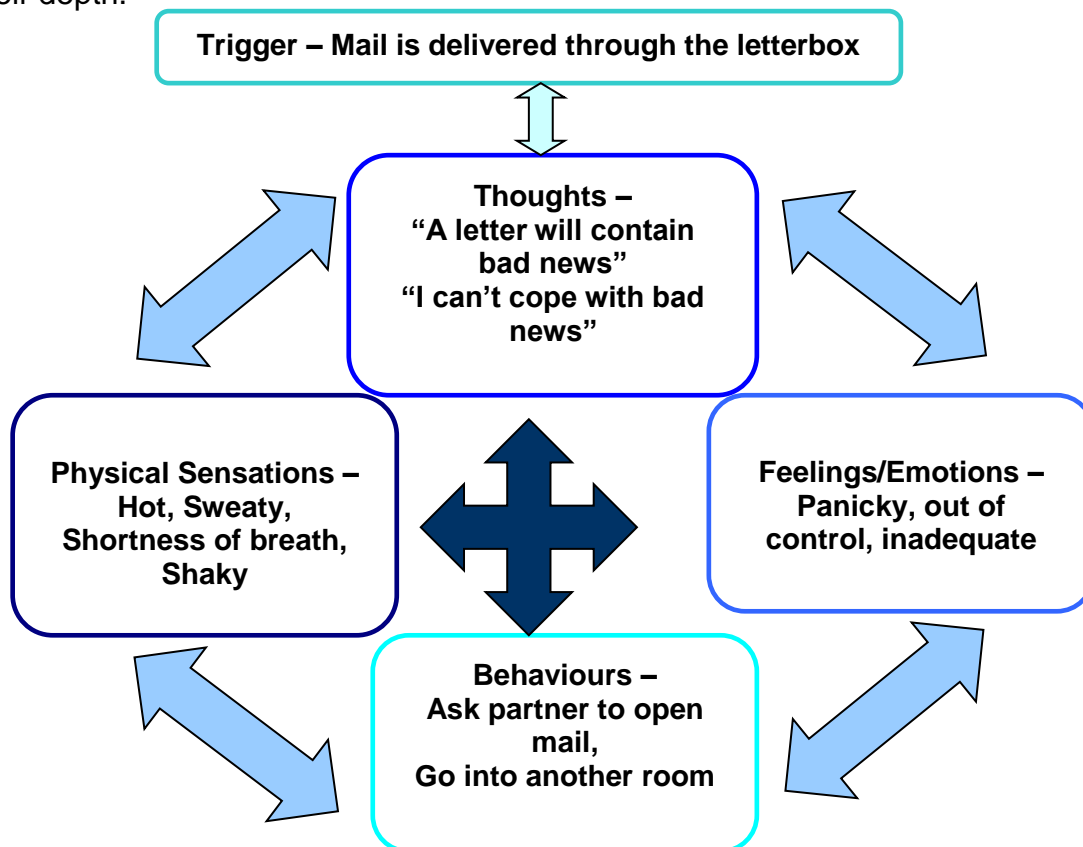
In modern life it is very unlikely that we will be faced with hungry tigers – but we are still exposed to real or imagined threats or stressors in daily life and our bodies respond to these with the same response. If the situation is not physically threatening (e.g. giving a presentation) then this response is not helpful for coping with the situation and can actually be quite frightening.

Physical symptoms of anxiety include:

- Increased heart rate
- Sweating, trembling
- Blurred vision
- Nausea, indigestion or diarrhoea
- Dry mouth
- Headache/feeling light headed
- Butterflies in stomach
- Muscle tension

So if anxiety is a normal and natural reaction to threats, then why is it such a problem for me?

Anxiety becomes a problem when it starts to interfere with our ability to function in daily life. This can happen when we begin to perceive neutral, safe situations as threatening. People who suffer from anxiety problems tend to *overplay* the threat in certain situations and at the same time *underplay* their ability to cope with that threat. This leads to the person feeling overwhelmed or out of their depth.

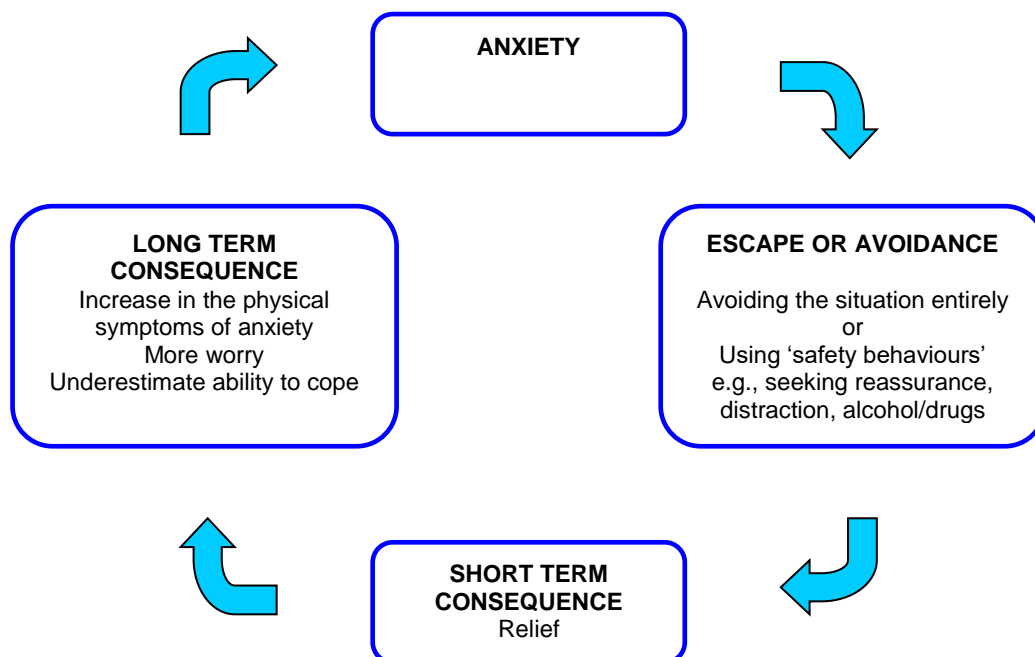


What maintains anxiety?

Avoidance

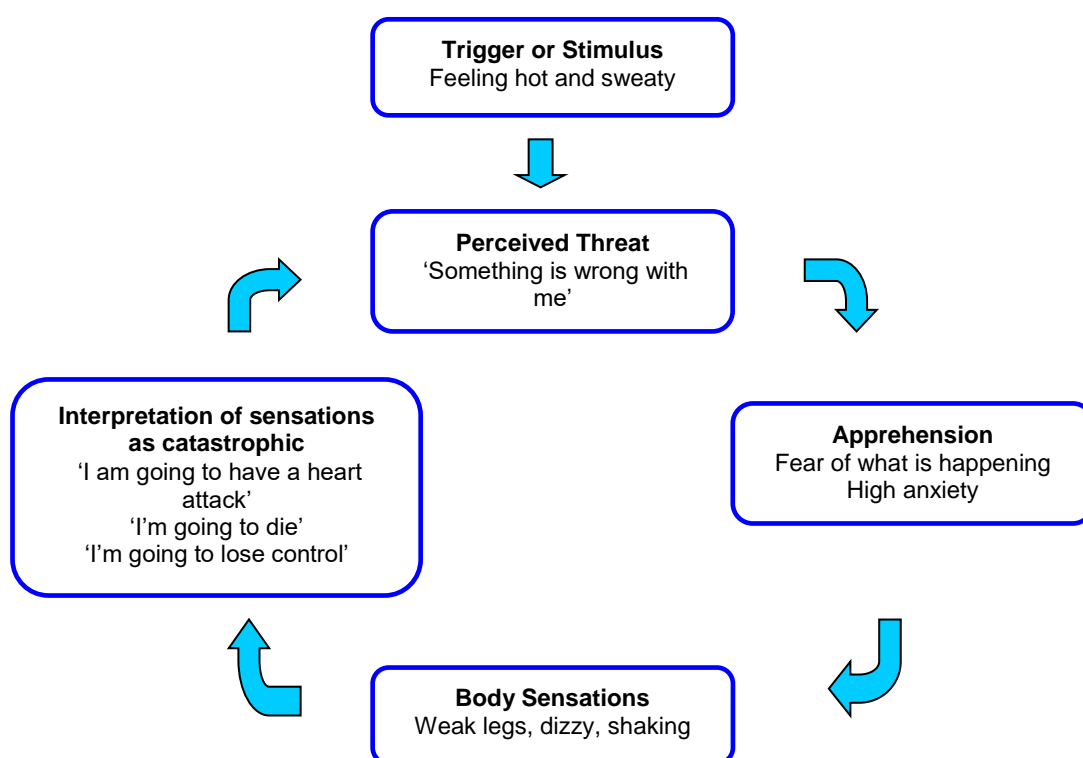
When we find a situation anxiety provoking we tend to escape or avoid the situation. This gives us immediate relief from the anxiety in the short term, however by avoiding the situation we reinforce our belief that we are incapable of coping. Therefore next time we go into that situation we feel even more anxious than we did before, and are even more likely to try and avoid it. Avoidance can come in many forms, for example we may use 'safety behaviours' to help us cope with a situation, such as distraction or alcohol. Whilst we still may be in the situation physically, we are avoiding dealing with it properly and in future may depend on these 'safety behaviours' to cope.

The Avoidance Cycle



Misinterpretation

If we are not aware of the physical symptoms of anxiety we may believe that the symptoms we are experiencing are due to something else, such as a physical illness. We might also misinterpret the symptoms in others ways, for example we may think that we are going mad or are about to faint. This can lead to panic attacks.

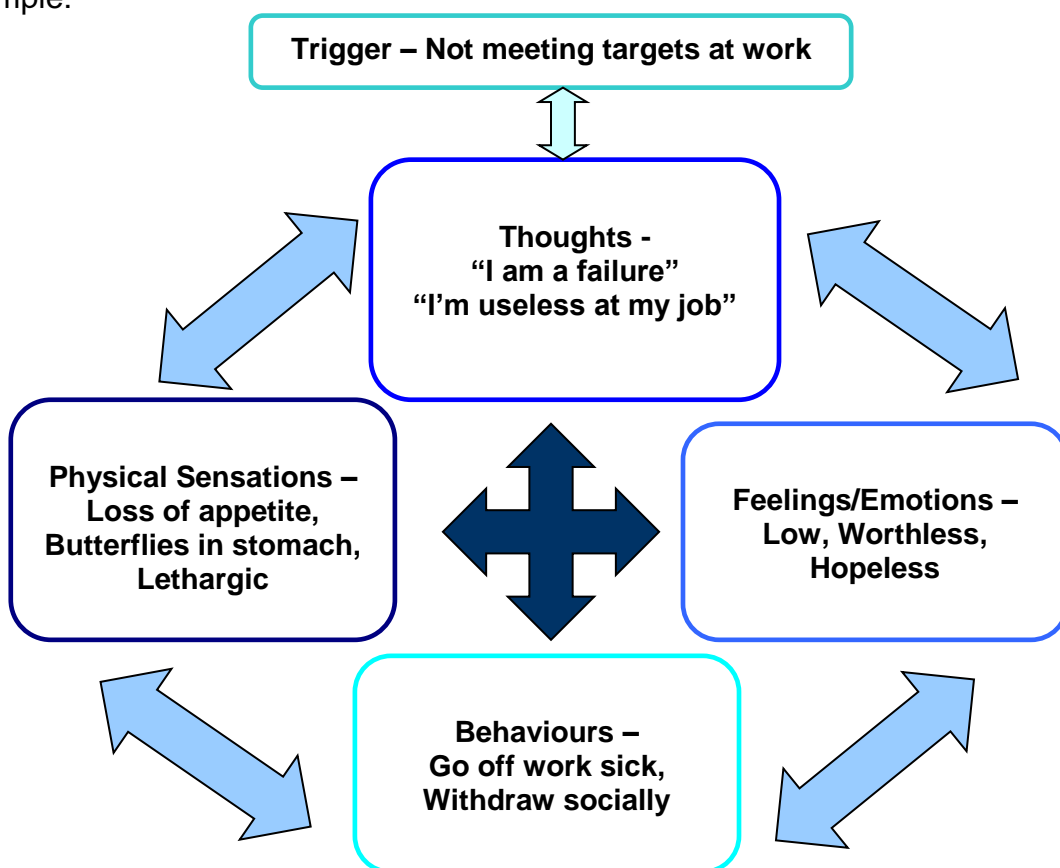


What is depression?

Feeling fed up and low in mood is a normal part of life. When difficulties or upsetting events occur it is not unusual to feel down and to not enjoy what is happening. Likewise when good things happen, a person may experience pleasure and a sense of achievement.

Usually the reasons for low mood are clear (e.g. a stressful situation, a relationship difficulty such as feeling let down by someone or a practical problem) and the drop in mood only lasts for a short period of time. Occasionally a person's mood may seem to drop for little or no obvious reason and it may be difficult to begin with to know quite why. In some cases depression can worsen and completely dominate the person's life. When someone feels very low for more than two weeks and feels like this day after day, week after week, this is called a depressive illness. When depression occurs like this, it affects the person's mood and thinking. It leads to altered behaviour and creates a range of physical symptoms in their body.

Example:

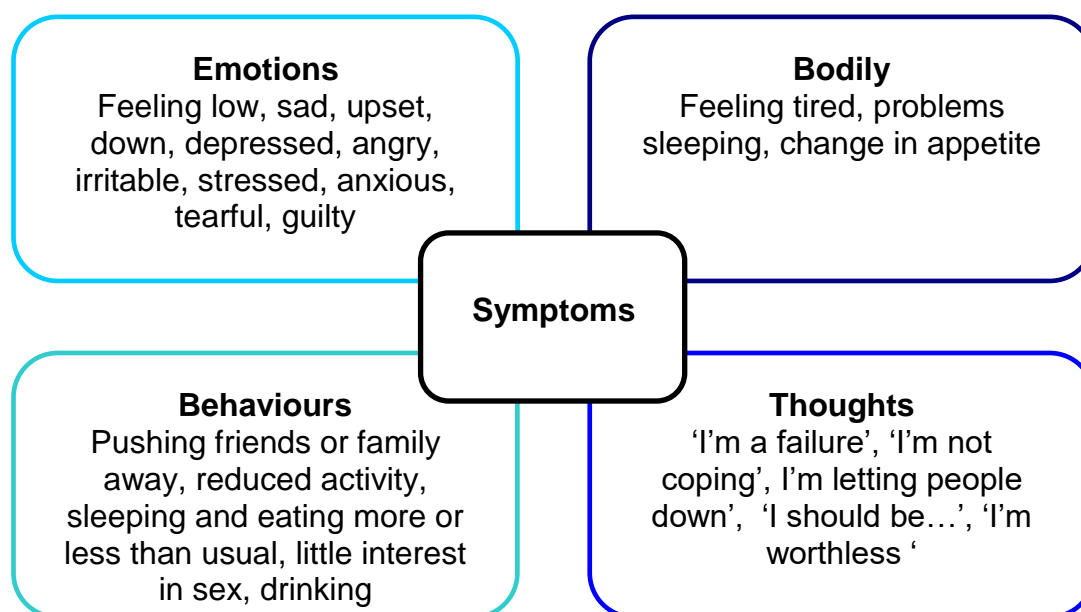


How common is depression?

Depressive illness is a common experience, which affects about one in twenty people at some time in their lives. You may know friends or relatives who have either felt depressed or have been treated for depression in the past. Depression can affect anyone. Some well-known people have suffered from depression. You may have seen television programmes or read books about their experience of overcoming depression.

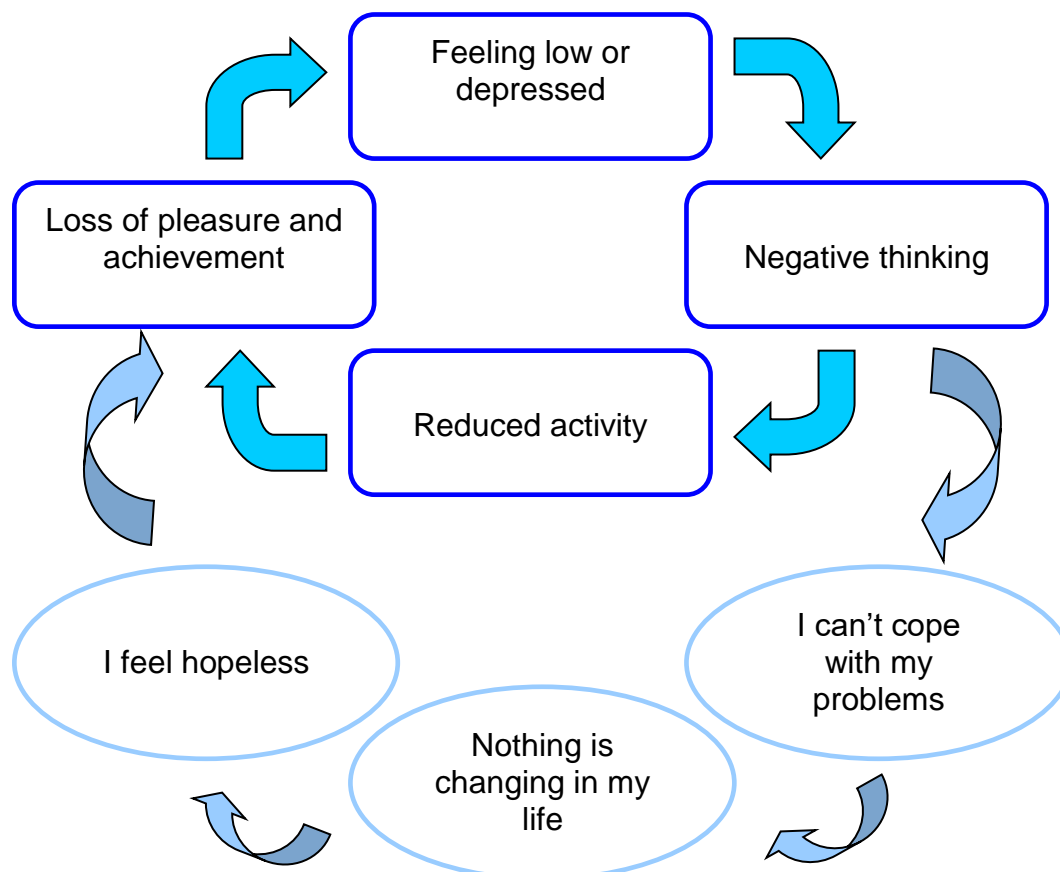
What are the symptoms of depression?

There are different types of symptoms for depression which involve our thoughts, behaviours, emotions and bodies. Examples of these symptoms are outlined below:



How does depression work?

Our life events, relationships lifestyles, practical problems, financial situations and other difficulties can sometimes trigger depression. This leads to a negative cycle of depression relating to the symptoms mentioned above.



This cycle illustrates that when a person is depressed their activity levels may reduce, this can lead them to stop taking part in daily routines such as household chores, necessary activities like paying bills or sorting out an important problem, and pleasurable activities such as seeing friends. By not doing these things anymore, the person is not enjoying things as much or feeling a sense of achievement from anything. This has a negative impact on their mood. Having difficulties coping with and solving their problems will also add to the low or depressed mood.

Often, when a person is depressed they avoid doing things, not having to exert effort reinforces this in the short-term. However, long-term this prevents people from experiencing pleasure and achievement which are important to help them to feel better. This is why depression can affect people for a long period of time.



Exercise 1.

Complete the 'hot cross bun' at the end of this workbook with the symptoms you are experiencing. Different situations affect us in different ways; therefore you may want to fill out a different hot cross bun for each particular situation.

Goal setting

Setting goals are an important part of your treatment, as it will help you to focus on what you need or would like to work towards and to give yourself a sense of achievement when you accomplish what you have been aiming for. Before setting your goals, it is helpful to think about your lifestyle, and consider what changes you would like to make in order to make the best of your life. You might feel that your life is too orientated to your work, studies or caring for your children or other people, or you may feel that you have little time for relaxation, family, and relationships or activities that are important to you.

Examples of goals:

Work

If you feel you are working excessively and would therefore like to reduce your hours by leaving work on time or having breaks. Alternatively you may consider a job change or a new career, which may require some educational training. If you are no longer working, it may be possible to explore part-time work.

Relaxation and activities:

If you find that you have very little time for relaxation, you might want to plan for some pleasurable activities such as hobbies, meeting friends or going out with your partner or family.

Exercise

In the past you may have been doing a lot of regular exercise that you are now unable to do. Alternatively, you may feel that you have never been particularly fit, and have always wanted to do some form of exercise on a regular basis. You therefore might like to include a particular type of exercise as a goal.

Home management

You may feel like particular jobs or chores have become neglected, and would like to plan for a regular time to do these jobs.



Sleep

If you have difficulties with sleeping you may want to try to target specific getting up and going to bed times.

Important facts about goals

1. Plan a variety of at least 4 goals

Most people find it helpful to have different types of goals to work towards, to make your life more balanced. Rather than working in one particular direction, such as work, chores, or exercise, overall goals contain a mixture of activities. Remember that pleasurable activities are as important as work. Not everything needs to be geared towards achievement and ambition.

2. Make sure they are SMART.

This stands for:

Specific
Measurable
Achievable
Realistic
Time-focused

If your goals meet all of these criteria it will make it easier for you to complete them and gain a sense of achievement. An example of a SMART goal could be: "I will aim to go for a brisk walk for 30 minutes on Tuesday and Thursday evenings of this week". This goal is specific as it states clearly what needs to be done, it is measurable as you will clearly know whether you have done it or not, it is achievable and realistic – it doesn't include a huge feat such as running a marathon!, and it is time focused in that it specifies for how long on each occasion and by when the goal will be met.

Steps to setting goals

1. Write down a list of what you would like to work towards during treatment and arrange your list into the 4 goal areas which are most important for you (e.g. work, social, exercise, pleasure)
2. Write down at least 1 goal, for each goal area on your 'Goal Sheet' on page 15.
3. Look at each of your goals, and decide how you can break each one down into manageable steps to work towards the end goal.
4. Write a list of steps you need to take to achieve each goal on your 'Goal Sheet'. You may only need 2 or 3 steps to achieve your goals, or you may need at least 8.
5. The steps should be small and graded from easy to difficult.

Goal area.....

Goal area

Goal area.....

Goal area.....

Goal	Steps to achieving goal
E.g. To do voluntary work 3 x per week for at least 2 hours on each occasion	<ol style="list-style-type: none"> 1. Write a list of voluntary work I might be interested in. 2. Phone the appropriate association(s) for information 3. Arrange an informal visit(s) to the work place 4. Arrange a graded work schedule if possible e.g. 1 hour x 3 weekly for a couple of weeks. 2 hour x 3 weekly.

Goal Sheet

My Goals	Steps to achieving goal
Goal 1	<ol style="list-style-type: none"> 1 2 3 4
Goal 2	<ol style="list-style-type: none"> 1 2 3 4
Goal 3	<ol style="list-style-type: none"> 1 2 3 4
Goal 4	<ol style="list-style-type: none"> 1 2 3 4

Other Support:

Through Talking Therapies, you can access a support network called *Support, Hope and Recovery Online Network* (SHaRON™). It is there to provide peer to peer support for people affected by depression and anxiety and is exclusively for people who are, or have been, in treatment with Talking Therapies.

SHaRON™ is managed by people who have had help from Talking Therapies in the past and are now in a position where they can share their experience and expertise to help others on their path to recovery. They are joined by members of the clinical team working at Talking Therapies who provide further help and support through SHaRON™.



If you are interested in joining SHaRON™, please ask your PWP for more information.

The workbooks used within Talking Therapies have been created by the team and are based on existing Cognitive Behavioural Therapies Guided Self Help materials that are already in circulation. These include those listed below and we recommend that if you need further information then these materials may be helpful:

Name	Source	Author/Website
The Mental Health Handbook – A cognitive Behavioural Approach (3 rd Ed)	Book	Trevor Powell (2009)
Range of NHS Self Help Leaflets including Controlling Anger, Sleeping Problems and Stress	Website	https://web.nrw.nhs.uk/selfhelp/ Available to download and print, listen to audio or watch BSL video
Living life to the full	Website	www.llttf.com
Overcoming Depression and Low Mood: A Five Areas Approach Overcoming Anxiety, Stress and Panic: A Five Areas Approach	Books	Chris Williams (2012)
Centre for Clinical Interventions (range of modules for depression and anxiety)	Website	http://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself Available to download and print
CBT self-help and therapy resources, including worksheets and self-help MP3s	Website	https://www.getselfhelp.co.uk/ Available to download and print

If you would like any more information about any of these materials please ask your PWP who will be happy to help you

Other sources used include:

Padesky, C and Greenberger, D (1995) **Mind Over Mood**. Guildford Press

Westbrook, D. Kennerley, H and Kirk, J (2007) **An Introduction to Cognitive Behaviour Therapy: Skills and Application**. Sage Publications LTD

Richards, D and Whyte, M (2011) **Reach Out** .Rethink



The Talking Therapies team (Berkshire Healthcare NHS Foundation Trust) request that these workbooks are not reproduced without the prior permission of the Talking Therapies team clinical service manager. Telephone number: 0300 365 2000



Frequently asked questions

What to do if I can't make an appointment?

Sometimes, other things will come up and you can see that you will not be able to attend your next appointment. That's okay, let us know by either calling 0300 365 2000 or email us on talkingtherapies@berkshire.nhs.uk, and just leave a message about who you were meant to talk to at what time.

Your PWP practitioner will call or email you back to rebook your appointment.

Please, try to give us notice as quickly possible so your appointment can be given to someone else.

What will happen if I cancel my appointment?

That's okay, let us know by either calling 0300 365 2000 or email us on

talkingtherapies@berkshire.nhs.uk, and just leave a message about who you were meant to talk to at what time.

Your PWP practitioner will call or email you back to rebook your appointment.

Please, try to give us notice as quickly possible so your appointment can be given to someone else.

What will happen if I miss my appointment?

You might accidentally miss an appointment because you forgot or some unforeseen thing happened. Again, that's okay, let us know by either calling 0300 365 2000 or email us on talkingtherapies@berkshire.nhs.uk, and just leave a message about who you were meant to talk to at what time. Your PWP practitioner will then call or email you back to rebook your appointment. If you don't contact Talking Therapies, we will send you an email or letter, requesting you to contact us within seven days.

If we do not hear from you within one week, we will assume you no longer require our service and that we can close your current file. However, if in the future you decide you would like to receive treatment from us, you can contact us again and we will be pleased to arrange an appointment for you.

What will happen if I miss two appointments?

If you miss ANY two appointments either consecutively or more than one without giving us at least 3 days' notice we will end your treatment and write to your referrer informing them that you have been discharged from the service. If you are unable to attend in person at short notice we will be happy to conduct your session by phone to reserve your ongoing therapy space.

What to do if I haven't completed my Home Practice?

Sometimes you might have forgotten or some unforeseen thing happened over the last two weeks so you have not done the Home Practice. These things happen, try not to beat yourself up about it.

On the other hand, completing your Home Practice is what is going to make you feel better. It is the most important part of the treatment. CBT is in that way like physiotherapy, your PWP practitioner can teach you the skills and techniques that can help you to feel better but it is the doing it that will make the difference to your mood.

Make a plan for how you can complete the home practice in the future. Have a think about what are the practical barriers that have stopped you. Maybe the following Problem-Solving technique can be helpful to you:

1. Identify the problem
2. Brainstorm solutions
3. Pros and Cons of each solution
4. Choose the best solution
5. Put a plan in place
6. Implement the plan
7. Review how it went

Your PWP practitioner can help you to use this Problem-Solving technique and set SMART goals. The best option is to be open and honest with your PWP practitioner. Together you can find how the right way for you to do the Home Practice between the sessions.

What if I'm just too busy to do the Home Practice between sessions?

Your circumstances might have changed or you might not have fully realised how little time you have for practicing the CBT strategies between the sessions.

The best option is to be frank and open about it. Tell you PWP practitioner that you just can't find the time at the moment. Together you can then talk about what other options might work better for you at the moment. This might not be the right time for you to engage with CBT treatment or you might find it easier to work through an online computer program at you own speed without set reviews with a practitioner. Another option could be to attend one of our Stress Control courses, which only takes one evening a week for four weeks.

What if I'm just too busy to attend sessions?

If you are unable to commit to attending either in person or on the telephone for the next 4 weeks then we suggest you delay the start of your therapy. Again, you might find it easier to work through an online computer program at you own speed without set reviews with a practitioner.

What if my circumstances change and I don't need any more help from Talking Therapies?

Your circumstances might change. Maybe you are now getting support from another service or the problems that initially made you contact Talking Therapies, are no longer an issue.

This is quite common but we would really like to know. Just let us know by either calling 0300 365 2000 or email us on talkingtherapies@berkshire.nhs.uk, and leave a message.

What if I feel much better, do I still need the last session about maintaining wellbeing?

It is always completely your choice whether you want the last session. However, we would like to leave you with an understanding and plan for maintaining wellbeing. In the last session we reflect and plan for the future, and this helps us preventing returning to old feelings or behaviours.



My appointments:

Date	Time	Place	Home practice

Building motivation to move forward

Thinking about the problem and beginning to work on the goals you have set. On a 0-100 scale rate:

How much impact does the problem have on my life currently?

0	50	100
Not at all		Affects everything

How important is it for me to reach my goals?

0	50	100
Not at all		Totally important

How willing am I to set aside time to get better?

0	50	100
Not at all		Totally willing

How much of a priority is getting better for me at the moment?

0	50	100
Not at all		Complete priority

If you are struggling with your motivation because of how you are currently feeling; or because of what treatment may involve, some people find it helpful to complete the following exercise:

Write a letter to yourself. It's five years into the future and you haven't set aside the time to get better or improve your symptoms. What would life be like? What would you be doing? Where would you be going?



Next, write another short letter to yourself. Its five years in the future and you have made the changes to break the vicious cycle and feel better. How pleased are you? What changes has it opened up in your life? What would you be doing? Where would you be going?



My problem statement

A problem statement is a brief summary, or “snapshot”, of the issues you are experiencing at the moment. It focuses on where the problem comes from, how it makes you feel, and how it is affecting your day-to-day life. It is a baseline to measure your progress against and helps you to set targets for treatment. It is structured and written in the first person.

Now write your own problem statement in the space below ensuring that you cover all the elements above.

My main problem is... -

This is caused by... -

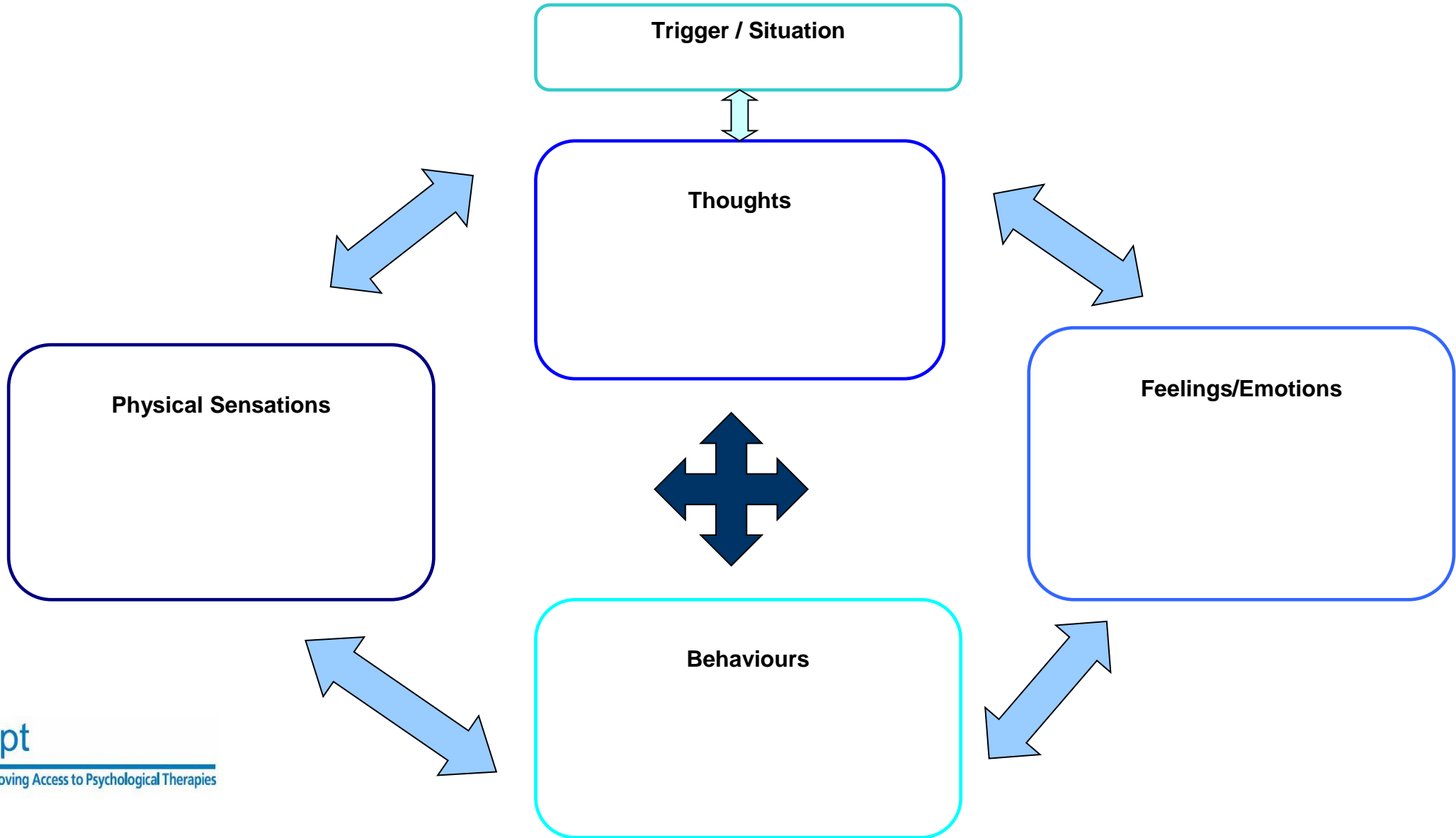
It makes my body feel ... -

And my behaviour has changed (I have started/stopped)... -

I end up thinking ... -

This affects me by... -

Hot Cross Bun



Talking Therapies

Client Confidentiality & Contract



Welcome to **Talking Therapies**;

Confidentiality - Talking Therapies takes confidentiality very seriously. Your GP will be informed of your contact with Talking Therapies. Confidentiality may also be broken for the following reasons; circumstances relating to harm of others or self; Identified risk(s) to children or vulnerable adults (this includes historical abuse disclosures and risk to others). For further information please read our use of Patient Information Leaflet.

Please note that the following terms must be agreed to in order to access Talking Therapies.

We aim to keep our waiting times as short as possible, and in order to be fair to other patients awaiting treatment it is important that you keep your planned appointments.

Cancellations

In order to maintain the quality of our service for all, we have the following requirements in place:

- If you miss ANY two appointments either consecutively or more than one without giving us at least 3 days' notice we will end your treatment and write to your referrer informing them that you have been discharged from the service.
- If you are unable to commit to attending either in person or on the telephone for the next 4 weeks then we suggest you delay the start of your therapy.
- If you are unable to attend in person at short notice we will be happy to conduct your session by phone or online if possible, to preserve your ongoing therapy space.

I accept to abide by the following Therapy Contract Terms

- To attend on time in person/ by phone for any pre-booked appointment.
- Frequency and times of sessions will be discussed and agreed and will normally be weekly or fortnightly
- To be fit to engage in a psychological therapy by not being intoxicated or affected by drugs/medication for either individual or group sessions.
- To cancel any planned appointment that I am not able to attend giving at least 3 days' notice.
- If I have more than two planned cancellations, face to face or by phone, I will be discharged from Talking Therapies unless there are exceptional circumstances. If I fail to attend a pre-booked phone session without an explanation and contacting Talking Therapies I will be discharged to my GP if I do not contact the service within 24hours.
- I understand that any unplanned cancellations will be deducted from the overall number of therapy sessions that I have planned with my therapist.
- Talking Therapies operate zero tolerance of all forms of abuse; therapists and/or clients reserve the right to end treatment in the event of any abusive behaviour or other exceptional circumstances.
- I understand that after I end treatment Talking Therapies may contact me with information about other services we offer that will support my wellbeing

Client Name Client Signature Date

Therapist's Name.....

Complaints: If you are unhappy with any aspect of your experience with Talking Therapies, please contact our Clinical Services managers, Matthew Poll, Susan Scupham or Alison Salvadori, either via our main number **0300 365 2000** or our email address : talkingtherapies@berkshire.nhs.uk.



I understand that it is important that staff providing psychological therapies receive supervision and that their skills are monitored and assessed to ensure quality of service to patients. Audio recording session or video recorded sessions with patients allows the clinical supervisor or professional trainer to listen to the session, and the therapists' skills can be monitored and they can learn to improve their work.

The purpose of this digital recording is to provide Berkshire Healthcare staff with an audio or audio-visual record of the session. The recording may be used for the following purpose(s):

Member of staff to tick those for which the recording has been made:

- Clinical supervision, this will not form part of the clinical record and recordings will be deleted within 3 months of creation, unless explicit consent to continue retention and use of the recording is gained.
- Education and training of staff, this will not form part of the clinical record and recordings will be deleted within 3 months of creation, unless explicit consent to continue retention and use of the recording is gained.
- By signing this form I confirm that my Healthcare Professional has fully explained what they would like to record, the reasons for this and how the recordings will be used, therefore I understand that:

- The recording will be kept confidential and stored securely, used only for the purpose(s) specified above, or where there is a lawful basis to share the recording(s).
- I can withdraw my consent at any time by contacting the service or by telling the Healthcare Professional at my next session I no longer wish for recordings to take place.
- The recordings will only be accessed by staff associated with my care and the supervision of this (which may be external to Berkshire Healthcare).
- The recordings will **not** form part of my patient record.
- The recordings will **not** be made available to the worldwide web or other sharing medium.

Client Name: _____

Signature: _____

Date: _____