

*Manual for
Group Cognitive-Behavioral Therapy
of Major Depression*

*A Reality Management Approach
(Instructor's Manual)*

*Ricardo F. Muñoz, Ph.D.
Chandra Ghosh Ippen, Ph.D.
Stephen Rao, Ph.D.
Huynh-Nhu Le, Ph.D.
Eleanor Valdes Dwyer, L.C.S.W.*

Drawings by Erich Ippen, M.S.

*Cognitive-Behavioral Depression Clinic
Division of Psychosocial Medicine
San Francisco General Hospital
University of California, San Francisco*

May, 2000

TABLE OF CONTENTS

The Cognitive Behavioral Therapy Approach.....	iv
The Reality Management Approach: An introduction	vii
Overview of Instructors' Guidelines	xv
General Contents of a Session	xxiv
Agenda and Announcements.....	xxiv
Review.....	xxiv
Personal Project Review.....	xxv
New Material.....	xxvi
Take Home Message.....	xxvi
Personal Project Assignment.....	xxvi
Feedback and Preview.....	xxvii
Group Leader Self Evaluation Form.....	xxviii
References.....	xxix
Introduction: Session 1 of each module.....	Introduction-1
Agenda and Announcements.....	Introduction-1
Group Rules.....	Introduction-1
Introductions.....	Introduction-2
Review the Symptoms of Depression.....	Introduction-3
Depression information sheet.....	Introduction-4
Cognitive-Behavioral Treatment Model.....	Introduction-5
Thoughts 1: Thoughts and your mood.....	1
Thoughts 2: Identifying helpful/positive and harmful/negative patterns of thinking.....	11
Thoughts 3: Decreasing and talking back to your negative thoughts to improve your mood.....	22
Thoughts 4: Increasing your helpful thoughts to improve your mood and using thoughts to live the life you want.....	29
Activities 1: Activities and your mood.....	36
Activities 2: Relaxing and planning to do pleasant activities.....	44
Activities 3: Identifying and overcoming roadblocks to doing pleasant activities.....	58
Activities 4: Setting goals and shaping your reality.....	69
People 1: People contacts and your mood.....	82

People 2: Interpersonal relationship problems and feelings, thoughts, and behaviors.	97
People 3: Improve your relationships and manage your mood.	111
People 4: More tools to improve your relationships and your mood.	120
Health 1: Understanding the relationship between depression and health.	131
Health 2: Depression, Poverty, and Health	145
Health 3: Depression, Sleep, and Health.	154
Health 4: Depression, Other Emotions, and Health	165
Center for Epidemiological Studies Depression Scale (CES-D)	173
San Francisco General Hospital Depression Clinic – Mood Check-Up	174

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

THE COGNITIVE BEHAVIORAL THERAPY APPROACH

Preface: Origins of this CBT Manual

The first version of this manual was developed for a randomized controlled trial that found that each of three distinct components of therapy (increasing pleasant activities, interpersonal skill training, or changing the way patients think) were similarly efficacious in treating depression relative to a control condition (Zeiss, Lewinsohn, & Muñoz, 1979). The study was directed by Peter M. Lewinsohn, Ph.D., as the dissertation chair for the three other members of the team that conducted the study, Ricardo F. Muñoz, Mary Ann Youngren, and Antonette Zeiss. These four authors of the original manuals combined them and published them as a self-help book titled Control Your Depression (Prentice Hall, 1978, revised 1986). The book was then adapted by Muñoz in 1983 as the Depression Prevention Course, an 8-session manual for a randomized controlled depression prevention trial with Spanish- and English-speaking primary care patients at San Francisco General Hospital. Excerpts of the course can be found in Appendix A of The Prevention of Depression: Research and Practice, by Muñoz and Yu-Wen Ying (Johns Hopkins University Press, 1993). The development of several other manuals, including the current one, is depicted in Figure 1.

In 1985-1986, the Depression Prevention Course was expanded into a 12-session format for use at the University of California, San Francisco (UCSF)/San Francisco General Hospital (SFGH) Depression Clinic. This bilingual (Spanish/English) clinic was founded in 1985 by Muñoz, Jeanne Miranda, and Sergio Aguilar-Gaxiola to provide treatment to low-income depressed patients referred by their primary care physicians. The clinic, directed by Muñoz, was the first outpatient mental health clinic at SFGH. The Depression Clinic manual, titled "Group Therapy Manual for Cognitive-Behavioral Treatment of Depression" was prepared in English (Muñoz & Miranda, 1986) and Spanish (Muñoz, Aguilar-Gaxiola, & Guzmán, 1986). Both the 8-session Depression Prevention Course and the 12-session Group CBT manual retained the three-pronged focus on activities, thoughts, and people from the manuals of the original study, because these are key areas that influence depressed mood, and thus can be used to treat it. Most depressed patients find one or more of these areas useful to gain greater control over their depressed mood.

In 1995, the Psychosocial Medicine Division at SFGH opened up an outpatient clinic which included the Depression Clinic under its larger umbrella. Now called the Cognitive-Behavioral Depression Clinic, it has continued to provide clinical services and training in cognitive-behavioral therapy. In 1999-2000, Muñoz, two postdoctoral Fellows at UCSF, Huynh-Nhu Le and Chandra Ghosh-Ippen, the coordinator of the Depression Clinic, Eleanor Valdes Dwyer, and the Director of the Psychosocial Medicine Outpatient Clinic, Stephen Rao, decided to revise and expand this manual into a 16-session format, also prepared in Spanish and English. In addition to the three modules on thoughts, activities, and people, we added a module on the relationship of health issues and depression. Our patients are referred to us by primary care physicians, and, therefore, most have medical problems which affect the course of their depression. Following the structure of the Depression Prevention Course, we have also added an instructor's manual to accompany the participant's manual. Our intent is to make it easier for group leaders to use the protocol as intended. With the instructor's manual, the CBT protocol can be used more easily in the training of new therapists.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

Acknowledgements

We want to acknowledge the intellectual contributions of Peter M. Lewinsohn, whose pioneering work on behavioral approaches to depression guided the creation of the three initial manuals, as well as Albert Bandura, whose conceptual contributions in books such as Social Learning Theory (Prentice Hall, 1977), also provided direction for the development of these interventions.

At the San Francisco General Hospital Depression Clinic, many individuals helped shape the treatment approaches used. Among them are Jacqueline Persons and Charles Garrigues, who were very influential during the early stages of the clinic. We also want to acknowledge the many other Depression Clinic colleagues and trainees who assisted in the revision of this manual: Jennifer Alvidrez, Patricia Areán, Francisca Azocar, Drew Bertagnolli, Colleen Holt, Manuela Iturrioz, Gayle Iwamasa, Kathleen MacCormick, and Kurt Organista. A special thanks to the co-authors of the 12-session group CBT manual (1986 version), Sergio Aguilar-Gaxiola, John Guzmán, and Jeanne Miranda. The contributions of all of these colleagues are embedded in these pages. Since this time, the manual has also been adapted for use with other populations, such as African-American women, by Laura Kohn, and for other clinical problems, including work with methadone maintenance patients, psychiatric inpatients, and smokers.

Jeanne Miranda worked at the Depression Clinic for ten years. For the last five (1990-1995), she was the Director of the Clinic. Since then, she has continued to work in the area of depression in primary care. In work done in collaboration with Kenneth Wells at UCLA/RAND, she has demonstrated that the 12-session manuals can be helpful in quality improvement programs to enhance the care for depression received by primary care patients. The work of Wells, Miranda, and colleagues has appeared in the Journal of the American Medical Association (January, 2000) and other professional journals.

Organization of Manual

The revised manual includes two parts: (a) an instructor's manual, and (b) a participant's manual.

The instructor's manual is organized as follows:

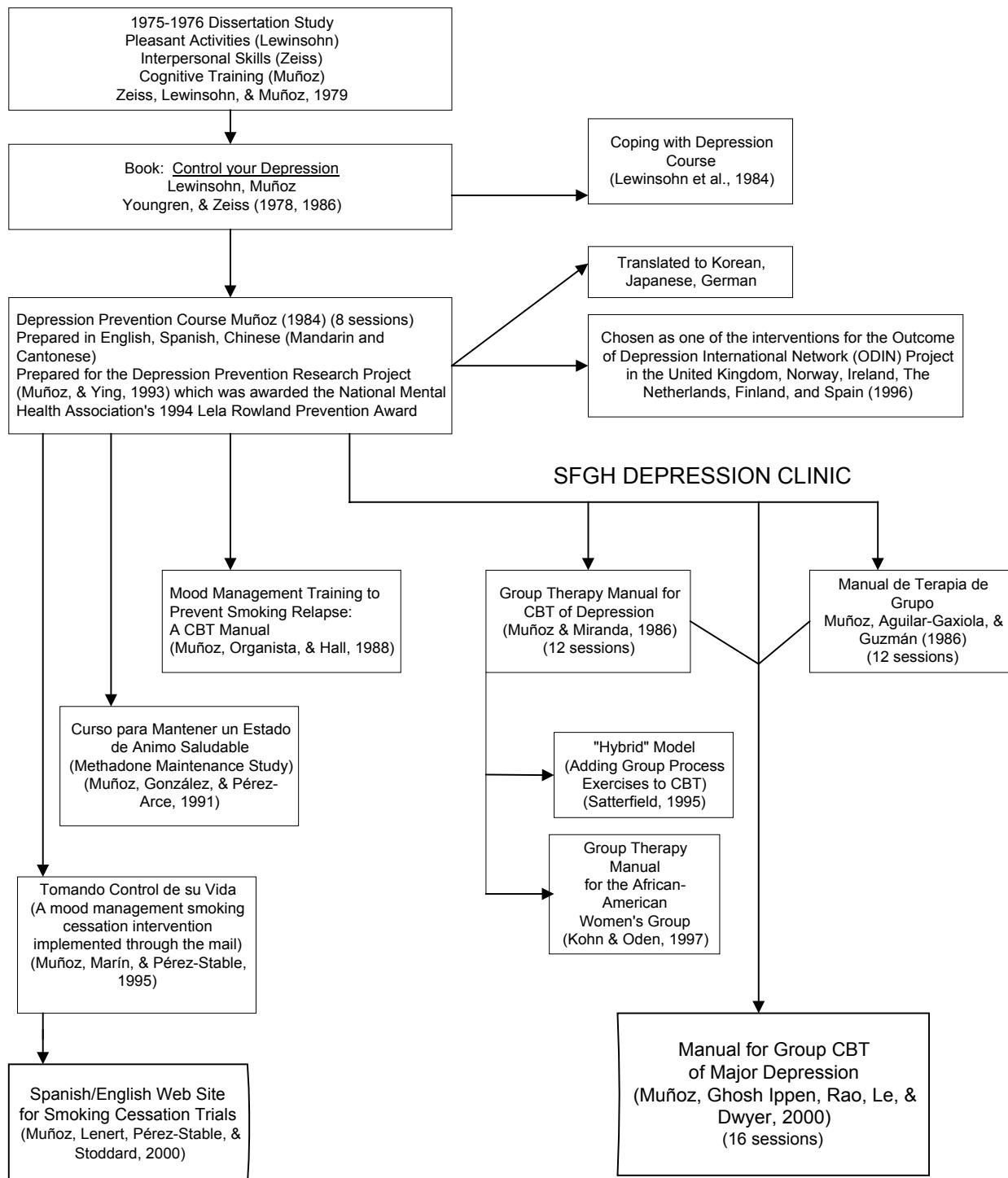
1. An introduction, including a brief explanation of the reality management approach, the social learning basis for this type of cognitive-behavioral treatment for depression, key elements of this approach, the need for rapport-building interviewing methods, levels of CBT intervention, and potential pitfalls.
2. An overview of guidelines for instructors, including the basics of group therapy, strategies to teach main concepts, and ways to attend to group processes.
3. Within each module, session-by-session instructions are provided on ways to convey the information that is to be presented to the patients.

The participant's manual includes outlines for each session, with several alternative exercises in each session, from which the instructor can select those most relevant for the current patients in the group.

We hope the current version of the manual will be useful to colleagues and continue to be useful to individuals who suffer the pain of depression.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

Figure 1: Cognitive-Behavioral Mood Management Intervention Manuals for Depression Based on (Lewinsohn, Muñoz, Youngren, & Zeiss, 1978, 1986)



COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

The Reality Management Approach: An Introduction

This manual presents a cognitive-behavioral therapy (CBT) approach to the treatment of major depression. The particular perspective to CBT described here was developed over the last 23 years by the senior author's experiences at San Francisco General Hospital. Patients at this county hospital have very few resources, they come from many cultural backgrounds, many have low levels of formal education, and many are immigrants and not English-speaking. Treating major depression in patients who have very few resources can be daunting, especially to trainees who are both learning how to do therapy and learning how to work with severe social disadvantage. It is clear that, for these patients, depression is not all in their heads, or even all in their neurotransmitters. The severe resource problems that they face make it difficult to take the time to focus on dealing with depression. Even if the time and energy are given to this purpose, the multiple problems that they face, such as not having a place to live, not enough food, and physically dangerous environments, make it important to acknowledge that our therapeutic methods may be inadequate to the task.

Rather than give up, however, we began to focus on the fact that the cognitive-behavioral approaches we use sometimes are used to great benefit by certain patients. Over the years, we have begun to see that those patients who change the way they think about their lives in certain ways, or who actually make changes in where and with whom they spend their time, can show remarkable progress. What seems to happen is that their day-to-day reality begins to change, even though they are living in the same environment, and their income and physical health status has not changed. It is this type of response to CBT that seems to have the most effect: a response in which the patients are able to modify their mental reality (their internal world), as

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

well as the aspects of their objective reality (their external world), which are under their control.

They begin to manage their personal reality in a healthy manner.

Over the years, Muñoz has begun to use this concept in supervision and in explaining how the cognitive-behavioral methods work when they are successful. These ideas are described in more detail in The Healthy Management of Reality (Muñoz, 1996). In brief, cognitive methods are useful in molding the mental environment of the patient, that is, in changing the patient's internal reality. Behavioral methods are useful in molding the objective environment, that is, in changing the patient's external reality. When the patient begins to see how molding these two aspects of their day-to-day life can result in significant improvement in their mood and their lives, the process becomes easier to maintain. Becoming aware of the way one's thoughts, one's behaviors, and one's moment-to-moment choices in both of these realms can lead one toward healthier or harmful mood states can give one a refreshing sense of hope and freedom. Depression becomes less something that just happens, and more something that one can modulate.

Making this process explicit by referring to it as learning to manage one's personal reality can increase the chances that the patient will get the concept. Waiting for the patient to figure this out by himself or herself might result in deeper and longer lasting learning. There is something to be said for the "a-ha!" experience. However, we have found that many patients may become demoralized by the slow progress of therapy until the flash of inspiration occurs, and may leave therapy or cease to hope for improvement. Using the concept of the healthy management of reality in presenting the cognitive-behavioral methods is intended to short-circuit the process, and hopefully increase the proportion of patients who can begin to use them to change their lives for the better.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

However, to present the reality management approach, it is important to first be familiar with the cognitive behavioral methods. After all, these are the methods that underlie the broader perspective. If one is not able to teach the patient useful cognitive and behavioral skills, the concept of managing one's reality becomes a purely inspirational thought, with not much substance. Therefore, we now turn to the cognitive-behavioral methods that are the core of the manual.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

A Social Learning-Based Cognitive-Behavioral Approach

There are many sources for the many methods that fall under the rubric of cognitive-behavioral approaches. But it is fair to say that all of these methods have an explicit educational component, and that they assume that improvement is the result of learning a series of skills that make it possible for individuals to exert greater control over their feelings.

The sources of this manual stem from the work of two mentors of the senior author: Albert Bandura and Peter M. Lewinsohn. Bandura was senior thesis advisor for Muñoz at Stanford University in 1971-1972. Bandura had recently finished his encyclopedic Principles of Behavior Modification (Bandura, 1969) and soon thereafter wrote Social Learning Theory (Bandura, 1977). Both of these books contain many of the concepts that still influence the approach to cognition, behavior, and mood that is exemplified in this manual. These concepts include the ideas of symbolic learning, reciprocal determinism, the idea that freedom is a function of the alternatives that an individual has available in any one situation, and Bandura's perspective on self-control and self-efficacy. These ideas provided a source of hope for self-direction in human agency, and were powerful antidotes against the more deterministic views presented by radical behaviorism and psychodynamic approaches of the time.

Peter M. Lewinsohn is a pioneer in behavioral approaches to depression. He began experimenting with increasing levels of pleasant activities as a treatment for depression in the 1970's. In 1975-1977, he was dissertation chair at the University of Oregon for Muñoz and two other doctoral students, Antonette Zeiss and Mary Ann Youngren. They jointly conducted a randomized clinical trial to evaluate three approaches to treating depression: increasing pleasant activities, interpersonal skills training, and cognitive training. All three approaches were significantly better than a waiting control condition, and the three were not significantly different

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

from each other. The three approaches were combined into the book Control Your Depression (Lewinsohn, Muñoz, Youngren, & Zeiss, 1978, 1986). They continue to be the core of the manuals developed by Muñoz and colleagues at San Francisco General Hospital (SFGH), one of the teaching hospitals of the University of California, San Francisco (UCSF). SFGH is located in the Mission District, the **barrio** of the City of San Francisco. Thus, the manuals have been developed in both Spanish and English, and appear to work well in both languages.

Four key elements for CBT.

In their published report of the dissertation study, Zeiss, Lewinsohn, and Muñoz (1979) identified four elements that they felt were most important in providing CBT, regardless of the specific target of change (thoughts, behavior, or interpersonal contacts). These were: 1) a convincing rationale for the intervention, 2) training in practical skills to change mood-related thoughts or behaviors, 3) encouraging practice of the skills outside of the therapy sessions, and 4) attribution of improvement to the use of the skills and not to therapist contact. We strongly recommend that therapists using this manual make sure to cover these four elements during each session. Sessions should begin with a brief summary of the purpose of the group and the rationale for learning what will be taught during that session. Each session should have a specific set of skills that the group members will be taught. The group leaders must find ways to increase the likelihood that the members will actually try these skills in their day-to-day lives between sessions. We use the term “personal project” to convey the need for each patient to be working on practicing these skills in their personal world, and evaluating which work best and which need to be molded so they are appropriate for their unique environment. Finally, it is important to emphasize at each session that the therapy sessions will come to an end. However,

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

if they continue to use the skills they are learning during therapy, they will become more adept at using them, and thus can expect to continue to improve even after therapy ends.

Conducting CBT

Just as the reality management approach can be best implemented by someone who is very familiar with basic CBT methods, so also are the CBT methods best administered by a therapist who is familiar with basic therapeutic interviewing methods for rapport building. CBT methods require a fair amount of work from the patient. In more open-ended talk therapies, the patient can come unprepared and is allowed to pursue whatever topics happen to be foremost in his or her mind at the time. In contrast, CBT methods ask that the patient concentrate on learning specific strategies during each session, and, during the intervening days prior to the next session, is expected to practice these strategies and bring written records of the outcomes. This is a lot to ask, especially of someone who is feeling depressed. It is therefore crucial that the cognitive-behavioral therapist become important and reinforcing in the patient's mind. This can be best accomplished if the patient sees that the therapist understands the patient's situation, empathizes with the patient's feelings, and is able to offer one or more directions out of the patient's current situation.

Rogerian interviewing techniques are very helpful in establishing rapport (Rogers, 1951). These include paraphrasing, reflection of feelings, and summarizing. *Paraphrasing* involves repeating what the patient said (in the therapist's own words) to ensure that the therapist understood correctly, and simultaneously, to ensure that the patient knows that the therapist was paying attention and got the gist of the message. If the therapist did not understand correctly or completely, the patient can then correct him or her. *Reflection of feelings* involves statements that go beyond what the patient actually said, and describe what the therapist thinks the patient is

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

feeling. Again, this method is a way to check whether the therapist is accurate in his or her perception of the patient's emotional state, and letting the patient know that the therapist empathizes with his or her emotional reactions. *Summarizing* is done periodically throughout the session. It involves "tying up" the last few moments of conversation so that they can be more easily digested by the patient, labeled in a way which allows alluding to them in the future, and, hopefully, reframing the matter at hand in a way that allows the patient to see the situation from a more objective and hopefully healthier perspective.

In supervision of cases of major depression, we often instruct the therapist to remember that the patient feels that their situation is hopeless and that they are helpless against the demoralizing feelings of depression. They feel like they are drowning. It is important for the therapist to plunge into the water with the patient, to let the patient see the therapist describing the situation as the patient sees it (via paraphrasing) and conveying the feelings the patient feels (via reflection of feelings). However, having both patient and therapist stay underwater and drown in the pain does no one any good. It is important for the therapist to point toward a way out, toward the surface, and, if necessary, to begin pulling the patient up with specific suggestions, until the patient is able to propel himself or herself with the methods taught in CBT.

Levels of intervention

When conducting CBT from a reality management perspective, there are four intervention levels to note. The first is the basic level of *modifying specific thoughts and behaviors*. This level includes identifying which thoughts and behaviors have a positive effect on mood and which have negative effects. Then, one works toward increasing the frequency of the former and decreasing the frequency of the latter. The second level involves learning *self-instructional methods*. At this level, the patient begins to take over the function that has been

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

played by the therapist so far. The therapist has been a kind of coach at the patient's side, helping the patient discover the connection among mood, thoughts, and behaviors. Now patients begin to comment to themselves how thoughts and behaviors affect mood, and to advise themselves to clean out their internal and external environments from emotional pollutants. (Metaphors are useful in presenting the reality management approach.) The third level is the level of *logical analysis*. This level involves such methods as those developed by Albert Ellis (Rational Emotive Therapy; see Ellis, 1962) and, later, Aaron Beck (Cognitive Therapy; Beck et al. 1979; Burns, 1980). At this level, one questions the logic of assuming certain facts, values, or perspectives, and considers other ways of interpreting one's experiences. But there are some things in life that are not necessarily logical, and for those, one needs level four, which is explicitly taking a healthy *existential stance* toward life. The work of Viktor Frankl (Logotherapy; Frankl, 1955) is very useful here, especially his concept of attitudinal values, and how, even in extreme or "hopeless" situations one can choose how one will react. The idea is to present the patient with the idea that one has options on how one will interpret what happens in life, and that one's stance toward life itself will affect the way life is experienced. Life does not need to be perfect to be loved, but it has to be loved to be perfect.

It is useful for the therapist to be aware of the level that he or she and the patient are working on. It is important, for example, not to be drawn into a philosophical discussion when the task at hand is to identify specific thoughts and behaviors that are influencing the patient's mood. It may be wise to suggest to such a patient that philosophical discussions about such things as the meaning of life are most useful when one is not clinically depressed. Similarly, when the task is to discuss the patient's existential stance toward life or toward others, the therapist must not dodge the challenge.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

It is noteworthy that this framework of levels of intervention is circular in nature: Once one reaches the level of choosing an existential stance toward life, one is inexorably drawn to the first level. An individual with an existential stance which seeks to create a healthy reality for him or herself and those around one needs to implement such a stance by engaging in specific thoughts and behaviors which will support and help create a healthy reality. Thus, the cognitive and behavioral building blocks are always being used. The shape of that being built is defined by the self-instructional methods, the logical questioning of assumptions and interpretations, but ultimately by the stance toward life the person chooses.

Potential pitfalls

One of the dangers of teaching individuals that they have some influence over their mood state is that they can then “logically” assume that they are to blame for being depressed. It is important to inoculate patients with depression against this particular thought. One can point out early in the therapy that having influence on one’s mood level does not mean that one has complete control over one’s emotions. (This is a type of all-or-none thinking, which is covered during the Thoughts module.) One can also assign patients the task of noticing if this thought enters their mind. Objectifying the thought can often reduce its power.

Another potentially dangerous “logical” conclusion of CBT methods is that they could lead to a perfectionistic stance by the patients, in that they want to always make the right choice regarding how they think and behave. Could one always pick the healthy option? A potential way of dealing with this pitfall is to point out that the ideal is something that is worth pursuing, as long as one realizes that it provides a direction, rather than a goal. Perfection is unattainable, but it can be a useful guiding star. The ancient mariners never expected to reach the guiding star. Yet these stars were useful in reaching their destination.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

Finally, it is important not to convey the impression that all cases of major depression can improve with cognitive-behavioral therapy. There is no current treatment that is 100% effective for all depressions. Interpersonal psychotherapy and pharmacotherapy have been found to have comparable effectiveness for outpatient levels of major depression, and should also be considered as alternative treatments. It is quite reasonable to combine CBT and pharmacotherapy. This should be seriously considered if a patient does not respond to CBT within 6 to 8 weeks.

The reality management approach can serve as a useful way of thinking about one's life. It helps to organize the cognitive-behavioral methods into a cohesive framework. It can even serve to help shape the therapeutic session: The ideal is to have the session serve to teach the patients new ways to see their lives in their own minds, and to shape their day-to-day existence (their external reality) so as to support their new internal reality. Both realities influence each other. It is by working on both simultaneously that the individual can successfully engage in the healthy management of reality.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

OVERVIEW OF INSTRUCTORS' GUIDELINES:

COGNITIVE BEHAVIORAL THERAPY FOR MAJOR DEPRESSION

The purpose of this section is to provide you with an overview of the instructors' guidelines. This section is based on our theoretical assumptions and our clinical experiences in treating major depression using this group approach and manual. In the first section, we review the basics of the cognitive-behavioral group therapy format, including the purpose of group, qualifications of the group leaders, and selection criteria of group members. In the second section, we present specific skills and strategies for teaching group concepts. In the third section, we address ways to increase group process. The fourth section contains components that are common to all modules and includes a discussion of how to bring new members into the group and how to address termination issues. A reference list follows this section and includes recommended readings for additional information related to CBT and group therapy processes.

Caveat: This is a guide that is based on our experience in conducting this group with public sector primary care patients. It is important that group leaders adapt the presentation of the materials to match the characteristics of their own groups.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

I. BASICS OF GROUP THERAPY

Psychoeducation vs. Psychotherapy

The group has two purposes: (a) psychoeducation, in which members can learn about major depression and ways to decrease the likelihood of becoming depressed in the future, and (b) psychotherapy, in which members who are currently depressed can gain understanding about factors that have contributed to the onset and maintenance of their depression and learn ways to treat their disabling disorder. Individuals can use the group as either the sole form of treatment, or as an adjunct (e.g., one can be receiving individual psychotherapy and/or pharmacotherapy and also attend group).

Usually groups consist of two group leaders and 6-10 group members.

Group leaders: Qualifications

Group leaders must have a good understanding and training in the assessment and treatment of mental disorders, specifically mood disorders. Previous coursework and training in psychology, psychiatry, psychiatric social work, nursing, or counseling is essential. In addition, it is advisable that group leaders have training in the general principles of cognitive-behavioral therapy.

Group leaders who are leading a psychoeducation group using the Depression Prevention Course may have fewer qualifications than those leading a psychotherapy group with the present manual. For example, group leaders in the psychoeducation mode may be conducted by peers, provided that they have had previous training in leading groups and/or appropriate clinical supervision. For a psychoeducation group, group leaders should have access to a clinical back-up and supervision and/or consultation from licensed mental health professionals, if necessary. This access is important in cases in which group members may become clinically depressed and suicidal during the course of the psychoeducation group.

Group leaders using this manual in the psychotherapy mode should have advanced training (at least at the masters' level) in assessment and psychotherapy. The leaders must be supervised by a licensed mental health professional, in order to process and address clinical issues that arise during the course of treatment.

Group members: Initial considerations

In determining who may be appropriate for a group, it is important to consider the overall characteristics of the group. Some demographic variables to consider include gender, ethnicity, age, education, socioeconomic status, and reading level. It is important to recognize how these variables may be related to attendance, motivation level, and ability to understand the purpose of the group and follow the group structure and content. In addition, it is important to recognize the socio-environmental limitations (e.g., transportation, childcare) that are associated with the realities of the group members' lives.

Exclusion and inclusion criteria

It is important to set a-priori exclusion and inclusion criteria for group members. This decision may be based in part on the membership of the group (e.g. symptom severity, population being served, such as depressed substance abusers who are abstinent) and/or

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

qualifications of group leaders and supervisors to handle the frequency and severity of symptom level.

The exclusion criteria include: (a) individuals who are currently psychotic; (b) individuals who have a treatable primary disorder other than a mood disorder (e.g., PTSD), unless it is felt the individual might benefit from managing their depressive symptomatology prior to focusing on their primary disorder; (c) individuals who are coming to group under the influence of a substance (e.g., alcoholism), as indicated by substance-related behaviors (e.g., slurred speech, inability to concentrate); and (d) individuals whose individual personality characteristics and traits may negatively affect the group (e.g., antisocial, aggressive, monopolizing behaviors). The last two criteria may apply to individuals who are already in group. All patients should be informed that they cannot participate in the group if they are under the influence of drugs or alcohol.

Inclusion criteria include individuals who meet criteria for major depression, other clinical depressive disorders, and those who have significant depressed mood along with another diagnosis.

Comorbidity

Major depression is often comorbid with a variety of psychological (e.g., anxiety disorders, substance abuse) and medical conditions (e.g., chronic pain). This group is appropriate for individuals whose level of depression affect these other conditions. For example, changing one's thoughts may affect not only one's mood but also one's anxiety level. In addition, one of the modules is devoted exclusively to health and the relations between mood and physical health.

Specific comorbid disorders that may not be appropriately treated using this group are, as mentioned above, acute substance abuse and personality disorders characterized by antisocial, aggressive, and monopolizing behaviors.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

II. BASIC SKILLS/STRATEGIES FOR TEACHING CONCEPTS (TBA)

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

III. INCREASING GROUP PROCESS (TBA)

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

IV. ISSUES AND COMPONENTS COMMON TO ALL MODULES

In this section, we provide a more detailed description of specific issues and components that are common to all modules. The group structure consists of four modules focusing on thoughts, activities, contacts with people, and health. A module consists of 4 sessions emphasizing each specific topic and its connection to mood.

Enrolling new group members- continuous enrollment

At the Depression Clinic at San Francisco General Hospital, new members are invited to the group at the beginning of each module. Continuous enrollment provides several benefits. First, we are able to better serve the clinic by being able to accept referrals on a monthly basis rather than only every four months. Second, group members are able to play different roles in the group (e.g. “veteran” versus new member). New members benefit from having veterans in the group who can share first hand information regarding how the group has helped them. Veterans also benefit in that they often appear to develop greater commitment to the group material and to making changes in their lives when they are sharing information with new members. Third, although the majority of patients graduate from the group after completing all four modules, having a continuous group makes it possible to allow a group member to continue when he/she has had an increase in life stressors or other circumstances that make continued participation clinically warranted. Finally, a continuous group makes it possible for new leaders to rotate into the group without an abrupt transition. One leader can rotate out at the end of a module, another leader can join, and the “veteran” leader who remains in the group can train the new leader. Typically, group leaders stay for at least 4 modules to gain familiarity with all 4 modules. This process is particularly useful in an educational institution, in that trainees can rotate through the group very smoothly.

Pre-orientation contact. We recommend that group leaders call new members prior to their first group meeting for a “pre-orientation” contact. The purpose of this contact is to provide a brief overview of the CBT group, including the purpose of the group, the specifics of the group (time, place, number of sessions), and information regarding group leaders. In addition, during the pre-orientation contact leaders can answer questions that new member may have about the group and increase the likelihood of attendance. We have also found that for group members with a significant trauma history, a pre-orientation meeting allows them to establish a connection with a group leader and feel that their unique situation is understood. By understanding their situation, the group leader can also provide appropriate support for the participants during the group should that need arise.

Case formulation, case conceptualization, and “tailor-making” treatment.

To learn more about case formulations, please see *Cognitive therapy in practice: A case formulation approach* by Jacqueline B. Persons.

Before and during the time that a member attends group, group leaders should familiarize themselves with the new group member’s case histories (including trauma history) to determine if he/she is appropriate for group and also to begin the case conceptualization that will inform treatment. As part of the formulation and conceptualization for each member, group leaders can focus on the following:

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

Medications and health complications. Group leaders should identify whether the member is currently on any medications (if yes, what kind, dosage, compliance) and whether the member has any current, comorbid, general medication conditions and/or psychological conditions (comorbidity) that may impact the course of the group modality.

Individual case formulations within the group context. Group leaders should identify each member's issues/problems as they relate to each module's themes (e.g., way the individual thinks, activities they do, types of contacts they have with others, health problems they may have and how these factors are related to their mood). It may be helpful to have an individual case formulation checklist that leaders review before each session so that they can help group members systematically and explicitly address these themes/issues during the group.

The “Tailor-making” approach. From our perspective, the skills taught in the group apply to all individuals who want to gain greater control over their mood. However, the goal is to identify how to tailor the group to individual needs. Leaders use individual examples and illustrations to make the CBT concepts applicable to individual lives.

Identify members’ strengths and resilience factors. It is important to examine the protective or resilience factors that members already have in dealing with their depression, and not just focus on individual weaknesses. It is important to verbalize this for participants during the group and have them recognize and acknowledge their helpful and healthy traits.

Structuring each session

Prioritize your time. Given that each session lasts for 2 hours and there is a substantial amount of material that can be covered, we recommend using a time-management strategy to prioritize the specific sections to be covered. This decision should be guided by the particular needs of the group members, and the applicability of the materials to the realities of the group members. We have provided many helpful elements in each session. All of them do not have to be covered to have a successful session.

Be creative. Group leaders are encouraged to be creative in structuring each session. It is important to cover the most important messages within each session (e.g., identifying individual thoughts that are related to depressed mood), but there is flexibility within the manual to add your own style of group leadership, and your own way of disseminating these messages.

Providing outreach to participants who have missed several sessions.

During the group, it is likely that some group members will miss one or more sessions, without first advising group leaders that they will be absent. Group leaders should determine a priori how they want to deal with this issue. Here are several options:

A group leader can call the group member. A group leader calls the member and expresses concern regarding the absence and inquires as to whether the member will be able to attend next week. The group leader determines whether it might be helpful to help the group member problem solve to figure out a way that he/she may attend. Also, during this call, group leaders can review briefly the content of the missed session.

Buddy system. At the start of each module, group leaders can ask members to pair with a “buddy.” Buddies are responsible for checking in with each other when one of them misses a group meeting. Buddies can also teach each other the material when they miss a session. Group leaders can check in with the buddy and with the individual who has missed the session as needed.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

The group can send a card/letter. For individuals who have missed many sessions in a row, a group leader can circulate a card or a piece of paper during the session and ask members to write a brief note to the member who has missed the session. The purpose of this card is to let the member know that he/she is thought of and is missed by the group. The group leader sends the card at the end of the session.

Lateness to sessions

There may be members who are late to the sessions. Lateness can disturb other group members, as well as group leaders and reduce the benefits of treatment. One way of dealing with lateness is to talk to the individual member after the group. Group leaders can express concern about this problem and help the member identify the obstacles to getting to group on time, and problem-solve together. It is important to check for cognitions related to ambivalence that might interfere with the individual's attending the group on time. In our work with public sector patients, we find that some members encounter a number of real obstacles, such as buses that did not come, jobs that require them to work overtime, needing to watch a sick child. We try to approach the problem with patience and understanding and commend them for making the effort to come to the group.

The first session of the module

As mentioned above, new members are invited to join the group at the first session of each module. A large part of the first session is devoted to orienting group members. The orientation includes introductions, group rules, a discussion about the symptoms of depression, and a discussion regarding the treatment model. The remainder of the session focuses on introducing the primary target for the module (e.g. thoughts) and talking about the *reciprocal* relationship between that factor and mood.

At the beginning of each module go through the material presented in the Introduction section of the manual, which follows this section. Although the material is presented in a given order, it is not necessary to strictly adhere to the order. At times, we have found it helpful to do group introductions after the participants have received information about depressive symptoms. For some groups, we have found that after reviewing group rules, it is most useful to talk about the treatment model and then talk about depression.

Termination issues

In cases in which the group is close-ended (i.e., everyone enters and leaves the group at the same time) termination takes a similar course for all group members. When the group is open-ended (members come and leave the group at different modules/times), termination can be more complicated. However, the issues in dealing with termination are similar. Termination should be discussed throughout the sessions.

Beginning. When participants begin treatment, termination is discussed in terms of the length of the group (e.g., 16 weeks).

Middle. During the middle of the group, termination can be brought up by discussing the time-frame of the group (i.e., this is the half-point) and identifying skills and concepts that members have already learned and skills that they would like to learn. At this point, leaders and group members can evaluate the group and the changes group members have made, including their level of depressive symptoms and their progress towards treatment goals.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

[sample statement]

(Names) are now 8 weeks into the session and halfway through our group. This is a good time to think about what you have learned in the past 8 weeks. Do you feel that the tools that you've learned have been helpful? In particular, what has been helpful (or not helpful) in improving your mood? What would you like to learn more about in the next 8 sessions? What do you think you still need to learn from this group? How can we (group leaders) and the other members help you with your goals?

End. As group members begin their last module, termination should be heavily emphasized. Termination takes time to process. In the first session of a module, group leaders should identify who will be leaving at the end of the module. Group leaders should focus some attention on these members during each session within the module. Group leaders should reinforce the skills that they have acquired and comment on the progress that they have made. Group leaders should encourage members who are staying in the group to talk about what they have learned from the graduating members. Please see page xiii for more details on how to conduct the feedback portion of the session at the last session of the module.

Saying goodbye to graduating group members: Key points. It is important that group leaders stress that termination from this group does not mean termination from the skills that they have learned. Mood regulation is a continuing process, as is coping with the usual stresses of life. Make sure that group leaders allot enough time for this section. It is important that participants have a chance to say goodbye to graduating members and that graduating members talk about what they have learned in the group.

(i) Review the CES-D scores of graduating members. It is expected that members' CES-D scores will fluctuate during the group. Typically, if the group has been effective, CES-D scores should decrease from the beginning to the end (although not always in a linear fashion). Group leaders should review these scores and ask the member's permission to graph these scores on the board so that all members can view the improvement. This will hopefully inspire the new members to see that change can be achieved through the group.

(ii) Identify the most helpful aspects of the group. Group leaders can ask graduating members to identify the specific tools and skills that have most helped them to decrease depressed mood. Group leaders can write these on the board, and, in so doing, group leaders can review the key points from each of the four modules (thoughts, people, activities, health). It is also important to focus on strengths the graduating members possess independent of the skills they learned in the group.

(iii) Address relapse prevention. This topic is related to part (ii) above. As group members identify what is helpful for them, the group leaders should remind them to look in their manuals (which they keep) to reinforce CBT strategies that helped them feel less depressed. In addition, they can use their manuals to help them identify symptoms that might suggest relapse. They can request a re-referral to treatment without waiting until the depression becomes disabling. The purpose of the group is not to eliminate all feelings of depression. This would be an unrealistic goal. The purpose is to reduce the frequency, intensity, and duration of these feelings.

(iv) Inspiring hope and the possibility of returning in the future. Just as CBT teaches avoidance of "all-or-nothing" thinking, group leaders should remind graduating members that they have the option of returning in the future if they feel that they feel they need more support to cope with the depression (despite using all of the tools that they learned in group). There is always more that can be learned.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

(v) Future plans, including dispositions and referrals (what's the next step?). Group leaders should have an idea of what the next step/disposition will be for the graduating member. It may be necessary to set up an individual time after a session during the last module to discuss this with the member. Group members can also process their future plans in group. Possible dispositions include: a) using skills on their own; b) medication evaluation or referral; c) a support group within the community; d) another group focusing on a different problem, or e) individual therapy.

For group members who are returning: In addition to being exposed to the termination issues above, group leaders should encourage returning members to think about when their own termination will take place, and to consider some of the goals that they still would like to achieve in the remaining time. In addition, group leaders can review personal projects for next week, and do a preview of the next module and their sessions.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

General contents of a session

- I. Agenda and Announcements
- II. Review
- III. Personal Project Review
- IV. New Material
- V. Take Home Message
- VI. Personal Project
- VII. Feedback and Preview

The general outline for a session is presented above. As mentioned in the termination section, the first session and last session of each module typically also include information regarding welcoming and orienting new group members and saying goodbye to group members who are graduating. Each of the primary areas covered in a session are detailed below.

I. AGENDA AND ANNOUNCEMENTS

At the beginning of each session, group leaders typically present an agenda for that session on the board. As part of this agenda, it is important to include concerns/problems that are specific to the individual members.

The group leaders begin each session with announcements (e.g. phone calls from missing group members, changes in schedule due to holidays). The group leaders also elicit from group members, announcements about having to leave early, anticipated absences, and so on.

[sample statement]

Today we will cover (main topic of module). We'll begin with a review of homework, recap what we did last week, and then move into today's topic. Is there anything else that anyone would like to add to this agenda?

Add agenda items to the board.

There are different options as to how group leaders can address members' agenda items:

- 1) Handle the issue right away.
- 2) Ask members directly when they would like to discuss the issue.
- 3) If the issue is related to material that will be covered in the session, let members know that you will be talking about that issue later and then later make specific reference to the issue the group member brought up.
- 4) Prioritize the issues to be covered in the session. There may be situations in which many members would like to address many issues (some relevant, some not relevant), and not all issues can be covered within one session. In this case, explicitly prioritize and first address the issues that are relevant to that topic/session. Save the remaining issues until the end of session and/or for another session. Make explicit to the members that their concerns are important but may not be addressed until a later time. Ask if the priority list is acceptable.
- 5) Group leaders can meet with individual members after the group session to discuss individual issues that could not wait until the following week's session or issues that are best dealt with individually.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Overview

Version 2000: May, 2000

II. REVIEW

The purpose of the review is to assess what group members retained and to review key concepts for group members who were not present.

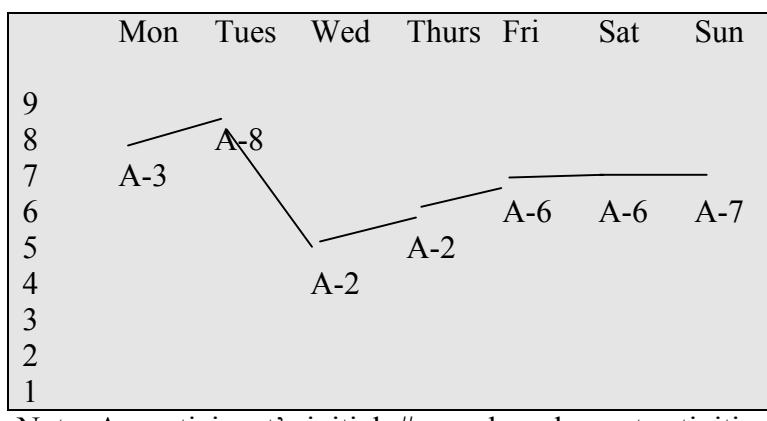
COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

III. PERSONAL PROJECT REVIEW

The purpose of the personal project review is to reinforce the notion that doing the personal project is helpful. It is important to review the project so that group members will view it as useful and important. Reinforce group members who completed the projects by giving them your attention.

Reviewing the Quick Mood Scale

We typically draw the mood scale on the board (see below)



Note: A=participant's initial; #=number pleasant activities

We then invite group members to share their mood scale. We ask them to tell us their mood on a given day, and we mark it on the board. We continue until we are done with the week. Then we ask them for the factor they were tracking (e.g., how many positive thoughts and negative thoughts they had each day). We write the number on the board attached to their mood on that day. We connect the dots that represent their mood on each day to show how their mood changed (or did not change) over the course of the week. We ask group members to comment on the information that is shown.

Key points to highlight include how we usually see that mood is related to the factor that they are tracking (e.g., on days where they do more pleasant activities they report improved mood). This shows participants that they can have some control over their mood.

Some group members will need more structure as they will tell you about their week in detail. We often give a summary statement and then say “and how would you rate your mood on that day?” as we point to the board. We continue by pointing at the board and saying “and how about on Thursday?”

Depending on the size of the group, you may choose to chart all group members’ mood scales or select group members. We typically chart group members using their initials and different colors to distinguish them. Some group members may also feel comfortable coming to the board and charting their own mood scale.

Dealing with noncompliance with personal projects.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

Checking on the status of the projects early in each session is the best way to let members know that the projects are important. However, there may be individuals in the group who do not consistently complete their personal projects. We recommend identifying the problem as early as possible. Here are several options for dealing with this issue:

- i. Identify the obstacles to completing the personal project. Is it an issue of time, reading level, forgetfulness, other responsibilities getting in the way? Once the obstacles are identified, group leaders can help the member to overcome the obstacles by modeling problem-solving techniques. Make sure to identify and dispute cognitions that contribute to noncompliance with personal projects, such as “it doesn’t matter what I do, nothing will change” or “I don’t feel like doing my personal project.”
- ii. Obtain reinforcement from other group members. Group leaders can ask other group members to help problem-solve this problem with the member. It is likely that other members will volunteer information as to what has helped them to complete their own personal projects.
- iii. Complete the project within the session. Group leaders can help the participant to complete or recreate their project (e.g., daily mood scale) during the session. This strategy indicates to members that group leaders take the personal projects seriously.

IV. NEW MATERIAL

New material is intended to be presented in a flexible manner. Although there are specific exercises and text in the manual, we invite group leaders to develop their own ways of teaching the material and use their own words. Nevertheless, it is important that the fundamental content be covered (e.g. the connection between mood and thoughts, identifying harmful thoughts etc.). In many sections, we have provided the leader with a number of options from which to choose. The intent is not to have leaders teach all the options to group members but rather to have the leader select one or more options that he/she feels would be helpful and most pertinent given the characteristics of the group.

Although new material is presented in a given order, which we feel allows for a logical progression, leaders need not adhere to the order. For example, if a group member brings up a topic that is covered later in the session, the group members can immediately cover that material if it seems appropriate. In addition, when appropriate, group leaders can cover material from other sessions in the module and even briefly discuss topics from other modules. We encourage leaders to adhere more to the process of the group than to the exact structure of the manual. See Roman numeral II Basic Skills/Strategies for Teaching Concepts for a discussion on how to teach the topic covered in a given session while being attentive to real problems and issues that group members bring up.

V. TAKE HOME MESSAGE

Go over take home message together as a group. Elicit participants’ reactions to the message.

VI. PERSONAL PROJECT ASSIGNMENT

In previous groups, we called personal projects “homework” and realized that the word “homework” may have negative connotations for individuals who either did not do well in school, are resistant to the idea of doing “homework,” and/or may not have had much (or any) educational background. Thus, we are now using the term “personal projects” to indicate that these are exercises that individuals can do for themselves during the week.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

Each session participants are asked to do a personal project. This is something the participant needs to work on to improve his/her mood. There is a weekly project that everyone is asked to do called the Quick Mood Scale, which involves monitoring their mood each day along with monitoring the target for that module (e.g. the number of pleasant activities they do each day). The purpose of this project is to help people understand that their mood is not fixed.

Retrospectively they may report that they always feel bad, but if they monitor their mood each day they may find that some days are better than others. Moreover, by monitoring other factors, such as their thoughts and the things they do, they may come to a better understanding of which factors are related to better or worse mood.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

Participants may also choose to do an Optional Project. These projects are designed to allow participants to further explore the connection between their mood and the factor targeted by the module and to begin to make positive changes in their lives. In this way, participants can begin applying what they learn in the sessions to the rest of their lives. In our experience, participants who complete the personal projects are more likely to report greater improvements in mood.

Introducing the Personal Project

[sample statement]

"Now, I would like to talk about personal projects. Some of you may be thinking: "what is a personal project?" Personal projects are brief activities you can do on your own to learn more about your mood and to begin to improve your mood. The way we see it, you are here only for 2 hours each week. You spend about 166 hours a week outside of here, so it will be important for you to begin making changes in your life outside of the session too. Personal projects can help you make these changes at your own pace.

We will also be teaching you different ways to improve your mood. We will be giving you tools to try out. Not all of them may work well for you. For example, (address one participant) may be really good with a hammer while (address another participant) might be very good with a saw. By trying out the personal projects at home while you are still coming here, you can report back to the group and let us know what worked for you and what didn't work for you.

Each week, you will have one group project that we would like all of you to do, which is to monitor your mood. We will also suggest a number of personal projects that you can choose among. We encourage you to do these projects because they are an important part of the group module. Each week, we really only have about two hours with you to review the main concepts. To learn more about these concepts, you need to practice the skills and tools outside of group. Once the group is over for you, the skills you have learned will help you keep your mood healthy. Therefore, it is important that you try them out until you feel confident that you can use them and that they can help you improve your mood.

Make sure to go over the Quick Mood Scale with new group members. You can do it as a group or have a veteran group member explain the process of monitoring their mood to a new member.

VII. FEEDBACK AND PREVIEW

The purpose of this section is to allow group members to give the leader feedback regarding the group session. The group leader can incorporate the feedback in order to tailor the treatment to the individuals in the group.

The purpose of the preview is to encourage group members to return next week by giving them a glimpse of the topic to be covered. You can also encourage group members to read the sections that were not covered. Group members are also welcome to read ahead.

On the last session of the module, use the feedback to review the material from the past 4 sessions, determine what messages group members have learned from the module, and highlight that it is possible to make positive changes in your life.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

Possible questions to stimulate discussion include:

1. How have you made changes in what you do since beginning the group?
2. What did you learn about relationships that was most helpful, in terms of improving your mood?
3. What did you find least helpful?
4. What message will you take from this module?

It will also be important to discuss with group members who are leaving the group, how their reactions to leaving and what they have learned from the group. Possible questions to ask group members who are leaving include:

1. What did you learn from the group?
1. What are your goals and plans after you leave the group?
2. How will you continue to get support?
3. What do you need to continue your progress in managing your mood?
4. What will happen the next time you feel that you are becoming depressed?

Allow time so that other group members can also provide feedback to those who are leaving regarding how they feel about their leaving and specific things they have learned from them. Make sure you have prepared something specific to say to each participant who is leaving about their unique contribution to the group and the changes you have seen them make.

VIII. GROUP LEADER SELF EVALUATION FORM

At the end of every session there is a “Group Leader Self Evaluation Form.” The purpose of this form is to help leaders evaluate the extent to which they covered the material contained in each session (content, satisfaction with teaching) and to what degree participants were engaged in the session (process).

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

References

- Arnow, B. A., & Castonguay, L. G. (1996). Treatment goals and strategies of cognitive-behavioral and psychodynamic therapists: A naturalistic investigation. *Journal of Psychotherapy Integration*, 6(4), 333-347.
- Bandura, A. (1969). *Principles of behavior modification*. New York: Holt, Rinehart & Winston.
- Bandura, A. (Ed.). (1977). *Social Learning Theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive therapy of depression*. New York: Guilford.
- Burns, D. (1980). *Feeling good: The new mood therapy*. New York: William Morrow.
- Copeland, E. T. (1984). A cognitive-behavioral approach to the group treatment of adolescents. *Small Group Behavior*, 15(3), 398-403.
- Davis, M. (1992). Assertiveness groups. In M. McKay & K. Paleg (Eds.), *Focal Group Psychotherapy* (pp. 195-236). Oakland, CA: New Harbinger Publications.
- Dies, R. R. (1994). The therapist's role in group treatments. In E. Harold S. Bernard, E. K. Roy MacKenzie, & et al. (Eds.), *Basics of group psychotherapy*. (pp. 60-99): New York, NY, USA.
- Ellis, A. (1962). *Reason and emotion in psychotherapy*. New York: Lyle Stuart.
- Frankl, V. (1955). *The doctor and the soul: An introduction to logotherapy*. New York: Knopf.
- Helms, J. E., & Cook, D. A. (1999). *Using race and culture in counseling and psychotherapy: Theory and process*: Boston, MA, USA.
- Levin, S., & Kanter, S. S. (1964). Some General Considerations in the Supervision of Beginning Group Psychotherapists. *International Journal of Group Psychotherapy*, 14(3), 318-331.
- Lewinsohn, P. M., Muñoz, R. F., Youngren, M. A., & Zeiss, A. M. (1978). *Control your depression*. New York: Prentice Hall.
- Lewinsohn, P. M., Muñoz, R. F., Youngren, M. A., & Zeiss, A. M. (1986). *Control your depression*. (Revised ed.). New York: Prentice Hall Press.
- Miranda, J., Schreckengost, J., & Heine, L. (1992). Group treatment for depression. In M. McKay & K. Paleg (Eds.), *Focal Group Psychotherapy* (pp. 135-162). Oakland, CA: New Harbinger Publications.
- Muñoz, R. F. (2000). *The Healthy Management of Reality*. University of California, San Francisco. Unpublished manuscript.
- Muñoz, R. F., Aguilar-Gaxiola, S., & Guzmán, J. (1986). Manual de Terapia de Grupo para el Tratamiento Cognitivo-conductual de Depresión . Hospital General de San Francisco. Clínica de Depresión.
- Muñoz, R. F., & Miranda, J. (1986). Group Therapy for Cognitive-behavioral Treatment of Depression . San Francisco General Hospital. Depression Clinic.
- Muñoz, R. F., & Ying, Y. (1993). *The prevention of depression: Research and practice*. Baltimore, MD: Johns Hopkins University Press.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Overview
Version 2000: May, 2000

Persons, J.B. (1989). Cognitive therapy in practice: A case formulation approach. W. W. Norton & Co, Inc: New York, NY, USA.

Price, J. R., Hescheles, D. R., & Price, A. R. (Eds.). (1999). A guide to starting psychotherapy groups: San Diego, CA, US.

Radloff, L. S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. Applied Psychological Measurement, 1, 385-401.

Rogers, C. R. (1951). Client-centered therapy. Boston: Houghton Mifflin.

Schoenewolf, G. (1989). 101 therapeutic successes: Overcoming transference and resistance in psychotherapy: Northvale, NJ, USA.

Spitz, H. I., Kass, F., & Charles, E. (1980). Common mistakes made in group psychotherapy by beginning therapists. American Journal of Psychiatry, 137(12), 1619-1621.

Stamm, B. H. (Ed.). (1995). Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators: Lutherville, MD, USA.

Vinogradov, S., & Yalom, I. D. (1990). Self-disclosure in group psychotherapy. In E. George Stricker, E. Martin Fisher, & et al. (Eds.), Self-disclosure in the therapeutic relationship. (pp. 191-204): New York, NY, USA.

Vinogradov, S., & Yalom, I. D. (1994). Group therapy. In E. Robert E. Hales, E. Stuart C. Yudofsky, & et al. (Eds.), The American Psychiatric Press textbook of psychiatry (2nd ed.). (pp. 1143-1175): Washington, DC, USA.

Wells, K. B., Sherbourne, C., Schoenbaum, M., Duan, N., Meredith, L., Unuetzer, J., Miranda, J., Carney, M. F., & Rubenstein, L. V. (2000). Impact of disseminating quality improvement programs for depression in managed primary care: A randomized controlled trial. JAMA: Journal of the American Medical Association, 283(2), 212-220.

Yalom, V. J., & Yalom, I. (1990). Brief interactive group psychotherapy. Psychiatric Annals, 20(7), 362-367.

Zeiss, A. M., Lewinsohn, P. M., & Muñoz, R. F. (1979). Nonspecific improvement effects in depression using interpersonal skills training, pleasant activity schedules, or cognitive training. Journal of Consulting and Clinical Psychology, 47(3), 427-439.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Introduction
Version 2000: May, 2000

INTRODUCTION: SESSION 1 OF EACH MODULE

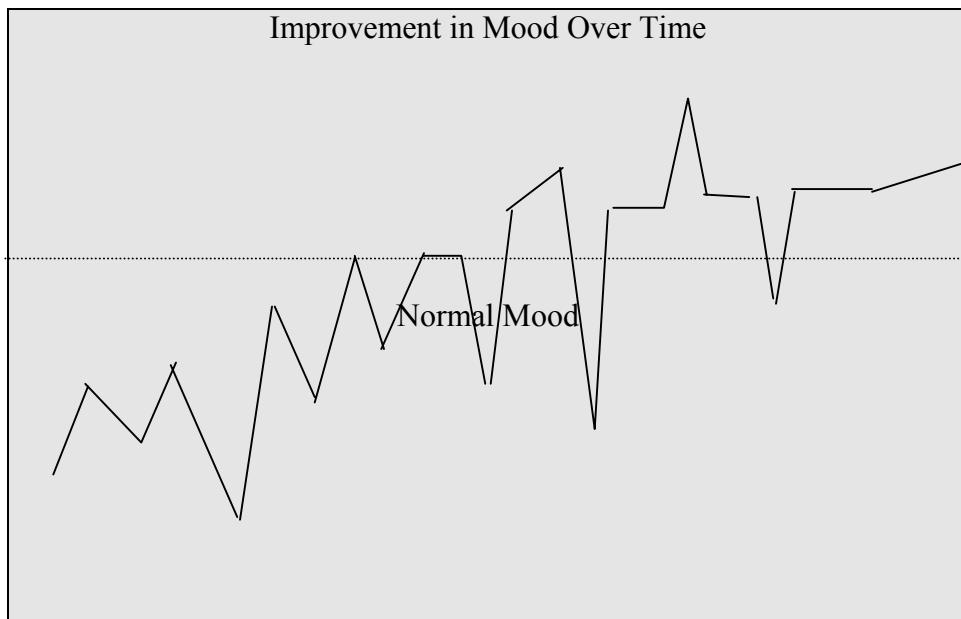
At the beginning of each module, go through the introduction presented below.

I. WELCOME

As group members arrive introduce yourself to new members. Pass out the manuals and orient them to the questionnaires we are using to measure their mood each week.

Use the CES-D (Center for Epidemiological Studies Depression Scale; Radloff, 1977) to track depression symptom levels weekly. You can explain to group members that this scale measures depressive symptoms. A score of 8 is about average. In general, people who score above 16 are viewed as having significant depressive symptoms.

Note: At some point in the group, it is important to point out that mood fluctuates over time. Some group members may report that since beginning group, they feel great. It is important to let them know that it would be normal for them to have a day when they do not feel great. Those are the days when it will be most important to use the skills they have learned in group. Let members know that we all have highs and lows in mood. We often draw the following graph to show how mood might change over time.



Once group members have arrived, welcome them and begin by explaining again that there are veteran members and new members. Congratulate new members and veteran members for being courageous enough to come to the group. Go over group rules before anyone discloses any personal information.

II. AGENDA AND ANNOUNCEMENTS

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Introduction

Version 2000: May, 2000

Go over the agenda. Put the “session outline” on the board (see first page of each session [e.g. thoughts 1]) and go over the outline. Ask group members whether they have any topics they would like to add to the agenda and add them.

III. GROUP RULES

Review group rules (see page 3 of the participant manuals.) You can do this in either a structured or open-ended fashion. Make sure to cover the exceptions to Confidentiality (item #3) and elicit their reactions to this and other rules. Group rules are shown below.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Introduction
Version 2000: May, 2000

1. Try to come every week (call us [give your phone numbers] or the clinic [give clinic phone number]) if you can't make it.
2. Come on time
3. Confidentiality (What is said in the group stays in the group)
EXCEPTIONS: (things leaders cannot keep confidential: Per California Welfare and Institution Codes)
 - 1) If we hear about child abuse or neglect.
 - 2) If we hear an older adult (older than 65) is being abused or neglected (Elder abuse)
 - 3) If we hear someone is danger of hurting themselves or someone else in the future.
4. Listen to and support each other.
5. Be respectful (we respect diversity of religion, race, sexual orientation, age, and values)
6. Share time as evenly as possible
7. Complete your personal project for the week to get the most out of group
8. Tell us if you are unhappy with the group or your treatment
9. You don't have to do anything you don't want to do
10. You don't have to share everything. You have a right to keep some things private.

IV. INTRODUCTIONS

Have each group member introduce him or herself. Group leaders should also introduce themselves. It may be helpful for one leader to begin by introducing themselves, to provide a model for the group introductions. It is usually useful to have participants use the following script, which is also found on page 4 of their manuals.

- 1) your name
- 2) where you grew up
- 3) your family
- 4) what kind of work you have done
- 5) your main interests/hobbies
- 6) something about yourself that you think is special

Issue: Some group members may be tangential and/or they may describe a lot more than the script suggested above. As much as possible group leaders should guide or redirect members to follow the script above. They may either begin by modeling an introduction, or they might make a statement that orients patients to the task. A common issue is that patients will describe themselves in terms of their depression. Warning that this can happen ahead of time is a good practice: "*Many people with depression begin to think of themselves as a depressed person. You are not your depression. At this time we want to know who you are.*"

[sample statement]

Now we would like to begin introductions. The purpose of this is for everyone to get to know a little bit about you. We will have plenty of time to get to understand and deal with your problems and depression, but for now, let's start with the following. On page 4 of your books there are several questions that I would like us to start with. I'll begin...”

Proceed with the 6 items above and begin modeling how you would introduce yourself.

If during this exercise, some members begin to provide more information than necessary, gently remind them that they will have time to deal with that during this group, but for now, the focus is

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Introduction
Version 2000: May, 2000

on introductions. In addition, it may be helpful to ask more closed-ended questions for these individuals, and focus less on the open-ended questions. For example, you might say, “where did you grow up” “what kind of work did you do?”

If they begin talking about their depression, stop them, point this out, remind them that they are more than their depression and that we want to know who they are and what they are like when they are not depressed.

V. REVIEW THE SYMPTOMS OF DEPRESSION

Option 1: The “San Francisco General Hospital Depression Clinic Mood Check-Up,” which is shown on page 5 of the participant manuals.

We recommend using this option as it allows you to gather information at the beginning of each module regarding whether participants still meet criteria for a Major Depressive episode. In addition, you can monitor their experience of the 9 Major Depressive episode symptoms.

You can write the items on the board and go through each symptom with the participants. As you elicit information from the group members, one group leader should chart each participants symptoms. This information, can later be included in the participant’s chart.

For returning members, this may be a good time to review their Quick Mood Scale from the past week. This will enable new members to preview what they will do in upcoming sessions.

Option 2: Open ended discussion.

Ask participants about some of the problems or symptoms they have been experiencing. Write down the problems on the board.

As participants mention a particular symptom, it is often useful to ask whether other group members are experiencing similar problems and then highlight similarities and differences among group members.

Group leaders should keep track of information that group members provide regarding what they perceive to be the causes of their depression (e.g., unemployment, medical problems, relationship problems). Group leaders can use this information to begin developing an individual case formulation.

Then review the “Depression Information” sheet on page 6 of their books. This sheet is shown on the next page. Key points to highlight include:

1. Depression is a clinical condition
2. Depression is common. You are not alone in experiencing this disorder.
3. Depression is defined by the experience of 5 or more symptoms occurring for a period of at least two weeks

Option 3: Go through the depression information sheet asking participants to share whether they feel each point applies to them.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Introduction
Version 2000: May, 2000

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Introduction
Version 2000: May, 2000

Depression can be:

- a) a feeling that lasts a few minutes.
- b) a mood that lasts a few hours.
- c) a clinical condition that lasts two weeks or longer.

This group is meant to treat **major depression**, which is a clinical condition. The symptoms of a clinical depression are described below. The group has also been shown to be effective for treating dysthymia and minor depression.

MAJOR DEPRESSION

Description

- Mood disorder that makes it hard for us to carry out our daily duties
- Lasts more than two weeks
- Can happen at any point in your life
- 5 or more of the symptoms listed below most of the day, almost every day

The 9 Symptoms of a Major Depressive Episode

- **feel depressed or down nearly every day**
- **loss of interest or pleasure in activities**
- significant change in appetite (increase or decrease)
- change in sleep (sleeping too much or too little)
- change in the way you move (restless or slowed down)
- really tired, fatigued
- feelings of worthlessness or excessive guilt
- inability to concentrate or inability to make decisions
- repeated thoughts of death or suicide

How Common is it?

- Nearly everyone in their lifetime feels sad.
- Most adults have had depressed moods and/or know what they are.
- 10-25% of women will have at least 1 serious episode of major depression.
- 5-12% of men will have at least 1 serious episode of major depression.

What Are Possible Triggers?

- Economic/money problems
- Loss of loved ones
- Biological/chemical imbalance
- Loss of health/medical conditions
- Use of drugs or alcohol
- Traumatic and/or stressful events
- Relationship issues
- Big life changes

What to Do

- Get help and support from family members, friends, & others.
- Discuss how you feel with your doctor, nurse, therapist, or counselor.
- Sometimes antidepressant medication can be helpful.
- Use the material taught during this group.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Introduction

Version 2000: May, 2000

- Please let group leaders know if you have repeated thoughts of death or suicide so we can help.**

Since depression is often comorbid with other psychiatric disorders, we encourage familiarity with DSM-IV diagnostic criteria (e.g. Anxiety Disorders, Somatoform Disorders).

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Introduction
Version 2000: May, 2000

VI. REVIEW THE COGNITIVE BEHAVIORAL TREATMENT MODEL FOR DEPRESSION

Option 1: A leader presents the model

Option 2: Ask a veteran member who is now on their third or fourth module to present the model or co-present it with another veteran or a leader. Suggest to those who are in their second module that next time they may be presenting this material.

SAMPLE PRESENTATION (a sample board is shown below; participant versions begin on page 7 in the participant manuals)

On the blackboard draw a spiral.

We often think of depression as a downward spiral. Usually, people enter the spiral because something upsetting has happened to them.

Give examples, writing them on the board at the top of the spiral. Use examples that are pertinent to group members (e.g. health problems, financial problems, death of family members, loss of job, relationship problems, biological changes in energy level or ability to sleep).

These problems are real and almost anyone would feel a certain amount of sadness or anger or frustration because of them. We call this part “necessary suffering.” (It is suffering we have to endure). But we can also see that at different times in our lives, we may manage the situation and our reaction differently. Sometimes, we can even add to the problems and to the downward spiral. We call this part “unnecessary suffering.” (It is suffering that can be prevented.) We believe that there are different factors that we can change that may add to our unnecessary suffering.

For this part elicit answers from group members whenever possible. Use specific examples whenever possible.

The first of these factors is our thoughts. When we are down, we tend to engage in more unhelpful and negative ways of thinking.

Elicit specific examples from the group regarding the types of thoughts they may have when depressed and write them down on the board in a column entitled thoughts next to the downward spiral. (e.g. may tend to worry more, be unable to focus on non-negative things, engage in unhelpful thought patterns).

These types of thoughts spiral us down further.

Draw a downward arrow.

The second factor is our behavior. When we are down, we often have less interest in doing things and as a result we often behave differently than we usually do.

Elicit examples of behaviors from the group and write them in a column entitled behavior, next to the thoughts column. Then draw a downward arrow. If you want, you can discuss how doing fewer positive behaviors can bring you down (e.g. limit your world view, no new pleasant memories to displace unpleasant ones, increase the chance that you will spend your time worrying, have more negative thoughts about yourself).

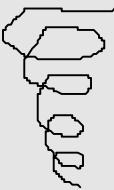
COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Introduction
Version 2000: May, 2000

When we are depressed, we often reduce our contact with other people. This is the third factor that can add unnecessary suffering.

Start a third column called “people” and elicit from the group the types of changes they have seen in this area. Examples typically include: increased irritability and conflicts with others, less desire for contact with others.

Finally, when we are depressed, as we have talked about, we are often tired and lacking in energy, and our physiology, that is, the way we feel physically, can really contribute to our overall mood. Start a 4th column for “your body” and write down examples from the group, again showing how they contribute to the depressive spiral.

Pause and make sure that group members understand the spiral. Elicit their reactions. Then continue.

Sample Treatment Model Diagram				
	Thoughts	Behavior	People	Your body
	why bother no one cares I can't do anything	stay inside eat not do anything	argue avoid	tired low energy

As you can see, we enter the depressive spiral here (point to the top of the spiral), but our reactions, meaning our thoughts, our behaviors, our lack of positive interactions with others, and the things that we do that affect our physical well-being can cause our mood to spiral down to here.

In this group, we use a kind of therapy called Cognitive Behavioral Therapy to help prevent this spiral. (Write the words on the board). Cognitive refers to our thoughts and behavioral refers to what we do. A number of studies have shown that this type of therapy is very effective in treating depression. What this program teaches us is that while there is a certain amount of suffering that we can't avoid (refer to the top of the spiral), we can learn to manage our thoughts, our behaviors, our contacts with others, and even the way we feel physically in order to keep ourselves from spiraling down.

The program has four modules. We have a thoughts module that focuses on the connection between our thoughts and our mood. We have an activities module that focuses on the connection between what we do and our mood. We have a people module where we talk about how contacts and support from others can be helpful and how we can improve old relationships or seek out new positive contacts with others as a way to improve our mood. We have a health module that covers basic health concerns such as sleep, nutrition, medications, and pain. The health module also talks about the connection between health and mood.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Introduction

Version 2000: May, 2000

At this point let participants know which module you will be focusing on for the next few weeks. Briefly describe some of the things they will be learning in that module.

This program teaches you skills. It gives you strategies and tools to decrease your depression. As a group, we will be talking about and learning how to use each tool. We will ask you to try to use them both in the group and at home, and we want you to tell us what works for you. As you try them out, you may find out that some tools work really well for you while others do not. For example, (use group member's name) may really like using a hammer while (other group member's name) may really like using a drill. The point of this program is to give you lots of tools so that you can have more choices. Each week we will ask you to do a personal project so that you can determine which tools work best for you.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Introduction
Version 2000: May, 2000

This treatment will be most helpful to you if, at the end, you have learned many ways of regulating your mood, and you feel confident using them in your daily life. To have this happen, you will need to practice using these skills each week. This is the purpose of the personal project. If you don't practice the skills, you won't learn them.

The goal of the group is not to eliminate all feelings of sadness or depression from your life. That would be unrealistic. The goal is to give you the tools to reduce how often you become depressed, how intense or painful the feeling gets, and how long it lasts. More broadly, the goal is to help you learn ways to shape your personal reality so your life is healthier and you have fewer reasons to become depressed. If you take these skills with you at the end of the group, your treatment will have been successful.

At this point pause and invite veteran members to comment on the treatment model and the utility of the different "tools." Invite questions from the group and answer them.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Thoughts 1

Version 2000:May, 2000

THOUGHTS 1 -- THOUGHTS AND YOUR MOOD

GOALS FOR LEADERS

- Welcome new participants
- Review group rules
- Have participants and group introduce themselves
- Review the cognitive behavioral treatment model
- Introduce the concept of thoughts and their relation to mood (helpful thoughts → improved mood; harmful thoughts → depressed/negative mood). Discuss the influence of thoughts on mood and vice versa.
- Introduce how thoughts and internal reality are related (the mind as an internal world, an internal reality)
- Discuss how your internal reality affects your external reality.
- Identify members of the group who will be graduating at the end of this module and begin the termination process

MATERIALS NEEDED FOR THIS SESSION

- 1) Pens
- 2) CES-D
- 3) Dry erase board, chalkboard or large sheets of paper to present material to group
- 4) Index cards

SAMPLE SESSION OUTLINE

- I. Welcome
- II. Agenda and Announcements
- III. Group Rules
- IV. Introductions
- V. What is Depression?
- VI. Review of the Model
- VII. New Material: The Relationship Between Thoughts and Mood
- VIII. Take Home Message
- IX. Personal Project
- X. Preview and Feedback

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Thoughts 1

Version 2000:May, 2000

I. WELCOME

II. AGENDA AND ANNOUNCEMENTS

Identify those group members who will be graduating at the end of the module.

III. GROUP RULES

IV. INTRODUCTIONS

V. REVIEW THE SYMPTOMS OF DEPRESSION

VI. REVIEW OF THE MODEL

These sections are covered in the introduction section of the Manual for Group Leaders.

VII. NEW MATERIAL

1. WHAT ARE THOUGHTS?

PURPOSE: The purpose of this section is to help participants understand what thoughts are and how thoughts are related to mood.

ACTIVITY: DEFINING THOUGHTS

In this activity, ask participants to talk about and define thoughts.

[Sample introduction to the activity]

In this session, we are trying to understand the relationship between your thoughts and how you feel. To understand this relationship, we should think first about what we mean by thoughts. Let's start with your definition of thoughts. What are thoughts?

Brainstorm and write on the board the group members' responses. As you cover each of the following points, you can either provide examples that clearly illustrate the point or you can elicit examples from the group members.

Cover the following points:

- By "thoughts" we mean "sentences we tell ourselves." ("Self talk")
- At any point in time, we may have several thoughts, some of which we are aware of and many of which we are probably not aware of.
- Thoughts can have positive or negative effects on you.
- Thoughts can affect your body.
For example, when you have upsetting thoughts, your body may tense up.
- Thoughts can affect your actions (the way you behave or react to situations).
For example, if you go into a situation where you think "they won't like me" you are likely to behave in an uncomfortable and awkward way.
- Thoughts can affect your mood. (You will talk more about this later.)

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Thoughts 1

Version 2000:May, 2000

2. THOUGHTS AS PART OF MY INTERNAL REALITY

[Sample introduction to this section]

Before we continue talking about how thoughts affect how we feel, we want to acknowledge that depression is not all in your head. Most of you have very difficult realities. You are dealing with many of the triggers that are listed on the “Major Depression Information Sheet,” like health problems, financial problems, loss of loved ones. These difficult real life situations, naturally can and do affect your mood and the way you think. During this group, we will talk about some of the difficult realities that you each face. When we talk about reality, we will often describe two different aspects of reality. Our external or objective reality and our internal or subjective reality. If you turn to page 11 of your books, there is a description of each type of reality.

Go over the list with participants. (The list is shown below.) It might be helpful to write these lists on the board, with internal reality on the left half of the board and external reality on the right half of the board.

External/Objective Reality - The facts; parts of your reality that are observable and measurable.

- the things you and others actually do
- illnesses you have experienced
- how much money you have
- how many people live with you
- your physical surroundings

Key point: although your external reality may seem fixed, parts of it are changeable. For example, you can decide where you spend your time. You decide whether you stay inside or go for a walk. There are parts of your external reality that you can manage.

Internal/Subjective Reality - The world of your mind, which is yours alone: not observable by others.

- thoughts
- memories
- beliefs
- expectations
- the way we understand what has happened to us.

Key point: You can change and manage your internal reality. You decide which aspects of your reality, good or bad, you focus on. Changes in your external reality will affect your internal reality. By changing your external reality, you can change future memories, beliefs, and expectations.

Both your external and internal reality are real. Both are important and both affect each other constantly.

Thoughts are part of our internal reality. We process what happens to us with our thoughts. We remember what happened to us through our thoughts. We can learn to change them and because they are always with us, we can change them at anytime and anyplace. Our thoughts are under our control and no one else's. Because they are inside us, others can't see them, so it's important for us to recognize that other people do not know what we are thinking. We may need

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Thoughts 1

Version 2000:May, 2000

to share our thoughts with others so that we can check them out and see if they're accurate and also so we can get help from others.

As we mentioned before, we may also have many thoughts that we are not aware of. This means that there is a whole part of our internal reality that we may not be aware of. We may have learned ways of thinking or processing information in the past that are such a big part of our life and of our reality that we don't question them. They occur automatically.

These hidden thoughts also affect us and may negatively affect our mood. In this module we will learn to identify some of these hidden thoughts, identify patterns in our thinking, figure out whether they are helpful, and make changes to improve our mood. What we are really doing is learning to manage our internal reality in a way that helps us to improve our mood.

3. HOW DO THOUGHTS AFFECT HOW WE FEEL?

PURPOSE: To help participants understand the connection between thoughts and mood.

[Sample introduction to the section]

Now that we have an idea of what thoughts are and that we all have them, let's see how thoughts affect our mood.

Pick one of the following options to clearly demonstrate the link between thoughts and mood.

OPTION 1 – “Learning how to change how we feel”

[sample introduction to the activity]

To understand the connection between thoughts and mood, let's try an experiment. I want you to try and remember a pleasant activity that you did recently.

Go around the room and make sure that everyone has a pleasant event that they can focus on. It should be an activity that they did within the last two weeks if possible. It can even be a brief activity, like having a cup of tea, taking a walk.

Go ahead and first take a few deep breaths. Breathe in and breathe out. in. out. in. out. Now picture yourself doing that activity. What did you do? How did you feel?

(pause briefly)

Now as you are imagining this activity, I want you to try and notice how you feel right now. Let's share some of these feelings with other members of the group.

Ask participants to share how they are feeling. Begin a group discussion about how just remembering the event triggered different feelings.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Thoughts 1

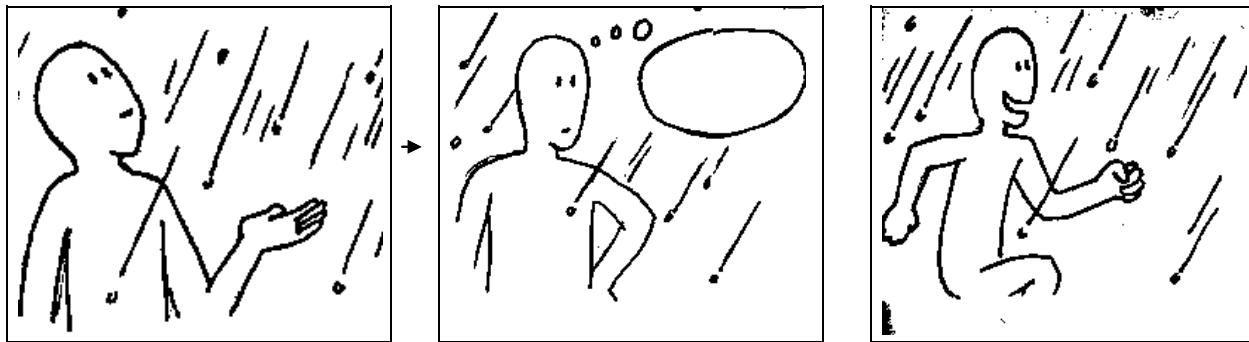
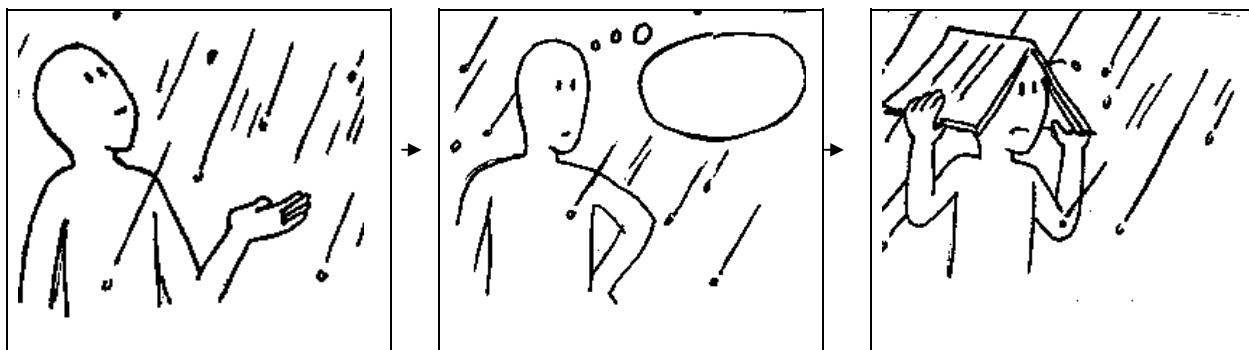
Version 2000:May, 2000

In the activity we just did, we found that just thinking about things we did before changed the way we feel now. Sometimes we think happy thoughts, sometimes we think sad, embarrassing, or angry thoughts. The point is that the thoughts we have affect the way we feel now. Sometimes our thoughts may have to do with our reactions to other people, sometimes they may not. Our thoughts about others can also affect the way that we feel.

OPTION 2

[sample introduction to the activity]

For another example of how thoughts are connected to mood, let's turn to the cartoon on page 12 in your books.



Go through the cartoon and begin a group discussion. Try to ensure that the following key points are covered:

- Each character was faced with the same external reality: it is raining.
- Each character had a different mood because it is raining.
- The difference in mood is related to what each character is thinking (examples below).
 - Character 1: "I hate rain. I'm getting all wet, and I'll probably catch a cold."
 - Character 2: "Oh it's raining. I can run home and make hot chocolate and feel all cozy."

The thoughts are part of the characters' internal reality. In this example, the characters can't change their external reality, it is raining.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Thoughts 1

Version 2000:May, 2000

- How might changing their internal reality, meaning their thoughts affect how they feel?

Elicit responses from participants.

4. WHAT ARE SOME OF THE THOUGHTS THAT I HAVE?

PURPOSE: To help participants understand the difference between helpful and harmful/unhelpful thoughts and to have them begin identifying thoughts that they have that fit each category.

ACTIVITY A: IDENTIFYING HARMFUL/UNHELPFUL THOUGHTS

[Sample introduction to the activity]

We each have many thousands if not more thoughts that pass through our head each day. Some are neutral, such as if I thought “today is Monday,” others may be more harmful or helpful. But with so many thoughts going through our head, we often don’t pay attention to them even though they may affect our mood a lot. What we want to do now is to try and pay attention to some of the different types of thoughts that we might be having.

Please turn to page 13 in your books. This is a worksheet where you can write down different types of thoughts that you might have. In the first half, are thoughts that might be harmful or unhelpful. Let’s try and identify some of the harmful or unhelpful thoughts that you might have.

Are there times when particular thoughts that you have can lead you to feel depressed?

Which thoughts are most likely to trigger depression?

Which thoughts are most likely to keep the depression going once it starts?

Which thoughts drain you?

Which thoughts make you feel bad about yourself?

Elicit responses from the group and write the responses on the board. If group members have problems identifying thoughts, you can point out the list of “Helpful and Harmful Thoughts” on pages 14 and 15 of their books.

Points to cover include:

- Depression is not “all in your head.”
- Your mood is affected by real things that happen to you (e.g. health problems, financial problems).
- All thoughts are real, but many are not accurate. Sometimes thoughts contribute to mood problems.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Thoughts 1

Version 2000:May, 2000

ACTIVITY B: IDENTIFYING HELPFUL THOUGHTS

[Sample introduction to the activity]

We have talked about how thoughts can bring us down, now let's talk about the opposite.

What kind of thoughts help you to feel better?

Which thoughts can get you out of a depression?

Which thoughts can keep you feeling good when you are not depressed?

Which thoughts give you strength?

Which thoughts help you feel good about yourself?

Elicit responses from the group and write the responses on the board.

Points to cover include:

- Specific thoughts make it less likely that you will become depressed.
- Specific helpful thoughts can make a depressed mood less intense and less long and can decrease the frequency of depressed moods.

[Sample wrap up]

We have talked about harmful thoughts, what kind of thoughts are more common for you right now?

Briefly elicit participants' responses. You may want to reassure them that when people are depressed, it is common that they have more negative/harmful thoughts.

5. PURPOSE OF THE MODULE

PURPOSE: To explain why CBT is helpful and how reducing harmful/negative thoughts and increasing helpful, positive, and realistic thoughts can help improve mood.

[Sample introduction to the section]

As we mentioned earlier, we are going to spend the next three weeks learning ways to identify thoughts that influence how we feel. We will be talking about ways to increase positive, helpful thoughts and decrease negative or harmful thoughts so that your mood will improve. In the past, many group members have found that they have been able to make changes in their thoughts, in their internal reality and that when they did, they were also able to make changes in their external reality or at least to cope with it better. In this group, you will learn to change those things that you can change for the better and to best manage those parts of your external reality that you cannot change.

It may be useful to give specific examples that are pertinent to specific group members or ask veteran members to share how the program has been useful to them.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Thoughts 1

Version 2000:May, 2000

VIII. TAKE HOME MESSAGE

Go over the take home message.

Some thoughts make my mood worse.
Some thoughts make my mood better.
If I can find out which they are,
I can use my thoughts to improve my mood.

My mind is my internal reality.
Harmful thoughts are like pollution in my internal world.
I can try to keep my internal world healthy.

IX. PERSONAL PROJECT ASSIGNMENT

WEEKLY PROJECT

1) continue tracking mood using the mood scale and track the number of positive events you do each day. Explain the mood scale to new members. The mood scale and explanation for how to use it are shown in page 17 of their books.

2) Track your thoughts

[Sample introduction to personal project]

Today we've talked a lot about the relationship between thoughts and mood. The first step in changing your thoughts and improving your mood is to identify those thoughts that are most powerful in terms of your own mood.

Therefore, this week, your personal project is to keep track of your mood each day. Here are some index cards (pass out index cards, 7 cards for each person; one card per day). They are small so that you can carry one card each day and write down thoughts that make you feel worse on the side of the card labeled (-) for negative mood and thoughts that make you feel better on the side of the card marked (+) for positive mood. We expect that you will be able to identify 5-10 thoughts each day. Bring them with you for next session.

OPTIONAL PROJECT

select one of the following activities to do

1) Go through the list of "Helpful and Harmful Thoughts" on pages 14 and 15 of your books and mark thoughts in each category that could apply to you. Share the most powerful ones with the group next session.

2) Talk to someone about what you have learned today.

X. PREVIEW AND FEEDBACK

Let the participants know that next week you will continue talking about thoughts and that you will begin talking about specific types of thought patterns that affect mood.

Congratulate group members for attending the group and acknowledge that coming to group is a big step in improving their mood.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Thoughts 1

Version 2000:May, 2000

Before ending the group, encourage group members to provide feedback regarding today's session. Questions to encourage discussion are listed below.

- What was helpful about today's session?
- What was not helpful?
- What suggestions do you have to improve your therapy?

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Thoughts 1

Version 2000:May, 2000

GROUP LEADER SELF EVALUATION FORM: THOUGHTS 1

INSTRUCTIONS

Content Covered: Rate the degree to which you feel this material was covered (0=not at all, 10=fully covered) If not done this session but done later, when it is done write in the date and rate how well you feel you covered it.

Satisfaction with Teaching: Rate the degree to which you are satisfied with the way you and your co-leader taught the material (0=not at all satisfied, 10=extremely satisfied).

Participant Process: Rate on average the degree to which participants seemed to participate, understand and complete the exercise (0=on average very poor no one understood or no one was able to complete exercise; 10=everyone seemed to understand keypoints and complete the exercise).

	Taught/ Done? (0-10)	Satisfaction w/ Teaching (0-10)	Participant Process (0-10)
Welcome			
Hand out CES-D			
Group rules			
Introductions			
Review of symptoms of depression			
Review of CBT treatment model			
New Material			
1. Defining thoughts			
2. Thoughts as part of internal reality (vs. external reality)			
3. How thoughts affect how we feel			
Option 1: remember pleasant activity			
Option 2: cartoon			
4. What are some of the thoughts I have			
Identifying harmful/unhelpful thoughts			
Identifying helpful thoughts			
5. Purpose of module			
Take Home Message Reviewed			
Personal Project Assigned			
Preview and Feedback			

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Thoughts 2
Version 2000: May, 2000

**THOUGHTS 2 --IDENTIFYING HELPFUL/POSITIVE AND
HARMFUL/NEGATIVE PATTERNS OF THINKING**

GOALS FOR LEADERS

- Ensure that participants understand the connection between thoughts and mood.
- Teach participants about common patterns of harmful and helpful thinking.
- Teach participants categories of unhelpful/harmful thinking.
- Help participants begin to identify their own thought patterns.
- Help participants begin to see that it is possible to change the way we think, which may motivate them to want to change.

MATERIALS NEEDED FOR THIS SESSION

- 1) Pens
- 2) Dry erase board, chalkboard or large sheets of paper to present material to group
- 3) Oranges and paper towels (for optional relaxation exercise)

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Thoughts 2

Version 2000: May, 2000

SAMPLE SESSION OUTLINE

- I. Agenda and Announcements
- II. Review
- III. Personal Project Review
- IV. New Material: Identifying Categories of Harmful Thoughts
- V. Mindfulness Exercise
- VI. Take Home Message
- VII. Personal Project
- VIII. Preview and Feedback

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Thoughts 2
Version 2000: May, 2000

I. AGENDA AND ANNOUNCEMENTS

Go over the agenda and ask participants whether they have any topics they would like to add to the agenda. Make any announcements.

II. REVIEW

Review the material covered in Thoughts 1. Use the review to check on how much participants remember from the last session, reinforce what they have learned, and educate group members who were absent last session.

[sample review statement]

Last week we welcomed new group members, we introduced ourselves, and we began talking about the cognitive behavioral treatment model. We also began talking about how our thoughts can affect how we feel. What are some of the things that you remember most from last week?

Elicit responses from the participants.

Make sure that you review the reciprocal relationship between depression thoughts. If necessary, ask participants how depression affects the way they think and then ask how harmful negative thoughts affect their mood. Go over the diagram found on the top of page 19 of their books and have a group member read the statement shown on the top of that page.

Depression affects the way we think; we have more harmful thoughts. Having more harmful thoughts can also lead you to feel more depressed.

OPTIONAL ACTIVITY – THE CHAINING ACTIVITY

One way to review the connection between thoughts and mood is by doing an activity that we call the chaining activity. This activity allows group members to see the connection between thoughts and mood and to also see that they can make choices about the way they think. Many participants have shared with us how doing this exercise affected the way they thought and the choices they made. They would say things like “I was going to go down and have a pity party, but I remembered that I could go up too.” This activity is repeated in the activities, people, and health module. In this module the focus is on thoughts.

[sample introduction to the activity]

I would like to do a group activity that we call the “Chaining Activity.” The purpose of this activity is to help us really see how our thoughts can affect how we feel. First let's take a neutral statement, a statement of fact.

You may need to educate group members as to what a statement of fact is. It can be the statement at the top of a depressive spiral. Some examples are: 1) it is raining; 2) I have diabetes; 3) I have no energy.

Quickly draw the mood scale on the board. Explain the mood scale or have a veteran explain the mood scale to new members. Write the statement of fact on the line next to the 5. We often brainstorm statements of fact with group members, writing them all down on the line representing a mood of 5 and then we have the group pick one statement of fact for the exercise.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Thoughts 2
Version 2000: May, 2000

Instruct group members that you now want them to think of thoughts they may have, given the statement of fact, that would make them spiral down. Ask them to spiral down in stages. So first, you would like someone to suggest some thought that would lead them to a mood of about a 4 and then a 3 and then a 2 and then a 1.

So now what I'd like you to do is to think about something you might say to yourself that would bring you down to a mood of a 4. What would bring you down just one step?

Elicit answers from the group. If the answer seems too drastic, ask group members whether they would rate that as a 4 or perhaps lower. Then place the item where the group feels it belongs. If someone in the group gives you a behavior, write it down and then ask how they might be thinking if they acted like that. Write down the thought next to the behavior.

Now what would be a thought that would bring us down to a 3.

Repeat for moods of 2 and 1.

Once participants have done this, ask them how they are feeling after doing this part of the exercise. Process what it is like for them to see how your thoughts can affect your mood. Process how their mood may have changed by just doing the exercise.

Next, have the participants go back to the statement of fact and now think of thoughts that would lead them to spiral up, one step at a time.

Now, let's return to the statement of fact (repeat statement). What's a thought that might make our mood become a 6?

Repeat the process for moods up to 9. It is important to tell them that when we are spiraling up, we may never really get to a 9 but that we are trying to think of thoughts that will make us progressively feel better. After they are done, again process their thoughts about how the way they think can make them feel better and how their mood may have changed by doing this part of the exercise.

We have included examples from our previous work with using this technique with groups below.

SAMPLE CHAINING EXERCISE

9 ↑	I can focus on what is positive in my life and make positive changes.
8	I am still capable of doing many things.
7	There are things I can do to take care of myself.
6 ↓	I need to learn more about my health problem.
5	I have a serious health problem.
4 ↓	This is really awful.
3	Why me? Why am I being punished.
2	I'm not normal. I won't be able to do anything.
1	Everyone else is having fun. No one cares about me.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Thoughts 2
Version 2000: May, 2000

SUMMARY: SO HOW DOES THE WAY WE THINK AFFECT HOW WE FEEL?

At the end of the exercise elicit from the group the links they see between thoughts and mood.
Try to cover the following points:

- We can make choices about the way we think.
- Our thoughts really do affect how we feel.
- Our thoughts also affect the way we behave.
- Our thoughts can also affect our health.

Other topics to consider include:

- 1) how these examples apply to their own lives.
- 2) internal and external reality - When we think in different ways, we change our internal reality. In the example given above, the person shows that they can change their internal reality, making it more negative or more positive. As you change your internal reality, you also change your external reality. Once you begin to think in different ways, you behave in different ways.

III. PERSONAL PROJECT REVIEW

Review the homework from the previous session. (Unless you do so, participants will not think it is important. They need to experience how it is helpful.)

WEEKLY PROJECT

- Mood Scale
- Track the positive and negative thoughts you have each day.

OPTIONAL PROJECT

Find out which optional personal project participants did and then review what they learned from doing the project.

- 1) Go through the list of "Helpful and Harmful Thoughts" on pages 14 and 15 of your books and identify thoughts in each category that could apply to you.
- 2) Talk to someone about what you have learned today.

BRIDGE (Approximately 5 minutes)

Introduce this week's material, linking it to material taught in previous sessions.

[sample bridge]

Last week we began talking about how our thoughts affect the way we feel. Today we will begin talking about how we can change the way we think to change the way we feel. We will begin by identifying patterns in thinking that are unhelpful.

IV. NEW MATERIAL

1. WHAT ARE COMMON THOUGHT PATTERNS?

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Thoughts 2

Version 2000: May, 2000

PURPOSE: The purpose of this section is to provide participants with information about common thought patterns.

[sample introduction]

Last session we began talking about how what we think affects how we feel. In order to better understand this relationship, we have often found it helpful to think about specific categories of thoughts.

If you turn to page 20 in your books, there is a description of different patterns of helpful and harmful thinking. Let's go through them.

Go through the lists of types of helpful and harmful thinking.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Thoughts 2
Version 2000: May, 2000

HELPFUL THINKING

CONSTRUCTIVE

“Puts you together.”

Example: I can learn.

NECESSARY

Helps you do what you have to do.

Example: To find out if I am HIV positive, I need to have a blood test.

POSITIVE

Makes you feel better.

Example: I can focus on what is good in my life or what I can do.

ACTIVITY

OPTION 1:

As you go through the list, ask participants to share examples of each type of thinking that they may have had. They can use examples from their personal projects. You may also bring up examples that they have mentioned in group. You may also use the “Type of Thoughts” list.

OPTION 2:

Pick from the situations listed below and ask group members to come up with examples of helpful and harmful thoughts they might have given the situation. Make sure the thoughts fit the category that you are discussing (i.e. constructive vs. destructive).

Note: You can also make up situations that would be more pertinent to your group members.

Situations:

- 1) I have just been diagnosed with diabetes.
- 2) The rent is due, and I don't have any money.
- 3) I live in a place where there are many earthquakes.
- 4) I am at the store, and there is a very long line. I am in a big hurry for an important appointment.
- 5) I am unable to work right now because I am very depressed.
- 6) I had unprotected sex. I could be pregnant. I could be HIV positive.
- 7) I haven't talked to my relatives for years. I want to now. I don't know how they'll react.
- 8) I'd like to work, but I don't want to lose my disability payments.
- 9) People treat me different because I am Latino/Black/gay/a woman/poor/disabled/overweight/etc.

HARMFUL THINKING

vs. DESTRUCTIVE

“Tears you apart”, “destroys you.”

Example: I don't know anything.

vs. UNNECESSARY

Does not change anything (no matter how much you think).

Example: What if I am HIV positive?

vs. NEGATIVE

Makes you feel worse.

Example: There are many things that are wrong with my life, and there's nothing I or anybody can do about it.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Thoughts 2
Version 2000: May, 2000

2. CATEGORIES OF UNHELPFUL THOUGHTS

PURPOSE: To provide information about standard categories of unhelpful thoughts.

[sample introduction]

Another way that we can learn to see that we are having unhelpful thoughts is by learning some basic categories of unhelpful thoughts. That way we can catch ourselves and say something like "oh there I go again. I'm ignoring the positive." Then we can change the way we are thinking and make it more helpful.

If you turn to pages 21 and 22 in your books there's a list of common categories of unhelpful thinking. Let's go over it.

Go over the list. It is often helpful to have the group leaders cover each category on the blackboard by first drawing the symbol, discussing what it means, and then eliciting examples of the category from the participants. Categories are adapted from David Burn's Book Feeling Good: The New Mood Therapy. Morrow, 1980).

<u>Symbol</u>	<u>Unhelpful Thought Pattern</u>
	<p><u>All or Nothing Thinking</u> Thinking in extremes (can only be at one end of the scale, top or bottom). Not balanced. All good or all bad. The best or worst. Perfect or a failure.</p>
	<p><u>Negative Filter (Ignoring the Positive)</u> Only remember negative events. Filter our positive events. Your cup of life ends up very bitter and negative.</p>
	<p><u>Pessimism</u> Believing negative things are more likely to happen and positive things are never or hardly ever going to happen</p>
	<p><u>Exaggerating</u> Exaggerating problems and the possible harm they could cause, and underestimating your ability to deal with them. "Mountain out of a mole hill"</p>
	<p><u>Overgeneralization</u> Taking one negative characteristic or event and</p>

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Thoughts 2

Version 2000: May, 2000

seeing it as a never ending pattern.

He/She doesn't like me --> no one likes me.

I couldn't do this one thing. --> I can't do anything.



Labeling (either yourself or others)

Attaching a negative label, instead of seeing a error or problem. Labels can become self-fulfilling prophecies.

“Stupid” vs. not good at math.

“Clumsy” vs. drop things occasionally.

CATEGORIES OF UNHELPFUL THOUGHTS (continued)

<u>Symbol</u>	<u>Unhelpful Thought Pattern</u>
	<u>Blaming Oneself</u> Thinking negative things happen, and they are always entirely your fault.
	<u>Not Giving Oneself Credit</u> Thinking positive things that happen are either just luck or somebody else's doing and never the results of one's effort.
	<u>Mind Reading</u> Thinking that you know what others are thinking, and they are thinking negatively about you.
	<u>Negative Fortune Telling</u> Thinking that you can see how things will be in the future and it is bad.
	<u>“Should”ing yourself</u> Telling yourself you should, ought, and must do something. Makes you feel forced to do things, controlled, and resentful. Weighing yourself down with “shoulds.”

ACTIVITY

OPTION 1: If participants tracked their thoughts using the 3x5 index cards, as a group go through the negative thoughts and identify which categories of harmful thoughts they fit under.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Thoughts 2
Version 2000: May, 2000

OPTION 2: Play a game, have participants form two teams and then play the game like “Family Feud”. One of the group leaders can play the game show host. This leader reads a phrase (either from the participants’ 3x5 index cards or from one of the phrases below) and then participants try and decide which category of harmful thoughts it fits under. The first participant to guess the correct category, gets a point for her team. If neither participants gets it, it goes to the next person on their team. It can also be helpful to have participants discuss whether they have had similar thoughts in the past.

The purpose of this game is to help participants begin to identify harmful patterns of thinking. You can let them know that next week you will begin talking about how to fight these patterns. As you do these exercises, try to use thoughts that specific patients appear to typically have. By doing this, you will increase the likelihood that patients will generalize what they learn from this exercise to their own lives.

Key point: Everyone has these thoughts at one time or another, but people with depression frequently have these extremes in thinking. At one point it may have felt safe or reasonable to hold the belief and in some cases these types of beliefs may feel safe and familiar, but they can also cause us problems.

Tell participants that thoughts can be in more than one category.

Item	Category of harmful thinking
1. I have to be the best.	All or nothing thinking + should
2. The party is going to be really boring so why bother going	Negative fortune telling
3. My partner seems very upset today, maybe I did something wrong.	Mind reading + blaming oneself
4. I can't work. I am useless.	Negative filter (ignoring the positive), blaming oneself.
5. I can't believe I don't know the answer. I must be stupid.	Labeling
6. If I can't get this job then everything's lost. I might as well give up.	Overgeneralization
7. Yes, I came to group today, but it's no big deal.	Not giving oneself credit
8. I did not get the answer first. My team members must be mad at me.	Mind reading
9. If we lose it will be all my fault.	Blaming oneself (possibly ignoring the positive)
10. Why bother talking to the doctor, he/she probably can't help me.	Pessimism
11. Yeah I can feel better if I take a walk outside, but it's not permanent.	Negative filter (ignoring the positive) + all or nothing thinking
12. I can't tell others how I feel because they will think I am crazy.	Mind reading
13. I can't believe my friend did what she did.	Overgeneralization

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION**PART II: Lecture Notes for Instructors: Thoughts 2****Version 2000: May, 2000**

I don't think I can trust anyone ever again.	
14. My life is worthless if I can't see.	Negative filter (ignoring the positive)
15. I'll never be happy again.	Negative fortune telling.
16. I can't stand it.	Unnecessary thinking + Exaggerating
17. I wish I were dead.	Unnecessary thinking
18. I am ugly (or unattractive)	Labeling+unnecessary+destructive+mind reading.
19. I am not capable of loving.	Negative fortune telling+not giving yourself credit.
20. I can't express my feelings.	All or nothing thinking.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Thoughts 2
Version 2000: May, 2000

3. CAN WE CHANGE THE WAY WE THINK?

PURPOSE: To begin to explore the possibility that group members can change their thoughts to improve their mood.

[Sample introduction to the activity]

We've been talking about different patterns of harmful and helpful thinking. Now that we've identified some of these patterns, do you think it's possible to change them?

Elicit participants responses. Make sure you understand the factors that may be preventing them from changing and empathize with them that many of these thought patterns are familiar and comfortable. Also, many of them are automatic. They spent many years learning to think this way, so at first it may seem strange trying to think in a new way. It will require practice, but it is possible.

V. RELAXATION EXERCISE: MINDFULNESS EXERCISE

[sample introduction]

Today, we would like to try a relaxation exercise, one that teaches us to focus our thoughts as a way of relaxing. This is one way that we can have a break from our negative or harmful thoughts. To do this, we will use oranges.

Pass out oranges and pass out handy wipes or towels so those who want to can clean their hands (cleaning their hands can itself be a mindfulness exercise). If you do not have oranges, you can substitute other neutral objects, such as a pencil, Kleenex, anything that is available, and modify the exercise.

I would like you each to get comfortable. You can spread out if you want, so you can each have your own space. For the next five minutes, I would like you to each focus on your orange. The purpose of this exercise is for us to practice being only in the present. For now, there is nothing you have to do. I want you to forget about all the things in the past, good or bad and just focus on the orange. I also want to point out that it is not easy to do this and that it is natural for your mind to wander. When you find it wandering, use the orange to anchor you in the present. Focus on how the orange feels, smells, tastes. Whenever you feel your thoughts wander, bring them back to the orange.

Answer any questions and then ask the group to begin. Group leaders should also do the exercise. At the end of five minutes, stop the exercise as gently as possible and then process the experience with the group.

Here are some key points other participants have noted in the past.

- People approach the task differently. We all think differently.
- It's nice to be able to take a break from problems and our own negative thoughts.
- By focusing our thoughts on the present, we can relax and feel better.
- Focusing our thoughts and appreciating the little things in life can help our mood.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Thoughts 2
Version 2000: May, 2000

Let them know that the instructions for the exercise are on page 23 of their books should they want to practice the exercise at home.

VI. TAKE HOME MESSAGE (Go over the take home message)

My thoughts can be helpful or harmful.

I can think in ways that will make me feel better.

I can mold my internal reality so that it helps me achieve a healthy mood.

VII. PERSONAL PROJECT ASSIGNMENT

WEEKLY PROJECT

- Continue tracking mood using the mood scale and track significant positive and negative thoughts you have each day.

OPTIONAL PERSONAL PROJECT

- select one of the following activities to do

- 1) Practice the orange exercise (see page 23)
- 2) Continue using 3x5 cards to track thoughts you have.
- 3) Try and figure out whether there are specific harmful thought patterns that apply to you.
- 4) Find the most helpful thought patterns that give you noticeably better feelings.

VIII. PREVIEW AND FEEDBACK

Let the participants know that next week you will continue talking about thoughts. Let them know that you will begin talking about specific ways that you can change your thoughts.

Before ending the group, encourage group members to provide feedback regarding today's session. Questions to encourage discussion are listed below.

- What was helpful about today's session?
- What was not helpful?
- What suggestions do you have to improve your therapy?

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Thoughts 2
Version 2000: May, 2000

GROUP LEADER SELF EVALUATION FORM: THOUGHTS 2

INSTRUCTIONS

Content Covered: Rate the degree to which you feel this material was covered (0=not at all, 10=fully covered) If not done this session but done later, when it is done write in the date and rate how well you feel you covered it.

Satisfaction with Teaching: Rate the degree to which you are satisfied with the way you and your co-leader taught the material (0=not at all satisfied, 10=extremely satisfied).

Participant Process: Rate on average the degree to which participants seemed to participate, understand and complete the exercise (0=on average very poor no one understood or no one was able to complete exercise; 10=everyone seemed to understand keypoints and complete the exercise).

	Taught/ Done? (0-5)	Satisfaction with Teaching (0-10)	Participant Process (0-10)
Review	_____	_____	_____
Personal Project Review	_____	_____	_____
1. What are common thought patterns?	_____	_____	_____
2. Categories of unhelpful thoughts.	_____	_____	_____
-had participants identify thoughts that fit categories	_____	_____	_____
3. Can we change the way we think?	_____	_____	_____
-mindfulness relaxation exercise	_____	_____	_____
Personal Project Assigned	_____	_____	_____
Preview and Feedback	_____	_____	_____
Optional: What automatic thoughts did you identify for:	_____	_____	_____
Name:	_____		

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Thoughts 2

Version 2000: May, 2000

Name: _____

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Thoughts 3
Version 2000: May, 2000

**THOUGHTS 3 --DECREASING AND TALKING BACK TO YOUR
NEGATIVE THOUGHTS TO IMPROVE YOUR MOOD**

GOALS FOR LEADERS

- Review last week's main points (mistakes in thinking).
- Help participants understand the relationship between negative thinking and mood.
- Introduce a variety of ways to decrease negative thinking (changing internal reality).

MATERIALS NEEDED FOR THIS SESSION

- 1) Pens
- 2) Dry erase board, chalkboard or large sheets of paper to present material to group

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Thoughts 3

Version 2000: May, 2000

SAMPLE SESSION OUTLINE

- I. Agenda and Announcements
- II. Review
- III. Personal Project Review
- IV. New Material: Disputing Harmful Thoughts
- V. Take Home Message
- VI. Personal Project
- VII. Preview and Feedback

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Thoughts 3
Version 2000: May, 2000

I. AGENDA AND ANNOUNCEMENTS

Go over the agenda and ask participants whether they have any topics they would like to add to the agenda. Make any announcements.

II. REVIEW

Review the material covered in Thoughts 2. Use the review to check on how much participants remember from the last session, reinforce what they have learned, and educate group members who were absent last session.

[sample review statement]

Last week we talked about and identified harmful patterns of thinking. We also did a relaxation exercise with an orange(or whatever object you used) to help focus or thoughts and decrease harmful thoughts. What are some of the things that you remember most from last week?

Elicit responses from the participants.

III. PERSONAL PROJECT REVIEW

Review the homework from the previous session.

WEEKLY PROJECT

- Track the positive and negative thoughts you have each day.

OPTIONAL PROJECT

Find out which optional personal project participants did and then review what they learned from doing the project.

- 1) Practice the relaxation exercises.
- 2) Continue tracking thoughts you have on 3x5 cards
- 3) Try to figure out whether there are specific harmful thought patterns that apply to you.

BRIDGE (Approximately 5 minutes)

Introduce this week's material, linking it to material taught in previous sessions.

[sample bridge]

Last week, we found out that harmful or negative thoughts tend to make you feel more depressed, and we identified different patterns of harmful thoughts. Today, we will learn how to deal with the kinds of harmful thoughts that we have.

There are many different ways that you can decrease harmful and unrealistic thoughts. We will talk about some of these ways and try them out today. Feel free to try out different methods, and you may discover one or two different ones that work better for you, while others work better for someone else.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Thoughts 3

Version 2000: May, 2000

As we go through these different exercises, we recognize that there are parts of your external reality that are real and can't be changed easily, and we don't want to discount that (we'll also talk more about this next week), but we want to make sure that your internal reality is not all negative or all positive (either would be a mistake in all-or-none thinking), that harmful thoughts are balanced by thoughts that produce healthier mood states and that optimistic thoughts are also realistic.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Thoughts 3
Version 2000: May, 2000

IV. NEW MATERIAL

1. WHAT CAN YOU DO ONCE YOU HAVE IDENTIFIED YOUR HARMFUL THOUGHTS?

PURPOSE: The purpose of this section is to help participants understand that once they have been able to identify harmful thoughts, they can change or stop these thoughts, which in turn can help decrease their negative mood.

[Sample introduction to the section]

Once you have identified your harmful thoughts, it is easier to deal with them. You can take a really good look at them and decide whether they are properly realistic, accurate, or overly harmful.

First try and identify a negative thought that you have. It could be one that you have had over the past week. Write it down on page 28 in your book.

Go around and make sure everyone has identified a harmful thought. It will be important to make sure that they have not identified a statement of fact. Often people will have thoughts about things that are difficult. We are not talking about modifying thoughts like “I have diabetes” or “my family member just died.” In such cases, the person would want to identify and accept the feelings they have about these losses. We would want to empathize with them about how difficult this situation is but then draw the distinction about having thoughts about a difficult situation and having thoughts that add unnecessary suffering to an already difficult situation. (i.e. because I have diabetes I will never be able to have fun.) One way to do this is to have them fill in the blank: “I have diabetes and because of that . . .“

Now we have several options for dealing with that thought. These options are outlined beginning on page 29 in your books.

Leaders go over the options. Select specific ones that seem more relevant for the individuals in the group but let them know that they will want to read over all the options.

As you go over the different options, have the participants try them using some of them using the negative thoughts they identified as part of the personal project. To make this more interactive, each person (depending on the number of persons in the group) can take turns going to the board, presenting their thought and then working with the group to manage this thought.

Try to cover the following points:

- Harmful thoughts increase negative mood.
- Harmful thoughts affect our internal reality.
- Harmful thoughts can also affect our external reality.
- Harmful thoughts can be accurate or inaccurate.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Thoughts 3

Version 2000: May, 2000

- The more unbalanced, unnecessary, destructive, and negative our thoughts are, the more they are likely to negatively affect our mood, our behaviors, and the way we treat other people.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Thoughts 3
Version 2000: May, 2000

OPTION 1: Examine the evidence

(Adapted from the manual "Cognitive Behavioral Therapy of Depression by Kaiser Medical Center, Department of Psychiatry, San Francisco, January 1999 and based on work by Beck)

The next time you have a thought that brings your mood down or causes a strong negative feeling, try following these 3 steps.

STEP 1: Mostly True, Mostly False or Neither?

- What is the evidence that my thought is 100% true.
- What is the evidence that my thought is 100% false.
- How much of it do I think is true (percentagewise) and how much of it do I think is false (percentagewise)?

STEP 2: Talk with another person, someone whose opinion you trust

- Often we think differently when we say our thoughts out loud to others.
- Different people have different points of view, what is this person's point of view?
- If your friend has this thought or problem, what would you tell him or her? Should you maybe use your own advice?

STEP 3: So what?

- What if my thought is 100% true, or mostly true, what can I do about it?

OPTION 2: Do an experiment

When you're unsure as to whether your thought is accurate, could you do an experiment where you could gather more evidence to see if it is true.

For example, if your thought is, "If I go to the party, I will not have a good time" (negative fortune telling) it might be useful to actually go with an open mind and see how it really is.

What are some experiments you might try?

OPTION 3: Finding the antidote to my pattern of thinking

Follow these 3 steps.

STEP 1: Identify my thought pattern

- Does my harmful thought fit a pattern?
- Which pattern? (see page 32-34 participant books)

STEP 2: Identify the antidote to the pattern

- What is the antidote to the pattern (see page 32-34 participant books)
- What does it mean to me?
- How can I apply it to my specific thought or my specific situation?

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Thoughts 3
Version 2000: May, 2000

STEP 3: Apply the antidote

- When I apply the antidote how does my thinking change?
- When my thinking changes does my feeling change?

Give an example using the three steps to make sure that they are clear to the participants. Try to give an example that pertains to one or more group members.

2. HOW ABOUT JUST STOPPING HARMFUL THOUGHTS: WORRY TIME AND THOUGHT STOPPING

[Sample introduction to the activity]

It's sometimes necessary to have thoughts that produce negative mood states, as long as they don't occur all the time. Avoiding harmful thoughts totally is not realistic. But limiting how often you focus on them is quite possible. Schedule five or ten minutes a day where you can focus on these thoughts when it is necessary to do so. For example, If you find a lump in your breast, you need to decide what to do. Denying it's there is dangerous.

We call this "worry time." Think about the problem and decide what to do. When the time is over, move on with the rest of the day. Try not to focus anymore on the negative thoughts and proceed to more other pleasant thoughts and activities.

Ask participants what they think about having a scheduled "worry time." Elicit and discuss their ideas. Then, if participants seem to like the idea, have them identify a good worry time for themselves, which should be free of distraction and consistent across days and times.

Facilitate a Guided Imagery Exercise, and have participants close their eyes and focus on their harmful thoughts. You can even verbalize out loud for some of the participants their harmful thoughts [this part of the exercise demonstrates Worry Time]. Do this for a few minutes, and as participants are deeply into their "worry time," leaders can slam a book on the table, ring a bell, have their pager go off and/or some other stimulus to stop the harmful thoughts - this is a great exercise to demonstrate thought stopping.

Note: This exercise is not appropriate if there are group members with poor heart conditions, and/or other medical conditions that would be affected by the "startle" effect. If you choose to do so, you will want to warn members that you are going to do so and only after warning them, proceed with the exercise.

Members should be "startled" or distracted by your action (book slamming down, bell ringing, loud stimulus). Leaders can ask participants what happened in this exercise, and demonstrate that members stopped thinking of harmful thoughts b/c there was something else in the way. Proceed to note that a more benign way of thought stopping may be to:

- (1) Carry a rubber band around wrist and lightly snap it when harmful thoughts occur.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Thoughts 3
Version 2000: May, 2000

- (2) Replace the harmful thought with another thought. Use a card of positive thoughts to “replace” a harmful thought.
- 3) Do a relaxation exercise, like the orange exercise, which helps train us to keep our thoughts in the present.
- 4) Take mental inventory of all major muscle groups, focus on breathing peacefully and relax. (Wave image: imagine an ocean with large strong waves. As you relax allow the waves to become smaller. Continue relaxing until the surface is completely calm.)

3. HOW CAN I BALANCE MY THOUGHTS - Adding “yes, but” to thoughts

[Sample introduction to the activity]

When people are depressed, they often have many harmful thoughts and have problems thinking positive things about themselves or their situation. This is like “all or nothing thinking” everything is all negative. One way to fight back against this pattern is to try and balance this out and add a “yes but” to your thoughts. In this method you don’t have to ignore or deny your problems to decrease harmful thoughts. You can balance thoughts about a difficult situation by adding a more positive or hopeful statement to them.

Leaders -- Use examples of negative thoughts from participants. Have either participants or leaders write some harmful thoughts on the left side of the board, then add the “yes but” statements on the right side of the board to balance or cancel out the harmful thoughts.

Example of negative thought.

“I feel nervous a lot.”

Add the YES BUT statement

“Yes, I feel nervous a lot, but I am still relatively healthy.”

“I am always depressed.”

“Yes, I may be depressed right now, but I am taking this class to help me change my mood.”

V. TAKE HOME MESSAGE

Go over the take home message.

You can learn ways to decrease and talk back to your harmful thoughts and improve your mood.

VI. PERSONAL PROJECT ASSIGNMENT (5-10 minutes)

WEEKLY PROJECT

- a) Continue tracking mood using the mood scale and track significant positive and negative thoughts you have each day.

OPTIONAL PERSONAL PROJECT

- b) Select one of the following activities to do
 - 1) Read through all the ways to decrease harmful thoughts.
 - 2) Select two options and try them out.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Session 3
Last Revised: November 15, 1999

VII. PREVIEW AND FEEDBACK

[sample introduction to activity]

Next week we will spend time identifying positive thoughts and finding ways to increase the frequency of thoughts that have a positive impact on your mood. Also, we will review the thoughts module and discuss the ways in which you can use your thoughts to help you plan the kind of life that you want to have.

Before ending the group, encourage group members to provide feedback regarding today's session. Questions to encourage discussion are listed below.

- What was helpful about today's session?
- What was not helpful?
- What suggestions do you have to improve your therapy?

GROUP LEADER SELF EVALUATION FORM: THOUGHTS 3

INSTRUCTIONS

Content Covered: Rate the degree to which you feel this material was covered (0=not at all, 10=fully covered) If not done this session but done later, when it is done write in the date and rate how well you feel you covered it.

Satisfaction with Teaching: Rate the degree to which you are satisfied with the way you and your co-leader taught the material (0=not at all satisfied, 10=extremely satisfied).

Participant Process: Rate on average the degree to which participants seemed to participate, understand and complete the exercise (0=on average very poor no one understood or no one was able to complete exercise; 10=everyone seemed to understand keypoints and complete the exercise).

	Taught/ Done? (0-5)	Satisfaction with Teaching (0-10)	Participant Process (0-10)
Review			
Personal Project Review			
1. What can you do once you have identified harmful thoughts?			
Option 1: examine the evidence			
Option 2: do an experiment			

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Session 3

Last Revised: November 15, 1999

Option 3: Finding the antidote to my pattern of
thinking

Worry Time

Thought Stopping

How can I balance my thoughts: “Yes but”
exercise

Take Home Message

Personal Project Assignment

Preview and Feedback

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Thoughts 4
Version 2000:May, 2000

**THOUGHTS 4 - INCREASING YOUR HELPFUL THOUGHTS TO
IMPROVE YOUR MOOD AND USING THOUGHTS
TO LIVE THE LIFE YOU WANT.**

GOALS FOR LEADERS

- Review last week's main points (ways to decrease negative thoughts and improve mood).
- Conduct a general review of the concepts taught in the thoughts module.
- Help participants understand the relationship between healthy/positive thinking and improved mood.
- Introduce ways to increase healthy thinking (change internal reality).
- Talk about how to use thoughts as a way to live the life you want (i.e. changing both your internal and external reality).

MATERIALS NEEDED FOR THIS SESSION

- 1) Pens
- 2) Dry erase board, chalkboard or large sheets of paper to present material to group

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Thoughts 4
Version 2000:May, 2000

SAMPLE SESSION OUTLINE

- I. Agenda and Announcements
- II. Review
- III. Personal Project Review
- IV. New Material: Ways to Have More Healthy Thoughts
- V. Take Home Message
- VI. Feedback and Goodbye to Graduating Group Members
- VII. Personal Project
- VIII. Preview

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Thoughts 4
Version 2000:May, 2000

I. AGENDA AND ANNOUNCEMENTS

Go over the agenda and ask participants whether they have any topics they would like to add to the agenda. Make any announcements.

Make sure to announce which group members are graduating.

II. REVIEW

Review the material covered in Thoughts 3. Use the review to check on how much participants remember from the last session, reinforce what they have learned, and educate group members who were absent last session.

[sample review statement]

Last week we talked ways that we can begin talking back to and stopping harmful thoughts. We also talked about how we can add a “yes, but” to our thoughts as a way of making harmful thoughts more balanced. What are some of the things that you remember most from last week?

III. PERSONAL PROJECT REVIEW

Review the homework from the previous session. Ask group members the way they tried to decrease negative thinking (e.g. examine the evidence, do an experiment, find the antidote to the pattern of thinking, stopping thoughts, and adding “yes, but”). Have them share obstacles and successes to these methods.

As you review the personal project, touch on these key points:

- Relationship between mood and thoughts.
- Learning about talking back to your thoughts take practice and time.
- What works for one person may not work for another (just as different people have different thoughts).

WEEKLY PROJECT

- Mood Scale
- Track the positive and negative thoughts you have each day.

OPTIONAL PROJECT

Find out which optional personal project participants did and then review what they learned from doing the project.

- 1) Read through all the ways to decrease harmful thoughts.
- 2) Select two options and try them out.

BRIDGE (Approximately 5 minutes)

Introduce this week's material, linking it to material taught in previous sessions.

[sample bridge]

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Thoughts 4

Version 2000:May, 2000

In the last few weeks, we've talked about how to identify or recognize the thoughts that you have, and the differences between harmful and helpful thoughts. Last week, we talked about different ways to decrease harmful thinking as a way to decrease depressed mood. Another way to decrease depressed mood is to learn to increase your healthy thinking. In this session, we will focus on the relationship between positive/healthy/helpful thinking and mood.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Thoughts 4
Version 2000:May, 2000

IV. NEW MATERIAL

A. HOW DO YOU THINK POSITIVE THOUGHTS AFFECT YOUR MOOD?

By increasing your healthy thinking, or by having more helpful thoughts, you can help to improve your thinking. Today, we'll discuss ways to increase thoughts that have a positive effect on our mood.

ACTIVITY 1: POSITIVE OBSERVATIONS EXERCISE

Purpose: To have members list positive virtues of other members, in order to increase positive thoughts about oneself. In this way, members can mirror the process of eliciting positive thoughts that each person needs to do for himself/herself.

[Sample introduction to the activity]

Now, we are going to try an exercise called Positive Observations. You've all been in this group now for at least 3 weeks, some longer, and you've had a chance to observe one another and to get to know a little bit about each other. Now, we'd like for you to focus on the positive aspects of each person and let that person know one thing that you like about them. We'll go around the room and focus on one person at a time. Each of us will tell that person one thing they like about them (and it could be anything, maybe the way they smile, come on time, or encourage others to talk by commenting on what they say. . . .)

Proceed with activity until each person has had a turn (leaders included). Leaders should expect a lot of smiles and positive reinforcement from members to one another. Afterwards, leaders can process the exercise. If there are group members who are graduating, it may be especially important to focus on them as this can be an important part of the termination process.

What happened here?

How do you feel about yourself after having heard all of these positive things that people have said about you?

What are some of the thoughts you are hearing about yourself now? Are you feeling more positive about yourself? (Good then this exercise worked. In the same way that others' positive words or thoughts about you can make you feel good, we would like you to do the same for yourself. So when you start feeling depressed, talk to yourself in a positive way, and you will notice that your mood will improve).

OR, when you are hearing these positive things about yourself, are you discounting the positive thoughts that others are saying about you? In other words, are there any negative and automatic (or irrational) thoughts that are emerging? If so, what strategies are you using to fight them back? [remind of last week's strategies, if applicable here]

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION
PART II: Lecture Notes for Instructors: Thoughts 4
Version 2000:May, 2000

Addressing abuse issues: Members may bring up a discussion that their parents/caregivers or partners were abusive (e.g., verbally) to them, and because of the abuse, members cannot feel good even when they hear positive things from others. If someone's parent always called them "stupid," "worthless" or worse, those labels have been drilled into them, and it will take systematic work to replace them with healthier ones. Specifically, one's negative thoughts overpower the positive comments from others. In this case, it will be important to acknowledge that past experiences can have an effect on current behaviors and mood. A group leader can choose to ask something like "just because your (mother/partner/abuser) said you were stupid, does that make it true? However, emphasize that although members cannot change their past, with relearning and recovery from the abuse they can change the future (the Time Project exercise below also makes this point well). Members can be aware of the past, and still change the present and future with the ways that they manage their internal and external reality.

Be sure to cover the following:

-Two ways to increase thoughts to feel good are:

1. INCREASING THE NUMBER OF HEALTHY/POSITIVE/PLEASANT THOUGHTS IN YOUR MIND

These are the thoughts that can improve your mood. Make lists of thoughts about yourself and your life.

(we've already done this in session 1 and session 2,-- note cards of positive things about myself, remind them of this). If members lost their cards, have them generate another one in group -- a minimum of 3 things; if members can't think of anything, have other members help them.

2. GIVE YOURSELF PATS-ON-THE-BACK

Most of the things we do are not noticed by others. Therefore, it is important for us to notice them and give ourselves credit for doing them. What are some of the ways that you can do this?

[elicit participation, and write on the board.]

Cover the following:

- Sometimes depression gets in the way of having positive thoughts (all-or-none thinking).
- Helpful/healthy/pleasant thoughts can affect mood positively.
- A different way of thinking takes time, and must be practiced (like the strategies discussed last week).
- More positive thoughts does not mean that one's life is peachy, rather emphasize the idea of balance helpful and harmful thoughts.

B. HOW CAN CHANGING YOUR THOUGHTS AFFECT YOUR LIFE?

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Thoughts 4

Version 2000:May, 2000

Purpose: to have members become aware that they have the ability to manage their reality, in part by being able to manage their internal reality (thoughts).

ACTIVITY 1: MENTAL TIME TRAVEL

Purpose: to have members be able to be more future oriented and enable them to have a sense of managing their reality, via a concept of the future-past.

Description: Ask group members to close their eyes and participate in a brief relaxation exercise. Then ask them to imagine a time in the future (e.g., one year, 5 years, 10 years) and pretend they are already there (e.g., today is 8/24/00, a year from now is 8/24/01). Have members imagine their lives in the future, the kind of life that they would like to have, with whom, what they are doing etc... After this exercise, have members discuss their future lives. Given that this future life has not yet happened, members can make it happen by changing their current internal and external reality in such a way that this future life is possible. It will be important to discuss the obstacles (real and changeable) that members will have to achieving the future life.

[Sample introduction to the activity]

Now, we will do another activity called mental time travel. The purpose of this activity is to have you imagine your future, and what it could be like. First, I'd like you to close your eyes and take a few deep breaths -- in and out, in and out. Try to relax and focus on yourself. Today is (date), and now I'd like you to move forward in time. Let's move to about a year from now. So now it is (date, 1 year later), it is one year later. I'd like you to imagine what your life is like in (year ____). What are you doing in (year ____)? Are there people in your life? Where are you living? Try to imagine your life as completely as possible. Let's take a few minutes for you to visualize your life in year (____). Now, let's fast forward your life a little bit more. It is now five years from today (year ____). I'd like you to imagine what you are doing in this year, where are you? Where are you living? Are there others around you? What types of activities are you engaged in? Again, let's take a few moments for you to imagine this....

Now while you are still in the future, think about what you had to do to get there. That is, think about the past you will have then, your "future past." Now, whenever you are ready, I'd like you to open your eyes and become more aware of the room. If you'd like to get up and stretch for a little bit, that's fine.

Now, this was a mental time travel exercise. Would someone like to share what they imagined for their future life? What was your life like in year ____? What did you do? If your mind created a positive future, how could you begin to move in that direction? If your mind created a negative future, how could you avoid it?

MAIN POINT:

Your future life has not yet happened. What this means is that you have the ability to mold your future, and your future reality. This means that you have a choice as to which futures (alternative futures) you want, and you can make that choice now and work toward that future.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Thoughts 4

Version 2000:May, 2000

How? By changing your internal and external reality. This fits into the notion of a healthy management of reality. If you recall, to have a healthy reality (or positive mood), one must be able to be comfortable with one's internal and external reality. The internal reality is what we have been working on trying to change, and includes the thoughts and beliefs that you have about yourself, which can affect your mood. What we have been talking about in the past few weeks is how to change the kinds of thoughts that you have in order to change how you feel. So if you have been noticing that all of your thoughts are negative, then you are likely to feel depressed, and may behave in a way that makes you feel depressed (refer to examples of group members here), and others may respond to you as a depressed person. So your internal reality can have an effect on the external reality, on the people that are around you. By changing your internal reality, you can also change your external reality, and thereby be able to achieve your future life in the present, or to work actively toward the future life. So that, ultimately, you will be able to use thoughts to achieve the life that you want.

What are some of the obstacles to achieving your future life? [elicit discussion, write on board]

Internal reality obstacles (e.g. low self confidence, self doubt)

External reality obstacles (e.g. physical limitations, harmful others)

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Thoughts 4

Version 2000:May, 2000

V. TAKE HOME MESSAGE

You can improve your mood by improving your internal reality, by increasing helpful, healthy ways of thinking

You can plan for the future that you want by increasing healthy thinking and decreasing unhealthy/negative thinking.

“The best way to predict the future is to make it happen.”

VI. FEEDBACK

As this is the last session of the module, spend time reviewing material from the past 4 sessions. Use the feedback time to review key concepts, determine what messages group members have learned from the module, and highlight that it is possible to make positive changes in your life.

Possible questions to stimulate discussion include:

1. How have your thoughts changed since beginning the group?
2. What did you learn about thoughts that was most helpful, in terms of improving your mood?
3. What did you find least helpful?
4. What message will you take from this module?

It will also be important to discuss with group members who are leaving the group, how their reactions to leaving and what they have learned from the group. Possible questions to ask group members who are leaving include:

1. What did you learn from the group?
2. What are your plans after you leave the group?
3. How will you continue to get support?
4. What do you need to continue your progress in managing your mood?
5. What will happen the next time you feel that you are becoming depressed?

Allow time so that other group members can also provide feedback to those who are leaving regarding how they feel about their leaving and specific things they have learned from them. Make sure you have prepared something specific to say to each participant who is leaving about their unique contribution to the group and the changes you have seen them make.

VII. PERSONAL PROJECT ASSIGNMENT

WEEKLY PROJECT

1. Daily Mood Scale
2. Track thoughts and try out ways to increase healthy thinking.

Have members choose one or two ways that we've discussed today to try to increase healthy thinking. Have members note which method/activity worked best for them.

OPTIONAL PERSONAL PROJECT

1. Talk to someone about what you are learning.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Thoughts 4

Version 2000:May, 2000

VIII. PREVIEW

[sample introduction to activity]

Next week we will begin another module. This means that we will be welcoming new group members and we will be introducing the new topic, which is how what we do affects how we feel. We will spend the next four weeks focusing on how our activities, or what we do, affects our mood and how we can improve our mood by doing more pleasant activities.

GROUP LEADER SELF EVALUATION FORM: THOUGHTS 4

INSTRUCTIONS

Content Covered: Rate the degree to which you feel this material was covered (0=not at all, 10=fully covered) If not done this session but done later, when it is done write in the date and rate how well you feel you covered it.

Satisfaction with Teaching: Rate the degree to which you are satisfied with the way you and your co-leader taught the material (0=not at all satisfied, 10=extremely satisfied).

Participant Process: Rate on average the degree to which participants seemed to participate, understand and complete the exercise (0=on average very poor no one understood or no one was able to complete exercise; 10=everyone seemed to understand keypoints and complete the exercise).

	Taught/ Done? (0-5)	Satisfaction with Teaching (0-10)	Participant Process (0-10)
Review			
Personal Project Review			
1. Positive observation exercise			
2. Increasing healthy/helpful thoughts			
3. Give yourself pats on the back			
3. Can we change the way we think?			
4. Mental time travel activity			
Take home message			
Feedback			
Personal Project Assigned			

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Thoughts 4

Version 2000:May, 2000

Preview

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 1

Version 2000: May, 2000

ACTIVITIES 1-- ACTIVITIES AND YOUR MOOD

GOALS FOR LEADERS

- Welcome new participants
- Review group rules
- Have participants and group leaders introduce themselves
- Review the cognitive behavioral treatment model
- Ensure that participants understand the connection between pleasant activities and mood (more pleasant activities -> more positive mood; fewer pleasant activities -> more depressed mood)
- Discuss with participants how depression affects your desire and ability to do activities
- Discuss with participants why doing pleasant activities can make you feel better
- Identify members of the group who will be graduating at the end of this module and begin the termination process

MATERIALS NEEDED FOR THIS SESSION

- 1) Pens
- 2) CES-D
- 3) Dry erase board, chalkboard or large sheets of paper to present material to group
- 4) OPTIONAL - supplies for pleasant activities (e.g. food, tea, music, games, etc.)

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 1

Version 2000: May, 2000

SESSION OUTLINE

- I. Welcome
- II. Agenda and Announcements
- III. Group Rules
- IV. Introductions
- V. Depression Symptoms
- VI. Review of the Model
- VII. New Material: The Relationship Between What You Do and How You Feel
- VIII. Take Home Message
- IX. Personal Project
- X. Preview and Feedback

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 1

Version 2000: May, 2000

I. WELCOME

II. AGENDA AND ANNOUNCEMENTS

Identify those group members who will be graduating at the end of the module.

III. GROUP RULES

IV. INTRODUCTIONS

V. REVIEW THE SYMPTOMS OF DEPRESSION

VI. REVIEW THE TREATMENT MODEL

These sections are covered in the introduction section of the Lecture Notes for Instructors.

VII. NEW MATERIAL

1. HOW DOES WHAT WE DO AFFECT HOW WE FEEL?

PURPOSE: The purpose of this section is:

- 1) To help participants understand that doing pleasant activities makes you feel better.
- 2) To highlight that we can manage our reality by doing pleasant activities. We view reality as made up of blocks of time. We can purposefully fill many of these blocks of time with healthy, pleasant, and meaningful activities. In this way, we are systematically changing a depressing period in our lives into one that is more fulfilling and satisfying.

Points to highlight:

- Doing pleasant activities can make us feel more positive.
- Doing pleasant activities help us focus on healthier things than our worries.
- Doing pleasant activities gives us a break from our problems.
- Pleasant activities can help us become more physically healthy.

You may choose to begin a discussion about pleasant activities by asking group members “when and what was the least pleasant activity you did.”

Option 1: Listing your favorite activities

As a group, talk about activities group members either still enjoy doing or used to enjoy doing. Write down these activities in one column on the board. Then, ask group members how doing the activities made them feel. Write down the activities in a second column on the board. You can also ask group members how it felt just to talk about doing these activities.

[sample board]

Things I like to do	Way I feel when I do them
fishing going for walks talking to others	happy relaxed warm distracted

Option 2: Imagery Exercise

1. Have each group member rate their current mood

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 1

Version 2000: May, 2000

2. Help each group member identify an activity that they think would be pleasant.
It may be useful to have them pick an activity they can do by themselves. Examples of activities include: walking, singing, fishing, taking a bath, taking a refreshing shower, doing your nails, exercising, eating a favorite food, drinking a cup of tea.
3. Lead group members in an exercise where they imagine doing the activity
4. Ask each group member to rate their mood again.
5. Discuss how imagining doing an activity affected their mood. You can ask the following questions.
 - a) Did your mood change?
 - b) Why do you think your mood changed?
 - c) Imagine really doing the activity, do you think that could have an even greater effect on your mood?
6. How would the reality of your day be different if you did such an activity versus if you did not do it.

A sample imagery exercise is included below.

Caution: At the end of the imagery exercise some group members may report feeling worse than they did before. In the imagery exercise listed below we have included an inoculation technique, which is useful in preparing people for the possibility and utility of these negative feelings.

[inoculation technique]

In a moment, I am going to ask you to imagine doing the activity you have chosen. As you imagine doing the activity, I am going to ask you to pay attention to how you are feeling. You may experience positive or negative feelings. Either type of feeling is fine. Your feelings may give us a clue about what you think about doing positive events. It will be important for both you and us to understand your reactions.

[sample imagery exercise]

I'd like you to sit back in your chair and let your body get into a comfortable position. . . I want you to try to imagine that you are about to do the activity you have chosen. This is something that you really enjoy doing. Try to close your eyes and imagine that you are planning to go and do what you want. Focus on how you might be feeling. . . .and now, try and imagine that you are actually in the middle of doing the activity. Imagine what it is like for you. This is an activity that you really enjoy. . . .

[optional deepening techniques]

Let's take a few deep breaths. . . in. . . . out. . . . in. . . . out. . . . Let your mind really focus on the activity you are doing. Imagine where you are. What do your surroundings look like. How are you feeling, hot or cold, excited, sad, happy, peaceful. Are you touching anything? Are you smelling anything? Are you hearing any sounds? Continue breathing slowly and allow yourself to slowly continue doing this activity that you like so much.

[wrapping up the imagery]

Ok now, I'd like you to finish doing the activity and then slowly open your eyes and return to the group.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 1

Version 2000: May, 2000

As group members become alert, process with them what it felt like to do the exercise. Make sure to highlight the points mentioned above.

Option 3: Imagery exercise - imagine being in your favorite place

Alter the imagery exercise above to have group members imagine being in their favorite place. It may be easier for some group members to imagine a place rather than an activity.

2. HOW DOES HAVING DEPRESSION INTERFERE WITH THE THINGS YOU MIGHT WANT TO DO?

PURPOSE: To empathize with participants and normalize their lack of interest and initiative, given their depression.

[sample introduction]

Ok, so we've just talked about how when we do more pleasant activities or when we do things to take care of ourselves, our mood often improves. In a way we are suggesting that doing things is a kind of medicine. For example, if you have a headache, you might take a pill, but you might also prevent a headache by doing a pleasant activity and reducing your stress level before it causes the headache. What we are saying is that we may need a minimum daily requirement of pleasant activities in order to keep our mood healthy.

But we realize that for many people, it's not easy. Often when people are depressed they don't feel like doing anything. What happens then is that your days begin to lose their excitement. They become dull and dreary because there is nothing to look forward to. The reality of your life becomes more depressing. And as you get more depressed, you do even less, making your reality worse still. Let's talk about how you think your depression may interfere with your doing things that you realize would help you feel better.

Brainstorm as a group ways that depression interferes with people's ability to do more activities. (If there are many people in the group, you may consider having group members break up into pairs, discuss the topic, and then bring back their answers to the group.)

Write their answers on the board. They can write them on page 46 of their books. Some examples are listed below:

- Reduced energy to do activities
- No interest or "don't feel like doing it" "don't want to do it."
"There is nothing more difficult than that which is done reluctantly"
. however it can still be done (e.g. exercise).
- Don't want to be with anyone else, prefer to be alone
- Tired/sleepy
- I just don't think I could do it
- I feel lonely and don't want to do anything alone
- I just can't concentrate

1. _____

6. _____

2. _____

7. _____

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 1

Version 2000: May, 2000

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____

Add in examples from the group members.

3. DOING PLEASANT ACTIVITIES WILL MAKE YOU FEEL BETTER, BUT WHEN YOU ARE DEPRESSED YOU DON'T FEEL LIKE DOING ANYTHING: WHAT DO WE DO ABOUT THIS DILEMMA

Purpose: To highlight this dilemma and encourage participants to think about it.

[sample script]

So, from what we've done today, we can really see that we are doing pleasant activities can make us feel better but that depression interferes with our desire to do anything. This puts us in a difficult position. We will be talking more about how to deal with this dilemma during the next few sessions, but we really want you to think about this dilemma, so we can talk about it next week. If you turn to page 47 in your books, we have a page where you can write or draw some of your thoughts about this.

4. WHY DOES DOING PLEASANT ACTIVITIES OR SELF CARE ACTIVITIES MAKE YOU FEEL BETTER?

TIME PERMITTING

PURPOSE: To help participants understand how or why doing pleasant activities or self care activities can make them feel less depressed.

For now, let's talk about why doing pleasant activities may make us feel better. Pleasant activities actually change our external reality by bringing more positive events into our day. But, in addition, pleasant activities help change our internal reality by creating positive memories that gradually reshape our own view of how good life is. Here is how this works

ACTIVITY: MANAGING YOUR HOME

[sample introduction to the activity]

From the exercise we did earlier, we can see that there is a definite connection between what we do and how we feel, but is often hard to understand why doing things can have such a big impact on our mood. Let's talk about this now.

Have the participants turn to page 48 in their books. Draw the image on the board as you discuss it.

As you can see this is a picture of a house. Let's imagine that the house is part of our brain. According to many scientists, most people's memory has space for about 7 things at one time. As

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 1

Version 2000: May, 2000

you can see, we have 7 rooms in the house. This is what we can keep in our immediate/short-term memory.

When we are depressed, we can imagine that each of the rooms of our brain is filled with depressed or worried thoughts.

If you want, you can elicit from the participants some of the worries or thoughts that may be taking up space in their brains and write them in the rooms.

Now imagine that we do something pleasant or positive.

Give specific examples that are relevant to the participants.

We have thoughts and memories associated with doing the event (name the event), and right after we do the event, these thoughts and memories are going to take up space in our brain and replace negative thoughts or activities. Let's think about another activity that you might do in the future.

Have the group select some pleasant events and thoughts and memories that go along with them. Then visually diagram how the new information is pushing out the old information, and as a group, talk about how this might change how we feel. You can bring up the idea that doing pleasant events is sort of like doing house cleaning for your brain. It is a way of changing our internal reality. You can also discuss how by doing two or three pleasant events you change your ratio of positive to negative memories in your brain and this may in turn affect your energy level and the way you think and feel. In addition, by changing what goes into our short-term memory we ultimately affect what enters our long term memory.

Now imagine that we do some of those activities. We can see that our brain is becoming filled with more pleasant activities. Perhaps, we can even change the balance so that before we had a house full of negative memories and now perhaps we are half negative and half positive.

Change some of the negative signs to positive signs.

This may also affect the way we feel physically. It's less draining and tiring to have a house that's half positive and half negative than all negative. It will probably also change the way that we think and feel.

These memories (point to the house) are part of our immediate or short-term memory, but they will also become part of our long term memories. When we change them, we change our long term memory, meaning years from now when we look back on our world and our lives, we will have some positive things to remember. In a way, by making changes in what we do, we are making changes in our brain. By changing what we do (our external reality), we also change our mental image of life (our internal reality).

Elicit participant's reactions.

Other points to discuss include the notion of balance. We are not suggesting that they completely ignore all the problems and only do fun things but that it is important to have a

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 1

Version 2000: May, 2000

balance. CBT is not happy therapy or just a positive thinking approach but an approach that advocates balance.

5. WHAT WOULD IT BE LIKE TO DO SOMETHING FUN RIGHT NOW?

TIME PERMITTING

Purpose: Let participants have the in-vivo experience of doing a pleasant activity. Have them keep in mind that they want to pace themselves according to their energy level.

Sample activities to have available are written below:

- 1) cards (to play cards)
- 2) games i.e. checkers
- 3) play music
- 4) eat a pleasant food or drink a cup of tea
- 5) draw
- 6) look at pictures of activities they can do in the area
- 7) have a pleasant conversation with a group member

Before they do the activity have them rate their mood using the mood scale. Then have them engage in the activity for a fixed amount of time. Then ask them to rate their mood again using the mood scale. Discuss how it was to do the activity and how it affected their mood.

VIII. TAKE HOME MESSAGE

Pleasant activities help shape my external reality.

My personal reality is made up of time blocks.

If I can fill more and more of those time blocks with healthy, pleasant events,
I will gradually make my personal reality more health and more pleasant.
Then, I will feel better.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 1

Version 2000: May, 2000

IX. PERSONAL PROJECT ASSIGNMENT

WEEKLY PROJECT

- 1) Continue tracking mood using the mood scale and track the number of positive events you do each day.
- 2) Think about the dilemma: doing pleasant activities will make me feel better, but when I am depressed, I often don't feel like doing anything.
- 3) Think about the activities you enjoy doing by looking at the list of pleasant activities in your book.

OPTIONAL PROJECT

select one of the following activities to do

- 1) Do two new pleasant activities next week
- 2) Pick two pleasant activities that you usually do and increase the number of times you do them over the next week
- 3) Look through the "Fun and Free in San Francisco" booklet and find two things you could do by yourself and two things you could do with other people

X. PREVIEW AND FEEDBACK

Let the participants know that next week you will continue talking about pleasant activities. Let them know that you will also be teaching a relaxation exercise, which you hope will be a pleasant activity for them and which is useful for reducing anxiety as well as depression.

Congratulate group members for attending the group and acknowledge that coming to group is a big step in improving their mood.

Before ending the group, encourage group members to provide feedback regarding today's session. Questions to encourage discussion are listed below.

- What was helpful about today's session?
- What was not helpful?

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 1

Version 2000: May, 2000

GROUP LEADER SELF EVALUATION FORM: ACTIVITIES 1

INSTRUCTIONS

Content Covered: Rate the degree to which you feel this material was covered (0=not at all, 10=fully covered) If not done this session but done later, when it is done write in the date and rate how well you feel you covered it.

Satisfaction with Teaching: Rate the degree to which you are satisfied with the way you and your co-leader taught the material (0=not at all satisfied, 10=extremely satisfied).

Participant Process: Rate on average the degree to which participants seemed to participate, understand and complete the exercise (0=on average very poor no one understood or no one was able to complete exercise; 10=everyone seemed to understand keypoints and complete the exercise).

	Taught/ Done? (0-10)	Satisfaction with Teaching (0-10)	Participant Process (0-10)
Welcome			
Hand out CES-D			
Group rules			
Introductions			
Review of symptoms of depression			
Review of CBT treatment model			
New Material			
1. How does what we do affect how we feel?			
2. How does having depression interfere with the things you might want to do?			
3. Doing pleasant activities will make you feel better, but when you are depressed you don't feel like doing anything: What do we do about this dilemma			
4. Why does doing pleasant activities make you feel better?			
5. What would it be like to do something fun right now?			
Take Home Message			
Personal Project Assigned			

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 1

Version 2000: May, 2000

Preview and Feedback

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

ACTIVITIES 2--RELAXING AND PLANNING TO DO PLEASANT ACTIVITIES

GOALS FOR LEADERS

- Teach participants a relaxation exercise and help participants understand the benefits of relaxation.
- Review the connection between mood and doing pleasant activities.
- Help participants identify activities that they enjoy.
- Do a relaxation exercise.
- Help participants learn a strategy to deal with the dilemma that pleasant activities will make you feel better, but when you are depressed, you don't feel like doing anything.

MATERIALS NEEDED FOR THIS SESSION

- 1) Pens
- 2) Dry erase board, chalkboard or large sheets of paper to present material to group

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

- I. Agenda and Announcements
- II. Review
- III. Personal Project Review
- IV. New Material: Planning to Do Pleasant Activities
- V. Take Home Message
- VI. Personal Project
- VII. Preview and Feedback

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

I. AGENDA & ANNOUNCEMENTS:

Go over the agenda and ask participants whether they have any topics they would like to add to the agenda. Make any announcements.

II. REVIEW:

Begin by reviewing the material covered in Activities 1. Use the review to check on how much participants remember from the last session, reinforce what they have learned, and educate group members who were absent last session.

[sample review statement]

Last week we talked about how pleasant activities affect our mood. What are some of the things that you remember most from last week?

Elicit material from the participants. It is important to try and understand whether they now believe that doing pleasant activities can have a positive effect on their mood and to see how they see the relationship between their mood and their activity level. Review how pleasant activities can change both their external reality and their internal reality.

Make sure that you review the reciprocal relationship between depression and engaging in activities. If necessary, ask participants how depression affects their desire to do pleasant activities and then ask how not doing pleasant activities affects their mood. Go over the diagram found on the top of page 55 of their books and have a group member read the statement shown on the top of that page.

Depression affects our interest in doing things. We have less interest in doing anything. Doing fewer pleasant activities can also lead you to feel more depressed.

III. PERSONAL PROJECT REVIEW:

Review the personal project assigned from the previous session. Check in with participants as to which optional projects they did. While reviewing the personal projects, try to draw a clear connection between how doing activities affected their mood. Try to identify any problems participants may have had with the personal project

WEEKLY PROJECT

- Mood Scale and the number of pleasant events they did each day
- Think about the dilemma: doing pleasant activities will make me feel better but when I am depressed I often don't feel like doing anything.
(Let group members know that you will talk about this later on in today's session)
- Think about the activities you enjoy doing by looking at the list of pleasant activities in your book

OPTIONAL PROJECT

- New pleasant activities they did

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

- Pleasant activities they increased
- Pleasant activities they identified from the "Fun and Free in San Francisco" booklet

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

IV. NEW MATERIAL

BRIDGE: Introduce this week's material, linking it to material taught in previous sessions.

[sample bridge]

As we mentioned last week, we are going to spend the next three weeks, including today, talking about how what we do affects how we feel and looking at how we can make changes in this area to improve our mood. We have an exercise that we can do that will remind us of the connection between what we do and how we feel.

1. HOW DOES WHAT WE DO AFFECT HOW WE FEEL?

ACTIVITY: CHAINING ACTIVITY

[sample introduction to the activity]

I would like to do a group activity that we call the "Chaining Activity." The purpose of this activity is to show how what we do affects how we feel. First let's take a neutral statement, a statement of fact.

You may need to educate group members as to what a statement of fact is. It can be the statement at the top of a depressive spiral. Some examples are: 1) it is raining; 2) I have diabetes; 3) I have no energy.

Quickly draw the mood scale on the board. Explain the mood scale or have a veteran explain the mood scale to new members. Write the statement of fact on the line next to the 5. We often brainstorm statements of fact with group members, writing them all down on the line representing a mood of 5 and then we have the group pick one statement of fact for the exercise.

Instruct group members that you now want them to think of ways that they might act, given the statement of fact, that would make them spiral down. Ask them to spiral down in stages. So first, you would like someone to suggest some behavior that would lead them to a mood of about a 4 and then a 3 and then a 2 and then a 1. Let participants know that on page 56 of their books there is a worksheet where they can write down the exercise.

So now what I'd like you to do is to think about something you could do that would bring you down to a mood of a 4. What would bring you down just one step?

Elicit answers from the group. If the answer seems too drastic, ask group members whether they would rate that as a 4 or perhaps lower. Then place the item where the group feels it belongs. If someone in the group gives you a thought, write it down and then ask how they might act or behave if they had a thought like that. Write down the behavior next to the thought.

*Now what would be an activity or behavior that would bring us down to a 3.
Repeat for moods of 2 and 1.*

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

Once participants have done this, ask them how they are feeling after doing this part of the exercise. Process what it is like for them to see how what you do can affect how you feel. Process how their mood may have changed by just doing the exercise.

Next, have the participants go back to the statement of fact and now think of behaviors that would lead them to spiral up, one step at a time.

Now, let's return to the statement of fact (repeat statement). What's a behavior that might make our mood become a 6?

Repeat the process for moods up to 9. It is important to tell them that when we are spiraling up, we may never really get to a 9 but that we are trying to think of things that will make us progressively feel better. After they are done, again process their thoughts about how doing pleasant activities or self care activities can make them feel better and how their mood may have changed by doing this part of the exercise.

We have included examples from our previous work with using this technique with groups below.

SAMPLE CHAINING EXERCISE

9	I'm going to make myself a bowl of soup or some tea. I'm going out for some "sopa"
8	It's nice outside. I'm going to take a walk around the block. I'll take a different route to do something new, have new scenery
7	I'm going to do something. I'm going to make a commitment
6	I will force myself to do something, even wash the dishes, dust, or shower
5	I have no energy
4	So I'm going to bed. I feel useless
3	I'm not even going to get up to eat. Life sucks.
2	I'm going to stay in bed for two days
1	I'm going to have a "pity party" and think about all the things that bother me. I'm not going to talk to anyone

SUMMARY: SO HOW DOES WHAT WE DO AFFECT HOW WE FEEL?

At the end of the exercise elicit from the group the links they see between activities and mood. Try to cover the following points:

- When people do pleasant activities, they often feel happier. (in part because their external reality is actually better than if they did not do them)
- When people do pleasant activities, they are more likely to have positive thoughts about themselves and about their lives. In other words, their internal reality is also getting better.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

- When people do pleasant activities they are more likely to have contact with other people, but there are also pleasant activities that people can do alone
- When you are feeling down or tired, it is often hard to get the energy to do pleasant activities but doing one may help you feel better and less tired.

Other topics to consider include:

- 1) how these examples apply to their own lives.
- 2) how events tend to chain, meaning when you do one activity you often start a chain so that you are more likely to do more activities. For example, if you go out for a walk, you may bump in to someone and then you may decide to do something with them. Then, that night you may have pleasant thoughts about what you did together. And, in the future, you are more likely to go out for a walk again.
- 3) Internal and external reality - When we behave differently we change our external reality. In the example given above, the person has limited their external reality as they spiral down but when they spiral up, their external reality is broadened to include new experiences, new places, and perhaps even new people. As you change your external reality, you also change your internal reality (your thoughts). In the story above, the reality of the person's day truly changed by going out for that walk.

2. WHAT DO YOU LIKE TO DO?

We have just been talking about how when we do a pleasant activity, we often feel better, but, what exactly is a pleasant activity?

Imagine for example that I said that I liked doing the dishes. Is this a pleasant activity?

Begin a group discussion highlighting the following information:

- 1) Differences across people
 - a) We don't all like the same things
 - b) We don't all need the same number of pleasant activities to feel good
- 2) Differences in what we enjoy at different times(variety) - even within the individual there may be times when the activity is more or less pleasant. For example, I don't like loud music in the morning, but I like it when I am vacuuming the house. Sometimes we need to not only choose the activity but also figure out under what conditions it is likely to be enjoyable.
3. Some pleasant activities take just a second. These brief pleasant activities are often the most useful ones especially when it's hard to find time. Brief pleasant activities give us a glimpse of the beauty of the world around us. You can also do more of them during the day

ACTIVITY

Option 1: Brainstorming a List of Pleasant Activities

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

We recommend that you do the following activity to help participants identify those activities that are pleasant for them. We have selected this activity because it is interactive but other useful substitute activities are shown in the addendum to this session. Substituting one of these activities may be preferable depending on the education level or characteristics of the participants. This option is low in structure and can be used with participants from a variety of educational backgrounds.

It may be easier to do if participants have already displayed a tendency to participate actively during the group and, during past discussions, have disclosed that they are already engaging in a wide variety of pleasant activities. Although you will not be able to list as many items as are on either the Pleasant Activities List or Pleasant Activities Card, participants may come up with pleasant activities that are specific and more relevant to the city or town where they are. In addition, after making up their own list of pleasant activities, participants may feel a sense of accomplishment. The other exercises, may however, contain items that participants might not consider.

Before you begin the actual activity, you may want to mention how making a list of positive activities has helped other group members, clients, or even you in the past.

[sample script]

Last week we asked you to look at the list of pleasant activities in your book and identify those that you enjoy as part of your personal project. I thought we might now share our ideas. It may also be helpful for us to think in terms of categories.

Brainstorm as a group all the different kinds of activities that they identified as pleasant. It is often useful to write their ideas down on the board under two separate categories: 1) activities that are free, and 2) those that cost money. You can also split the categories by looking at activities you can do alone and those you do with others. Sample activities in each category are shown below.

Put the table (shown below) on the board and explain it. Then ask them to share their pleasant activities and place them in the appropriate category.

	Free	\$\$
<u>alone</u>	walk in Golden Gate Park drink tea museum on a free day	movie haircut
<u>with others</u>	street fair play with a pet	out to eat movie with a friend cook a good meal with a friend

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

As you can see, some of the activities are specific to San Francisco where this program was developed. For each group it is important to identify activities specific to the location where the program is being run.

After you have finished brainstorming, process what it was like to do the exercise.

- What was it like for them to do the exercise
- Individual differences in terms of the activities they find pleasant
- How did the group's mood change just doing this exercise
- What is the ratio of free to \$\$ activities (in previous groups, participants are often surprised by the number of free activities we identify)

Why is it good to have activities you can do by yourself?

- You control when you do them and are not dependent on anyone else
- Time to think and enjoy our own thoughts

Why is it good to have activities you can do with others?

- Pleasant contacts with people often make us feel better
- Others may sometimes increase our motivation to do the activity
- Can build and improve our relationships with others: doing fun stuff together helps people enjoy each other more

What are some examples of brief pleasant events?

- As you walk somewhere, notice flowers on the way. Take time to smell them, notice the sky, the clouds, the fog, whatever about your surroundings that brings good feelings to you.
- Remember a song you like, hum it, sing it aloud to yourself.
- Have a cup of tea.

Before moving on, you can point out the "Fun and Free in San Francisco" booklet and suggest that they can look through it at home for more ideas of things to do in San Francisco. (If you are leading this program in another location, you may want to brainstorm with participants things that they can do for free in their geographical region.)

3. HOW CAN I GIVE MYSELF A BREAK?

OPTION 1: DEEP MUSCLE RELAXATION

[sample script]

Last week we mentioned that we would be doing a relaxation exercise. Let's do it now. We can relax in many different ways, by listening to music, taking a walk, or just sitting in one place. This is just one other way to relax. Many people have told us that they find it very pleasant and that it has helped them with their depression and their anxiety. We will begin by doing some

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

deep breathing but then we will be doing a specific technique called progressive deep muscle relaxation. We do this by tensing different muscle groups and then relaxing them. When we do this, you'll see that tensing and relaxing cannot occur at the same time. Let's go through the muscle groups now to show how we would tense them. If you have any physical problems in any of these areas, do not tense your muscles just study the natural tension and then try to relax them.

Caution:). Adapt the exercise to the population with whom you are working and the physical limitations that they may have. You may choose not to do this exercise with individuals who have breathing difficulties or serious physical problems or with those who are pregnant (depending on the trimester

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

Go through the different muscle groups listed below (from Miller & Muñoz, 1982).

Hands	Tighten your right hand by making a fist and squeezing. Do this twice. Repeat with the left hand.
Forearms and back of hands	With your right arm resting on the chair and the back of your hand facing up, bend your hand at the wrist, pointing your fingers straight up. Study the tension this creates in the back of your hand and forearm. Repeat. Now do it with the left hand and arm.
Biceps	Flex large muscles in your upper arm by trying to touch your right shoulder with your right fist, tightening the biceps. Repeat. Right arm first, then left.
Shoulders	Bring your shoulders up, as if to touch your ears with them. Repeat.
Forehead	Wrinkle up your forehead by bringing your eyebrows up as far as they will go. Repeat.
Face	Wrinkle your nose and close your eyes tightly. Repeat
Lips	Press your lips tightly together. Repeat
Tongue	Push your tongue into the roof of your mouth. Repeat
Neck	Press your head against the back of the chair. Repeat
Chest	Take a breath that is so deep you can feel it stretch your chest muscles. Hold it. Release it slowly. Feel yourself relax as the air leaves your lungs. Repeat
Stomach	Suck in and tighten your abdomen, as though preparing to receive a punch in the stomach. Repeat
Back	Arch your back away from the chair. Repeat
Legs and thighs	Lift your legs up from the chair, holding them straight out in the air. Repeat.
Calves.	Point your toes back toward your chest, creating tension in your lower legs. Repeat.
Feet	Curl your toes downward, as if digging them into sand. Feel the tension in your arches. Repeat

Go through the muscle groups in the following way:

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

- 1) tense for 5-10 seconds
- 2) study the tension
- 3) relax (about 20 seconds). Let the muscles go totally loose and let the tension go completely.
- 4) notice the difference between tensing and relaxing
- 5) OPTIONAL: tense again and repeat the process (either fully or 1/2 way for discrimination training)

As an option, you can ask group members to rate their mood before and after doing the exercise

At the end of the exercise, discuss as a group what it was like to do the exercise. If participants liked the exercise and feel that it is useful, the exercise can be repeated each week. As members become more familiar with the exercise, you can ask them to lead the rest of the group.

You may also decide to tape the relaxation sessions and give tapes to group members so that they can practice these exercises at home.

OPTION 2- DEEP BREATHING AND DEEP MUSCLE RELAXATION

Adapted from the following sources:

Wherever you go there you are by Jon Kabat-Zinn

Psychological Treatment of Panic by Barlow, D.H. and Cerny, J.A.

Jacobson's Progressive Relaxation

Get yourself in a comfortable position with your feet flat on the ground. Now take a full breath in. . . . Try to focus on your breath, the feeling of it coming into your body and then the feeling of it leaving your body. Notice the cool air as you breathe in and the warm moist air as you exhale. . . Go at your own pace. Try to keep your mind open and free, just breathe. For now, forget all thoughts about the past or about what you have to do. Just keep returning to your breath whenever your mind wanders. . . . feel your breath come in. . . . and then out. . . . Now as you exhale mentally repeat the word "relax," inhale, . . . exhale, relax. . . . inhale. . . . exhale, relax.

4. HOW CAN WE INCREASE THE CHANCE THAT WE WILL DO PLEASANT ACTIVITIES?

[sample script]

As we mentioned earlier, we realize that doing pleasant activities is not always easy. We asked you to think about the dilemma that doing pleasant activities will make me feel better but when I am depressed I often don't feel like doing anything. What are some of the things that you thought of?

Elicit participants' thoughts on this subject. Comment on their thoughts, if possible linking it to the material we are about to cover.

As we talked about things like our energy level, our mood, and a lack of free time often make it hard to do pleasant activities. But there are some things that can help us do pleasant activities.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

If you turn to page 62 in your books, we have listed some helpful steps. Present the steps on the blackboard.

Go through each of the steps with the group members and then do the activity.

Step 1: Consider that doing pleasant activities is important

- It helps improve our emotional, social, and physical health.
- It actually changes your external reality (the reality of your day).

Point out that they already have done this step.

Step 2: Decide/seek out what you would like to do. Choose your pleasant activity.

Point out that they have also done this step.

Step 3: Commit to doing the pleasant activity in order to improve how you feel.

Last week we talked about how one of the problems with doing pleasant events is that people often feel too busy to do them. If we believe that doing pleasant activities is important, then it is important to make the time. Last week when we told you that we were going to do the relaxation exercise we committed to doing it. We told you we were going to do it, so we had to do it.

How do you commit to doing pleasant events?

Elicit answers from the group and write their answers on the board.

Point out that one way that people often commit to doing things is by making a contract with themselves. Have them turn to page 63 in their books and point out and discuss the "Personal Commitment Form." Let them know that they can complete one as a personal project if they want to.

Step 4: Plan ahead (make the activity do-able, simple, and low stress.

The best way to make sure that you do the event is to plan ahead.

- Schedule the event
- If others are involved, invite them
- Plan an alternative (e.g. in case of rain)
Discuss the importance of flexibility.

Step 5: Get help from others when necessary

Discuss how others may be helpful.

- Emotional support
- Companionship during the activity
- Instrumental support - a ride, loan of money or car

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

Step 6: Recognize the effort you are making to help yourself feel better.
Give yourself a mental pat on the back.

ACTIVITY USING THE 6 STEPS

Ask group members to select partners and then have them practice using the 5 steps to plan an activity that they will do over the next week as a personal project

V. TAKE HOME MESSAGE

Pleasant activities are as necessary to being happy and healthy as eating and sleeping well.

But when I am depressed, it is often hard to get started.

So, I need to plan carefully how to increase my pleasant activities.

Once I get going, I'll get better, and it will be easier to keep doing healthy, fun activities.

V. PERSONAL PROJECT ASSIGNMENT (Approximately 5 minutes)

WEEKLY PROJECT

- 1) Continue tracking mood using the mood scale and track the number of positive events you do each day
- 2) Follow the plan you developed and do the pleasant activity.

OPTIONAL PROJECT

select one of the following activities to do

- 1) plan to do another activity (use the personal commitment form)
- 2) teach someone what you learned in group today
- 3) practice relaxing (use the relaxation record)
- 4) do a new pleasant activity

VI. PREVIEW AND FEEDBACK

Let the participants know that next week you will continue talking about how to handle the dilemma that doing pleasant activities will make me feel better but when I am depressed I often don't feel like doing anything. Ask them whether they would like to do the relaxation exercise again. If so, add it to the agenda for next week.

Before ending the group, encourage group members to provide feedback regarding today's session. Questions to encourage discussion are listed below.

- What was helpful about today's session?
- What was not helpful?

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

GROUP LEADER SELF EVALUATION FORM: ACTIVITIES 2

INSTRUCTIONS

Content Covered: Rate the degree to which you feel this material was covered (0=not at all, 10=fully covered) If not done this session but done later, when it is done write in the date and rate how well you feel you covered it.

Satisfaction with Teaching: Rate the degree to which you are satisfied with the way you and your co-leader taught the material (0=not at all satisfied, 10=extremely satisfied).

Participant Process: Rate on average the degree to which participants seemed to participate, understand and complete the exercise (0=on average very poor no one understood or no one was able to complete exercise; 10=everyone seemed to understand keypoints and complete the exercise).

	Taught/ Done? (0-10)	Satisfaction with Teaching (0-10)	Participant Process (0-10)
Agenda and Announcements			
Review			
Personal Project Review			
Chaining Activity			
What do you like to do: brainstorming a list			
Relaxation exercise: (which one:)			
How can we increase the chance that we will do pleasant activities			
Personal Project Assigned			
Take Home Message			
Preview and Feedback			

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

ADDENDUM TO ACTIVITIES 2

RECOMMENDED READING FOR INSTRUCTORS

Control your Depression (1986) Chapter 6

OPTIONAL REPLACEMENT EXERCISES

2. WHAT DO YOU LIKE TO DO?

Option 2: Completing the List of Pleasant Activities

This option provides participants with a very comprehensive list of activities. The list may remind them of many things they used to enjoy doing and may encourage them to resume doing them. However, in order for participants to complete the list, they need to be able to read well and be able to tolerate a very long list of items.

The list and instructions are included in participants' manuals. If the members of your group can read well, you may consider assigning the list of pleasant activities as a homework assignment.

[sample introduction to the activity]

To come up with an individualized list of activities, we have developed a questionnaire that lists many activities that people consider pleasant. Out of these activities you will select 100 that you will keep track of.

Have the participants turn to the Pleasant Activities List in their books and go over the instructions with them. If possible, do an example on the board. (instructions and List of Pleasant Activities are attached below.)

After you are done with the instructions, provide them with information about how the lists were made.

This list of activities was developed by asking large numbers of people living in Eugene, Oregon, to write down activities that they thought were pleasant. Activities people wrote down were placed on large lists, and more people were asked to rate the activities on these list in terms of how pleasant they thought they were. Based on their ratings, a list of 320 activities was developed. We have narrowed the list down to 300. Some of these activities will be pleasant for some people and not for others. Some of these activities will help you feel better. We want you to use this list to come up with your own list of activities that you find pleasant.

Let the participants complete the lists. If possible, walk around the room and provide participants with individual attention and help.

Option 3: Sorting Through Pleasant Activities Cards

This option also provides participants with a comprehensive list of activities. This option may be useful for participants who cannot read well as the items are presented in pictures.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

(Pictures of the Pleasant Activities Cards are in the Addendum to Session 6. By photocopying these pictures onto the right color paper and then cutting up the cards, you can create sets of Pleasant Activities Cards. Before cutting up the cards, we cover each sheet with plastic. Most office supply stores can do this for you. This makes the cards last longer but is not necessary. You can also print them on cardstock)

Description of cards: Each card has a picture of a pleasant activity along with a written description of the activity. There are also some blank cards so that people can add activities that are not on the list. There are XX cards total. Cards are organized by color. Yellow cards show activities that people can do alone (yellow=yourself) Purple cards show activities that people can do with other people (purple=people).

ACTIVITY CARDS
<u>Yellow</u> = yourself
<u>Purple</u> = people

Ask the participants to get together in groups of 2-3 people. Give each group a stack of Pleasant Activities Cards. Ask participants to work together in their small groups and sort through the cards. Ask them to talk to one another about the events they each find pleasant. As they identify the activities they like, they can circle pictures in their book that match the cards. By doing this, they will have a visual list of the activities that they find pleasant. Remind them that they will not all like the same activities, but it may be interesting to see that different people have different preferences.

As participants do the activity, group leaders can circulate among the small groups.

At the end of the activity, discuss, as a large group, some of the activities participants found pleasant. You may also want to check in with participants as to the number of "by yourself" and "with other people" activities they selected and discuss the importance of having both.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 3

Version 2000: May, 2000

ACTIVITIES 3 -- IDENTIFYING AND OVERCOMING ROADBLOCKS TO DOING PLEASANT ACTIVITIES

GOALS FOR LEADERS

- Help participants identify potential roadblocks to doing pleasant activities
- Help participants problem solve to figure out ways to overcome the roadblocks
- Help participants understand how doing pleasant activities can help them manage problems in life

MATERIALS NEEDED FOR THIS SESSION

- 1) Pens
- 2) Dry erase board, chalkboard or large sheets of paper to present material to group

- I. Agenda and Announcements
- II. Review
- III. Personal Project Review
- IV. New Material: Identifying and Overcoming Obstacles
- V. Take Home Message
- VI. Personal Project
- VII. Preview and Feedback

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 3

Version 2000: May, 2000

I. AGENDA & ANNOUNCEMENTS:

Go over the agenda and ask participants whether they have any topics they would like to add to the agenda. Make any announcements.

II. REVIEW:

Begin by reviewing the material covered in Activities 2. Use the review to check on how much participants remember from the last session, reinforce what they have learned, and educate group members who were absent last session.

[sample review statement]

Last week we talked about how what we do affects how we feel. We also identified activities that we each enjoy, and we talked about how we could plan in order to increase the chance that we do pleasant activities. What are some of the things that you remember most from last week?

Elicit material from the participants. It is important to try and understand whether they are now trying to engage in more pleasant activities and to try and identify some of the obstacles, either internal or external, to doing them.

III. PERSONAL PROJECT REVIEW:

Review the personal project assigned from the previous session. Check in with participants as to which optional projects they did. While reviewing the personal projects, try to draw a clear connection between how doing activities affected their mood and changed their reality at the time they were doing them. Try to identify any problems participants may have had with the personal project

WEEKLY PROJECT

- Mood Scale and the number of pleasant events they did each day.
- Follow the plan developed in class and do the pleasant activity.

OPTIONAL PROJECT

- Planning to do a new pleasant activity
- Teaching someone what they learned in group
- Practicing relaxing
- New pleasant activity they did

IV. NEW MATERIAL

BRIDGE: Introduce this week's material, linking it to material taught in previous sessions.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 3

Version 2000: May, 2000

[sample bridge]

Last week we mentioned that we would continue talking about how to handle the dilemma that doing pleasant activities will make us feel better but when we are depressed we often don't feel like doing anything. That's what we're going to do today.

RELAXATION EXERCISE

[mention this only if they chose to do the relaxation exercise last session]

We also talked about doing the relaxation exercise, would you like to do it now or later in the group?

Add it to the agenda and then do the exercise when it is time. Instructions for the relaxation exercise are shown in Activities 2.

1. WHAT IS KEEPING ME FROM DOING PLEASANT ACTIVITIES?

As many of you have mentioned, there are lots of obstacles or roadblocks to doing pleasant events. When people are depressed they often have more roadblocks. Today we are going to be talking about overcoming them.

Note: Some group members may have brought up specific roadblocks during the personal project review. For example, they may not have completed the personal project due to a roadblock. Whenever possible, bring up examples that group members have already shared.

The first step is to figure out what they are. In other words, we need to answer the question, What is keeping me from doing pleasant events? To do this, I want us all to think about things that have served as roadblocks for us in the past. We can do this by trying to finish this sentence.

"I would have done it BUT. . . ." or "I can't do it because. . . ."

On the left side of the board, write up or draw pictures of, the roadblocks that group members are describing. A sample board is shown below. If you have group members who do not read well, you may want to include pictures of the roadblocks whenever possible. Make sure you try and elicit every "BUT" that they have.

[sample board]

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 3

Version 2000: May, 2000

PROBLEMS/ROADBLOCKS	
<ol style="list-style-type: none">1. No time2. No money3. No energy (don't feel like doing them)4. Forget what we like to do5. Our thoughts6. No one to do them with	

2. HOW CAN I OVERCOME THESE ROADBLOCKS?

NOTE: Below are a number of ways people can overcome roadblocks to doing pleasant activities. Depending on the characteristics of your group, you may want to emphasize different skills presented below.

ACTIVITY A: PROBLEM SOLVING

Keep the problems/roadblocks on the board.

[sample script]

Congratulations on identifying so many roadblocks. We've just taken the first step toward overcoming these roadblocks. Let's turn to page 69 in the books, so we can see what other steps we can take.

You may want to let the group know that you are using a technique called problem solving. Here are some other points you may want to make.

- They probably already use aspects of problem solving
- Sometimes we forget to use problem solving skills when we are under stress. At these times having a clear understanding of the steps can be useful.
- Many therapists use problem solving to resolve problems between parents and children and between couples. We will be talking about how to use problem solving to reduce conflict between people in the people section of the program.

The first letter of each step spells out "ITCH."

Step 1: Identify the problem (They have already done this)

Step 2: Think about all the possible solutions, without evaluating them. There should be a number of different possible solutions. Go back to the board. Go through each problem and elicit possible solutions from the group. On the right side of the board, write down the solutions the group comes up with for each problem. Remind them that at this stage of brainstorming, it is important not to evaluate the solutions.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 3

Version 2000: May, 2000

[sample board]

PROBLEMS/ROADBLOCKS	SOLUTION
1. No time	1. Pleasant activities don't have to be big 1. Make time, schedule them into your life.
2. No money	2. Pleasant activities don't have to be expensive 2. Look through the Pleasant Activity Cards and pick a free activity 2. Look through the Fun and Free in S.F. booklet and pick a free activity. 2. Save money for a special activity.
3. No energy (don't feel like doing them)	3. Remember the cycle. You may have more energy after doing the activity. 3. Try this as an experiment
4. Forget what we like to do	4. Make a list of activities you like to do.
5. Our thoughts	5. *see notes below
6. No one to do them with	6. Some activities do not involve other people We will talk more about the role of others in the Social Support section of the program

*thoughts as a roadblock - Acknowledge the role of thoughts as roadblocks and let participants know that you will be talking more about how thoughts interfere with what we do and how we can change our thoughts in a future module. For those who have already completed the thoughts module, you can ask them to talk about how they learned to change their thoughts. Note that this is a good example of how our internal reality can affect our external reality.

Key Point: Pleasant activities do not have to be big, expensive, involve other people or even really special.
It is often the little things that make us feel better.

Step 3: Choose the best solution or combination of solutions (the ones that are best for you) and try them

As a group, pick the best solution for each problem. Remind them that they may each have their own ideas about which solution is best.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 3

Version 2000: May, 2000

Step 4: How well does it work? Try it and find out. Then reevaluate the problem and consider additional alternatives.

Return to group next week and report back as part of your personal project on how well your solution worked.

After finishing this exercise, elicit participants reactions. How did it feel to try to really look at things that have been roadblocks for them and then try to find ways to overcome them.

ACTIVITY B: PACING YOURSELF

Introduce the idea that similar to all or nothing thinking we may need to think about levels of activity that we can do.

[sample script]

When the roadblock is that you feel too tired, you don't have energy or time, or you just don't feel like it, it may be important to think about pacing ourselves. What does this word mean to you?

Elicit responses from participants. Possible responses are listed below:

- Go at your own speed.
- You don't have to do everything at once.
- Do things in small steps.

When we are pacing ourselves, what are important factors to consider?

Elicit responses from participants. Possible responses are listed below:

Factors to consider when pacing yourself include:

- Energy level
- Time
- Health/Pain
- Interest
- Last time since you did the activity or a similar activity
- Demands of others

If you think it would be helpful, you can ask the group to do the pacing exercise, which is on page 70 of their books. Otherwise, you can point out the exercise and let them know that if they want more practice with pacing they can do it as an optional personal project.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 3

Version 2000: May, 2000

ACTIVITY C: JUMPSTARTING YOUR ENGINE

Present the metaphor that we are similar to cars. When we don't use our cars, our battery runs out. With cars, we can do a couple of things to get them started. We can get a jumpstart from someone. We can also push them, then pop the clutch. The car then starts, and as you use it, the battery recharges itself.

Ask participants how they think we might be similar? You can also have them turn to page 71 in their books where there is a picture of a person lying in bed with a broken down car inside them. Talk about how they might jumpstart their own engine. Possible options are listed below:

- Get help to jumpstart your engine (by coming to group or seeing a therapist)
- Get medication to jumpstart your engine
- Get help and support from friends and family
- Doing activities (at first you have to push yourself but then it recharges your batteries)
- Identify thoughts that drain your energy.

ACTIVITY D: PLEASURE PREDICTING

[sample script]

We can't always just wait until we "feel like doing something" to do it. Sometimes we have to make ourselves do pleasant activities. When we do them, we often find out that we enjoyed them more than we thought we were going to, and we may feel better after doing them.

When we find ourselves feeling like we don't want to do something even though we might really enjoy it or we remember that we used to like doing the thing, it is often useful to do an exercise called Pleasure Predicting.

Ask the participants to turn to page 72 in their books and go over the steps of pleasure predicting and the pleasure predicting workshop.

- Step 1: Pick the activity. Try to make sure it is something would be pleasant for you.
- Step 2*: Pick the conditions that would make it most pleasant (i.e. If it's a movie you want to see, do you prefer to see it alone or with someone? Do you prefer to see a romantic comedy, a drama, or a horror film?)
- Step 3: Write down how enjoyable you think it would be. Use the star rating scale below.
* not at all ** a little bit *** moderately **** quite a bit ***** extremely
- Step 4: Do the activity using the conditions that you decided would increase the chance that it would be fun for you. THIS IS THE MOST IMPORTANT PART
- Step 5: Think back and write down the amount of enjoyment that you actually experienced. Use the star rating again.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 3

Version 2000: May, 2000

Step 6: Now look at the two ratings, how do they compare?

Step 7: Do this with other activities. Do you see a pattern? What have you learned?
What thought do you have about yourself or others after doing the activity?

*NOTE: In our experience, we have found that many people choose activities that could be seen as pleasant and then set themselves up to fail by picking conditions that would make it fail. For example, they might do activities that others like but that they do not. They might decide to go to a movie but then see a movie that depresses them. It is important not only that they choose an activity that THEY like but that they choose conditions that will maximize the likelihood that it is enjoyable.

Depending on your group, you can also do one of the following options:

- Ask them to think about a pleasant activity they did over the last week. How pleasurable did they think it was going to be? How enjoyable was it actually?
- Ask them to choose a pleasant activity they can do during the next week. Ask them to specify the conditions that will maximize their enjoyment and then have them rate how enjoyable they think the activity will be. Check in next week to see how enjoyable it was.

2. HOW CAN DOING PLEASANT EVENTS HELP ME MANAGE PROBLEMS IN LIFE?

Depending on the amount of time you have and the participants in the group, you can either choose from the following activities or do them all.

ACTIVITY A. SEESAW ACTIVITY

Have the participants turn to page 74 in their books. On top of page 74 there is a picture of a seesaw. On the left side are a variety of shapes, each containing a different life stress. There is nothing on the right hand side. In the middle is a person holding on to the middle, but he/she is slowly falling down toward the side with all the problems. On the bottom of the page is another picture of the seesaw. This time the problems on the left are balanced by pictures of pleasant activities on the right hand side. The person is sitting comfortably in the middle. Have the participants discuss this picture.

Also, have them turn to page 75 in their books and discuss the importance of balancing the tasks you have to do with pleasant activities and the importance of committing to both.

If you have enough time, you can have them complete this page. Otherwise, it can be an optional personal project.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 3

Version 2000: May, 2000

ACTIVITY B: DIVERSIFY YOUR PIE

[sample script]

Another way to think of balancing our lives is by thinking about our lives as a pie.

Draw a circle on the board.

Our pie is made up of different slices. For example, we may choose to have 35% devoted to work, 30% devoted to family, 20% devoted to friends, and 15% devoted to hobbies.

Draw these divisions on the circle.

The point is that we can decide how large each slice is and what kinds of slices we will have in our life.

We also know that at different points in our lives we may change the size of the slices.

For example, when we are younger, in our 20s and 30s we may devote more of our life to our work than we may when we are 60. Circumstances in life may also cause us to reevaluate our pie. By having a diverse pie, meaning by having many different kinds of slices, we are able to balance our lives when one of the areas may be having problems.

If you turn to page 76 in your books, you can draw a picture of your pie. Think about how your pie used to be. What kind of changes would you like to make?

Discuss this diagram with the participants and elicit their reactions.

ACTIVITY C. SHAPING YOUR REALITY

[sample script]

Much of what we have accomplished in the past and what we hope to accomplish in the future takes time. Like the saying “Rome was not built in a day,” our reality is also not constructed by one single action. Please turn to page 77 in your books. On this page we have a series of dots. Each dot represents a single moment in time, a thought or an action. Let’s say that you start at the circle. With each move you make you can go up or down. At first the moves that you make, will not take you far away from where you began, but imagine where you could be 10 moves later.

Discuss this diagram with the participants and if necessary, diagram it on the board.

V. TAKE HOME MESSAGE

At each moment in time, I can choose what I will do and how I will react to what is happening.

If I consciously choose to do or think something that will improve my emotional and physical health, I will gradually improve my personal reality.

This is how I can shape my life.

By taking many small steps, I can improve my life and my reality.

VI. PERSONAL PROJECT ASSIGNMENT

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 3

Version 2000: May, 2000

WEEKLY PROJECT

1. Do the mood scale
2. Track the number of positive events you do each day.
3. Think about a goal you would like to set in the future.

OPTIONAL PROJECT

- 1) Do a new pleasant activity
- 2) Use one of the strategies you learned to overcome a roadblock.
- 3) Write out my To Do List, including things I have to do and things I want to do
- 4) Help someone else to do a pleasant activity
- 5) Talk to someone about what I have learned
- 6) Practice the relaxation exercise

VII. PREVIEW AND FEEDBACK

Let the group members know that next week you will continue talking about activities. Next week you will talk about how to set and reach goals.

Ask group members whether they would like to do some type of relaxation exercise next week, either the one you did during the session or a new one. If they would like to do either of these, schedule it for next week.

Before ending the group, encourage group members to provide feedback regarding today's session. Questions to encourage discussion are listed below.

- What was helpful about today's session?
- What was not helpful?

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 3

Version 2000: May, 2000

GROUP LEADER SELF EVALUATION FORM: ACTIVITIES 3

INSTRUCTIONS

Content Covered: Rate the degree to which you feel this material was covered (0=not at all, 10=fully covered) If not done this session but done later, when it is done write in the date and rate how well you feel you covered it.

Satisfaction with Teaching: Rate the degree to which you are satisfied with the way you and your co-leader taught the material (0=not at all satisfied, 10=extremely satisfied).

Participant Process: Rate on average the degree to which participants seemed to participate, understand and complete the exercise (0=on average very poor no one understood or no one was able to complete exercise; 10=everyone seemed to understand keypoints and complete the exercise).

	Taught/ Done? (0-10)	Satisfaction with Teaching (0-10)	Participant Process (0-10)
Agenda and Announcements			
Review			
Personal Project Review			
What is keeping me from doing pleasant events			
A: Problem solving			
B: Pacing yourself			
C: Jumpstarting your engine			
D: Pleasure predicting			
A: Seesaw activity			
B: Diversify your pie			
C: Shaping your reality			
Take Home Message			
Personal Project Assigned			
Preview and Feedback			

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 3

Version 2000: May, 2000

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 4

Version 2000: May, 2000

ACTIVITIES 4 -- SETTING GOALS AND SHAPING YOUR REALITY

GOALS FOR LEADERS

- Help participants learn steps that will help them set manageable goals.
- Help participants set their own goals.
- Help participants see how by setting and reaching goals they can shape their reality.
- Review activities module.

MATERIALS NEEDED FOR THIS SESSION

- 1) Pens
- 2) Dry erase board, chalkboard or large sheets of paper to present material to group

- I. Agenda and Announcements
- II. Review
- III. Personal Project Review
- IV. New Material: Setting Goals and Shaping Your Future
- V. Take Home Message
- VI. Feedback and Goodbye to Graduating Group Members
- VII. Personal Project
- VIII. Preview

I. AGENDA & ANNOUNCEMENTS:

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 4

Version 2000: May, 2000

Go over the agenda and ask participants whether they have any topics they would like to add to the agenda. Make any announcements.

Make sure to announce which group members are graduating.

II. REVIEW:

Begin by reviewing the material covered in Activities 3. Use the review to check on how much participants remember from the last session, reinforce what they have learned, and educate group members who were absent last session.

[sample review statement]

Last week we talked about overcoming roadblocks to doing pleasant activities. We also talked about how doing pleasant activities can help us manage problems in life and our external and internal realities. What are some of the things that you remember most from last week?

Elicit material from the participants. It is important to try and understand the extent to which participants understand how doing pleasant activities can help them manage problems in life.

III. PERSONAL PROJECT REVIEW:

Review the personal assigned from the previous session. Check in with participants as to which optional projects they did. While reviewing the personal projects, try to draw a clear connection between how doing activities affected their mood. Try to identify any problems participants may have had with the personal project

WEEKLY PROJECT

- Mood Scale and the number of pleasant events they did each day.
- Think about a goal you would like to set in the future.

OPTIONAL PROJECT

- Do a new pleasant activity.
- Use one of the strategies you learned to overcome a roadblock.
- Write out my To Do List, including things I have to do and things I want to do.
- Think about the different "bank accounts" you have. Make a deposit into two of your accounts.
- Help someone else to do a pleasant activity.
- Talk to someone about what I have learned.
- Practice the relaxation exercise.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 4

Version 2000: May, 2000

IV. NEW MATERIAL

BRIDGE: Introduce this week's material, linking it to material taught in previous sessions.

[sample bridge]

Over the past three weeks we've talked a lot about doing pleasant activities. We talked about how doing pleasant activities can make us feel better and can help us to manage problems in life. Pleasant activities are one type of activity we do. We also do a lot of activities that may or may not be pleasant but that help us get things done. These purposeful activities, or goals, are also important. Today we will be talking about setting reachable goals and its effect on mood.

RELAXATION EXERCISE

[mention this only if they chose to do the relaxation exercise last session]

Before we begin talking about setting reachable goals, let's do the relaxation exercise we committed to doing last week.

Instructions for the relaxation exercise are shown in Activities 2. You can pick any type of relaxation exercise, such as listening to music and relaxing.

1. HOW CAN I SET A REACHABLE GOAL?

Note: The goal setting and goal ladder activities are adapted from the Going for the Goal Program, written by Steven J. Danish, et al., Virginia Commonwealth University, Department of Psychology, 1992.

[sample introduction to this activity]

Now that we're feeling more relaxed, let's talk about how we can set reachable goals and reach them.

Ask the group members to turn to page 82 in their books where the steps to setting reachable goal are outlined.

**Step 1: Figure out what you want to do
 It has to be something that's important to you**

Ask the participants what this line means to them.

Key points for discussion:

- It is helpful to do something you want to do instead of something you don't want to do (e.g. "I want to eat more vegetables" instead of "I don't want to eat junk.")

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 4

Version 2000: May, 2000

- Reaching goals is hard work. It's important that the goal is important to you, so it's worth the work.

Activity : Imagine Your Future or Imagine the Future Past

Have the participants close their eyes and lead them through an imagery exercise.

[sample imagery exercise]

OPTION 1:

In order to set goals, it's good for us to have a picture in our mind of how we see ourselves in the future. Let's do an exercise. Close your eyes if you feel comfortable. If you prefer, keep your eyes open and let them close when you feel comfortable. Let's take a few deep breaths. . . .in. . . .out. . . .in. . . .out. . . .in. . . .out. As you continue to breathe, try to imagine your future. This is the future that you want for yourself. Try to imagine how you would like to see your life. . . .What are you doing? What type of life do you have? Give yourself the time and permission to really see the future that you want.(give the participants some time and then continue) Now while imagining you are still in the future, imagine thinking back on the past, on how you got started improving your life back when you were depressed and coming to group therapy. What did you have to do back then, back in that past that is yet to be, the "future past."

OK, now when you're ready, I'd like you to slowly open your eyes and return to the room. I'd like you to turn to page 84 in your books where you can write about or draw about your future.

Ask them to write or draw what they see on page 84 of their books. When they are done, depending on the time, ask them to share their dreams with the rest of the group, or have them pair up with a partner and discuss their dream. What can they start doing now to increase the chances that their dream will come true.

OPTION 2: CHANGING YOUR "FUTURE PAST"

We can't change what has already happened, but we can use goals to change our future. Let's do an exercise to see what we might want to change in the future. Close your eyes if you feel comfortable. If you prefer, keep your eyes open and let them close when you feel comfortable. Let's take a few deep breaths. . . .in. . . .out. . . .in. . . .out. . . .in. . . .out. As you continue to breathe, try to imagine that it is five years from now. Picture yourself as you might be in five years.and now look back at the last five years.Are there things you are proud of? Are there things you really wish you had done?Are there things you wish you had learned? What do you think you might change?What do you wish you had spent more time on.

Give the participants time to think of these things. Then, when they seem ready. Ask them to open their eyes and write or draw some of their thoughts on page 84 of their books.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 4

Version 2000: May, 2000

This exercise can help us see our future and then change it before it has even happened.. What are some of the things that you might like to change in your future?

Elicit answers from participants. Highlight that they can make goals so that they can change those things that they wanted to change.

**Step 2: If your dream is big, pick a manageable part
This will help you to make a good start**

[sample script]

We have just spent time talking about your dreams. In many cases you have very big dreams. It is wonderful to have dreams, but sometimes dreams are hard to reach because they are an ideal and are so big. It's like reaching for the stars. We will be focusing on two types of dreams: short term dreams and long term dreams.

Let's spend some time now and think about what part of your dream you would like to focus on for now. And let's think about some short term and long terms goals that might be part of that dream.

As an example, select a participant and discuss possible short term goals they might set given their dream, or you can make up an example.

Talk about what we mean by a manageable, reasonable, and realistic goal

- It can be accomplished in a limited amount of time (i.e. 2 weeks).
- It can be done with the money you have.

**Step 3: Pick your goal and nail it down
Stating when, what, how much, where, and how**

In order to understand this step, have the participants look at the statement that are listed in their book on page 82 and discuss why making things specific can be helpful. One key point to make is that when goals are specific, they give you something specific to do, and you know when you have reached your goal because you've done what you said you were going to do.

In this step we make our goal specific. By doing this, we will know exactly what we have to do and when we've done it. Let's see how this might help us. Turn to page 82 in your books. There are a series of statements. Let's see which ones we prefer.

There are many ways to state a goal. Some are more helpful than others. Which of these goals is more specific and lets you know if you have succeeded when you look back some time later?

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 4

Version 2000: May, 2000

1. I am going to start exercising more.
or
Starting Monday, I will exercise 3 times a week.
2. I want to do more pleasant activities.
or
I want to do at least one pleasant activity a day, even a small one that takes less than five minutes.

Step 4: Make sure your goal is something you can control

I can do what I say I'm going to do.
I can also ask, beg, plead or yell,
but I can't make others do anything

Ask participants what this step means. Key points to make include:

- There are many things in life that we can't control. We can't control what other people do.
- Make sure your goal is under your control. For example, you can ask other people or talk to other people, but you can't control their actions.
- If you do what you set out to do, you have reached your goal. However, other people may not behave the way you want them to.

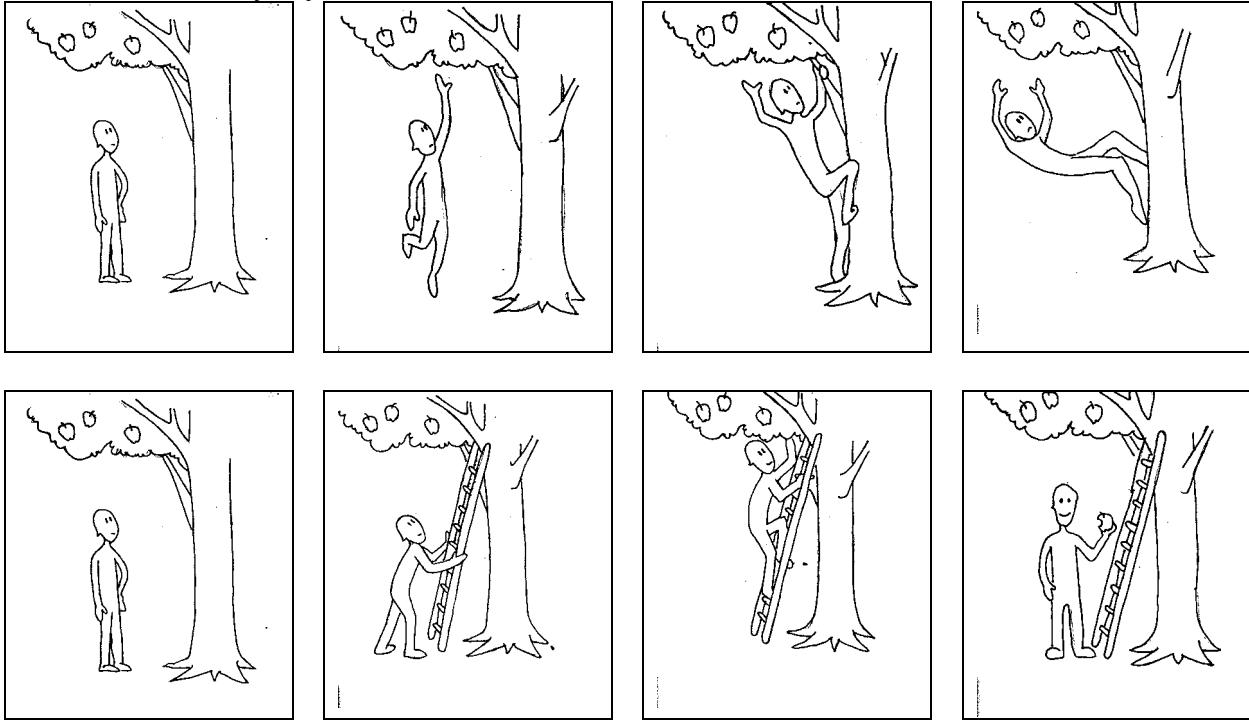
COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 4

Version 2000: May, 2000

Step 5: Break your goal into steps

You can't get to the top of the roof by jumping,
but it's easy if you use a ladder



Discuss this step with participants. Ask them to discuss the picture on page 83 of their books.

Key points to discuss are:

- Goals are often very big and complicated. It can be overwhelming to try to reach them.
- Breaking goals into do-able steps makes it easier, less stressful, more manageable.
- Steps become little goals. They also need to be specific and under our control.
- It's easier to see the progress we are making towards our goal when we have smaller steps.
- The importance of getting help when you can't reach your goal alone.

Step 6: When you reach your goal or a step toward your goal celebrate and reward yourself

Initiate a discussion by asking the following question?

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 4

Version 2000: May, 2000

Why is it important to celebrate and reward yourself when you make progress towards your goal?

Possible points for discussion include:

- Do they remember being rewarded as a child for making progress towards a goal.
 - If so, how did that make them feel?
 - Did that affect how hard they worked next time?
 - Others may not recognize the positive steps we are taking, but we know how hard we have worked.

Note: Some group members may not have had the experience of being rewarded as a child. It may be important to talk about what it might feel like to have that experience now.

ACTIVITY: Helping Someone Set a Reachable Goal

Purpose: The purpose of this activity is to have participants practice using the 6 steps.

OPTION 1: Have one of the leaders role play and ask the group for help with a made up goal. Make sure to make errors (i.e. choosing a goal and then making a step or the whole goal not specific or not under your control), so group members can have the experience of correcting your error.

OPTION 2: Have the group help one of the group members with their goal.

2. WHAT IS MY GOAL?

Have participants get together in groups of 2-3 people and talk about their goals. Have them each pick one short term and one long term goal. Have them write the goal in their books on pages 85-89 and then come up with a goal ladder for one or both. As they do this, leaders should circulate and give each group individual attention.

If you have time, when they are done, ask the participants to share their goals and a couple of the steps on the ladder.

3. HOW DOES SETTING AND REACHING GOALS AFFECT HOW I FEEL?

OPTIONAL TIME PERMITTING

Begin an open ended discussion.

Bring up goals that you have seen participants set and reach and ask them how it felt.

4. HOW CAN I SHAPE MY REALITY BY SETTING GOALS

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 4

Version 2000: May, 2000

Note: Refer to the “future past” imagery exercise, which was one of the options for helping participants to identify a dream in the “How Can I Set a Reachable Goal” section. If you did not do that exercise, you may want to do it now. Talk explicitly about how by setting goals you can change your future. Specific goals are easier to reach than vague goals. Remember the story of the young man who wanted to “be somebody” and was getting nowhere until he realized he’d better be more specific.

Have them read the following statement on page 91 of their books and discuss their reactions.

The past is done. The future is something I can shape.
Changing is hard work. Suffering is hard work. I can decide where I put my energy.

V. TAKE HOME MESSAGE

To feel good, it is helpful to have daily reasons to enjoy life (pleasant, meaningful activities) and something to look forward to (short term and long term goals). These are the best antidotes to the feelings of hopelessness and helplessness that are so common in depression. They will also help you achieve emotional and physical health and a sense of satisfaction with life.

VI. FEEDBACK

As this is the last session of the module, spend time reviewing material from the past 4 sessions.

Use the feedback time to review key concepts, determine what messages group members have learned from the module, and highlight that it is possible to make positive changes in your life.

Possible questions to stimulate discussion include:

1. How have you made changes in what you do since beginning the group?
2. What did you learn about activities that was most helpful, in terms of improving your mood?
3. What did you find least helpful?
4. What message will you take from this module?

It will also be important to discuss with group members who are leaving the group, how their reactions to leaving and what they have learned from the group. Possible questions to ask group members who are leaving include:

1. What did you learn from the group?
2. What are your plans after you leave the group?
3. How will you continue to get support?
4. What do you need to continue your progress in managing your mood?

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 4

Version 2000: May, 2000

5. What will happen the next time you feel that you are becoming depressed?

Allow time so that other group members can also provide feedback to those who are leaving regarding how they feel about their leaving and specific things they have learned from them. Make sure you have prepared something specific to say to each participant who is leaving about their unique contribution to the group and the changes you have seen them make.

VII. PERSONAL PROJECT

WEEKLY PROJECT

1. Do the mood scale
2. Track the number of positive activities you do each day.

OPTIONAL PROJECT

1. Set a goal, fill out the “Goal” sheet, and bring it in next week.
2. Try to do a step on your goal ladder and then reward yourself.
3. Do a new pleasant activity.
4. Talk to someone about what you learned today.
5. Practice the relaxation exercise.

VIII. PREVIEW

Let the group members know that next week you will begin talking about how thoughts affect how we feel, and we will have new group members joining the group.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 4

Version 2000: May, 2000

GROUP LEADER SELF EVALUATION FORM: ACTIVITIES 4

INSTRUCTIONS

Content Covered: Rate the degree to which you feel this material was covered (0=not at all, 10=fully covered) If not done this session but done later, when it is done write in the date and rate how well you feel you covered it.

Satisfaction with Teaching: Rate the degree to which you are satisfied with the way you and your co-leader taught the material (0=not at all satisfied, 10=extremely satisfied).

Participant Process: Rate on average the degree to which participants seemed to participate, understand and complete the exercise (0=on average very poor no one understood or no one was able to complete exercise; 10=everyone seemed to understand keypoints and complete the exercise).

	Taught/ Done? (0-10)	Satisfaction with Teaching (0-10)	Participant Process (0-10)
Agenda and Announcements			
Review			
Personal Project Review			
Reachable Goal: Step 1			
Reachable Goal: Step 2			
Reachable Goal: Step 3			
Reachable Goal: Step 4			
Reachable Goal: Step 5			
Reachable Goal: Step 6			
Set own goal			
How can I shape my reality by setting goals.			
Feedback			
Personal Project Assigned			
Preview			

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

ACTIVITIES 2--RELAXING AND PLANNING TO DO PLEASANT ACTIVITIES

GOALS FOR LEADERS

- Teach participants a relaxation exercise and help participants understand the benefits of relaxation.
- Review the connection between mood and doing pleasant activities.
- Help participants identify activities that they enjoy.
- Do a relaxation exercise.
- Help participants learn a strategy to deal with the dilemma that pleasant activities will make you feel better, but when you are depressed, you don't feel like doing anything.

MATERIALS NEEDED FOR THIS SESSION

- 1) Pens
- 2) Dry erase board, chalkboard or large sheets of paper to present material to group

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

- I. Agenda and Announcements
- II. Review
- III. Personal Project Review
- IV. New Material: Planning to Do Pleasant Activities
- V. Take Home Message
- VI. Personal Project
- VII. Preview and Feedback

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

I. AGENDA & ANNOUNCEMENTS:

Go over the agenda and ask participants whether they have any topics they would like to add to the agenda. Make any announcements.

II. REVIEW:

Begin by reviewing the material covered in Activities 1. Use the review to check on how much participants remember from the last session, reinforce what they have learned, and educate group members who were absent last session.

[sample review statement]

Last week we talked about how pleasant activities affect our mood. What are some of the things that you remember most from last week?

Elicit material from the participants. It is important to try and understand whether they now believe that doing pleasant activities can have a positive effect on their mood and to see how they see the relationship between their mood and their activity level. Review how pleasant activities can change both their external reality and their internal reality.

Make sure that you review the reciprocal relationship between depression and engaging in activities. If necessary, ask participants how depression affects their desire to do pleasant activities and then ask how not doing pleasant activities affects their mood. Go over the diagram found on the top of page 55 of their books and have a group member read the statement shown on the top of that page.

Depression affects our interest in doing things. We have less interest in doing anything. Doing fewer pleasant activities can also lead you to feel more depressed.

III. PERSONAL PROJECT REVIEW:

Review the personal project assigned from the previous session. Check in with participants as to which optional projects they did. While reviewing the personal projects, try to draw a clear connection between how doing activities affected their mood. Try to identify any problems participants may have had with the personal project

WEEKLY PROJECT

- Mood Scale and the number of pleasant events they did each day
- Think about the dilemma: doing pleasant activities will make me feel better but when I am depressed I often don't feel like doing anything.
(Let group members know that you will talk about this later on in today's session)
- Think about the activities you enjoy doing by looking at the list of pleasant activities in your book

OPTIONAL PROJECT

- New pleasant activities they did

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

- Pleasant activities they increased
- Pleasant activities they identified from the "Fun and Free in San Francisco" booklet

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

IV. NEW MATERIAL

BRIDGE: Introduce this week's material, linking it to material taught in previous sessions.

[sample bridge]

As we mentioned last week, we are going to spend the next three weeks, including today, talking about how what we do affects how we feel and looking at how we can make changes in this area to improve our mood. We have an exercise that we can do that will remind us of the connection between what we do and how we feel.

1. HOW DOES WHAT WE DO AFFECT HOW WE FEEL?

ACTIVITY: CHAINING ACTIVITY

[sample introduction to the activity]

I would like to do a group activity that we call the "Chaining Activity." The purpose of this activity is to show how what we do affects how we feel. First let's take a neutral statement, a statement of fact.

You may need to educate group members as to what a statement of fact is. It can be the statement at the top of a depressive spiral. Some examples are: 1) it is raining; 2) I have diabetes; 3) I have no energy.

Quickly draw the mood scale on the board. Explain the mood scale or have a veteran explain the mood scale to new members. Write the statement of fact on the line next to the 5. We often brainstorm statements of fact with group members, writing them all down on the line representing a mood of 5 and then we have the group pick one statement of fact for the exercise.

Instruct group members that you now want them to think of ways that they might act, given the statement of fact, that would make them spiral down. Ask them to spiral down in stages. So first, you would like someone to suggest some behavior that would lead them to a mood of about a 4 and then a 3 and then a 2 and then a 1. Let participants know that on page 56 of their books there is a worksheet where they can write down the exercise.

So now what I'd like you to do is to think about something you could do that would bring you down to a mood of a 4. What would bring you down just one step?

Elicit answers from the group. If the answer seems too drastic, ask group members whether they would rate that as a 4 or perhaps lower. Then place the item where the group feels it belongs. If someone in the group gives you a thought, write it down and then ask how they might act or behave if they had a thought like that. Write down the behavior next to the thought.

*Now what would be an activity or behavior that would bring us down to a 3.
Repeat for moods of 2 and 1.*

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

Once participants have done this, ask them how they are feeling after doing this part of the exercise. Process what it is like for them to see how what you do can affect how you feel. Process how their mood may have changed by just doing the exercise.

Next, have the participants go back to the statement of fact and now think of behaviors that would lead them to spiral up, one step at a time.

Now, let's return to the statement of fact (repeat statement). What's a behavior that might make our mood become a 6?

Repeat the process for moods up to 9. It is important to tell them that when we are spiraling up, we may never really get to a 9 but that we are trying to think of things that will make us progressively feel better. After they are done, again process their thoughts about how doing pleasant activities or self care activities can make them feel better and how their mood may have changed by doing this part of the exercise.

We have included examples from our previous work with using this technique with groups below.

SAMPLE CHAINING EXERCISE

9	I'm going to make myself a bowl of soup or some tea. I'm going out for some "sopa"
8	It's nice outside. I'm going to take a walk around the block. I'll take a different route to do something new, have new scenery
7	I'm going to do something. I'm going to make a commitment
6	I will force myself to do something, even wash the dishes, dust, or shower
5	I have no energy
4	So I'm going to bed. I feel useless
3	I'm not even going to get up to eat. Life sucks.
2	I'm going to stay in bed for two days
1	I'm going to have a "pity party" and think about all the things that bother me. I'm not going to talk to anyone

SUMMARY: SO HOW DOES WHAT WE DO AFFECT HOW WE FEEL?

At the end of the exercise elicit from the group the links they see between activities and mood. Try to cover the following points:

- When people do pleasant activities, they often feel happier. (in part because their external reality is actually better than if they did not do them)
- When people do pleasant activities, they are more likely to have positive thoughts about themselves and about their lives. In other words, their internal reality is also getting better.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

- When people do pleasant activities they are more likely to have contact with other people, but there are also pleasant activities that people can do alone
- When you are feeling down or tired, it is often hard to get the energy to do pleasant activities but doing one may help you feel better and less tired.

Other topics to consider include:

- 1) how these examples apply to their own lives.
- 2) how events tend to chain, meaning when you do one activity you often start a chain so that you are more likely to do more activities. For example, if you go out for a walk, you may bump in to someone and then you may decide to do something with them. Then, that night you may have pleasant thoughts about what you did together. And, in the future, you are more likely to go out for a walk again.
- 3) Internal and external reality - When we behave differently we change our external reality. In the example given above, the person has limited their external reality as they spiral down but when they spiral up, their external reality is broadened to include new experiences, new places, and perhaps even new people. As you change your external reality, you also change your internal reality (your thoughts). In the story above, the reality of the person's day truly changed by going out for that walk.

2. WHAT DO YOU LIKE TO DO?

We have just been talking about how when we do a pleasant activity, we often feel better, but, what exactly is a pleasant activity?

Imagine for example that I said that I liked doing the dishes. Is this a pleasant activity?

Begin a group discussion highlighting the following information:

- 1) Differences across people
 - a) We don't all like the same things
 - b) We don't all need the same number of pleasant activities to feel good
- 2) Differences in what we enjoy at different times(variety) - even within the individual there may be times when the activity is more or less pleasant. For example, I don't like loud music in the morning, but I like it when I am vacuuming the house. Sometimes we need to not only choose the activity but also figure out under what conditions it is likely to be enjoyable.
3. Some pleasant activities take just a second. These brief pleasant activities are often the most useful ones especially when it's hard to find time. Brief pleasant activities give us a glimpse of the beauty of the world around us. You can also do more of them during the day

ACTIVITY

Option 1: Brainstorming a List of Pleasant Activities

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

We recommend that you do the following activity to help participants identify those activities that are pleasant for them. We have selected this activity because it is interactive but other useful substitute activities are shown in the addendum to this session. Substituting one of these activities may be preferable depending on the education level or characteristics of the participants. This option is low in structure and can be used with participants from a variety of educational backgrounds.

It may be easier to do if participants have already displayed a tendency to participate actively during the group and, during past discussions, have disclosed that they are already engaging in a wide variety of pleasant activities. Although you will not be able to list as many items as are on either the Pleasant Activities List or Pleasant Activities Card, participants may come up with pleasant activities that are specific and more relevant to the city or town where they are. In addition, after making up their own list of pleasant activities, participants may feel a sense of accomplishment. The other exercises, may however, contain items that participants might not consider.

Before you begin the actual activity, you may want to mention how making a list of positive activities has helped other group members, clients, or even you in the past.

[sample script]

Last week we asked you to look at the list of pleasant activities in your book and identify those that you enjoy as part of your personal project. I thought we might now share our ideas. It may also be helpful for us to think in terms of categories.

Brainstorm as a group all the different kinds of activities that they identified as pleasant. It is often useful to write their ideas down on the board under two separate categories: 1) activities that are free, and 2) those that cost money. You can also split the categories by looking at activities you can do alone and those you do with others. Sample activities in each category are shown below.

Put the table (shown below) on the board and explain it. Then ask them to share their pleasant activities and place them in the appropriate category.

	Free	\$\$
<u>alone</u>	walk in Golden Gate Park drink tea museum on a free day	movie haircut
<u>with others</u>	street fair play with a pet	out to eat movie with a friend cook a good meal with a friend

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

As you can see, some of the activities are specific to San Francisco where this program was developed. For each group it is important to identify activities specific to the location where the program is being run.

After you have finished brainstorming, process what it was like to do the exercise.

- What was it like for them to do the exercise
- Individual differences in terms of the activities they find pleasant
- How did the group's mood change just doing this exercise
- What is the ratio of free to \$\$ activities (in previous groups, participants are often surprised by the number of free activities we identify)

Why is it good to have activities you can do by yourself?

- You control when you do them and are not dependent on anyone else
- Time to think and enjoy our own thoughts

Why is it good to have activities you can do with others?

- Pleasant contacts with people often make us feel better
- Others may sometimes increase our motivation to do the activity
- Can build and improve our relationships with others: doing fun stuff together helps people enjoy each other more

What are some examples of brief pleasant events?

- As you walk somewhere, notice flowers on the way. Take time to smell them, notice the sky, the clouds, the fog, whatever about your surroundings that brings good feelings to you.
- Remember a song you like, hum it, sing it aloud to yourself.
- Have a cup of tea.

Before moving on, you can point out the "Fun and Free in San Francisco" booklet and suggest that they can look through it at home for more ideas of things to do in San Francisco. (If you are leading this program in another location, you may want to brainstorm with participants things that they can do for free in their geographical region.)

3. HOW CAN I GIVE MYSELF A BREAK?

OPTION 1: DEEP MUSCLE RELAXATION

[sample script]

Last week we mentioned that we would be doing a relaxation exercise. Let's do it now. We can relax in many different ways, by listening to music, taking a walk, or just sitting in one place. This is just one other way to relax. Many people have told us that they find it very pleasant and that it has helped them with their depression and their anxiety. We will begin by doing some

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

deep breathing but then we will be doing a specific technique called progressive deep muscle relaxation. We do this by tensing different muscle groups and then relaxing them. When we do this, you'll see that tensing and relaxing cannot occur at the same time. Let's go through the muscle groups now to show how we would tense them. If you have any physical problems in any of these areas, do not tense your muscles just study the natural tension and then try to relax them.

Caution:). Adapt the exercise to the population with whom you are working and the physical limitations that they may have. You may choose not to do this exercise with individuals who have breathing difficulties or serious physical problems or with those who are pregnant (depending on the trimester

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

Go through the different muscle groups listed below (from Miller & Muñoz, 1982).

Hands	Tighten your right hand by making a fist and squeezing. Do this twice. Repeat with the left hand.
Forearms and back of hands	With your right arm resting on the chair and the back of your hand facing up, bend your hand at the wrist, pointing your fingers straight up. Study the tension this creates in the back of your hand and forearm. Repeat. Now do it with the left hand and arm.
Biceps	Flex large muscles in your upper arm by trying to touch your right shoulder with your right fist, tightening the biceps. Repeat. Right arm first, then left.
Shoulders	Bring your shoulders up, as if to touch your ears with them. Repeat.
Forehead	Wrinkle up your forehead by bringing your eyebrows up as far as they will go. Repeat.
Face	Wrinkle your nose and close your eyes tightly. Repeat
Lips	Press your lips tightly together. Repeat
Tongue	Push your tongue into the roof of your mouth. Repeat
Neck	Press your head against the back of the chair. Repeat
Chest	Take a breath that is so deep you can feel it stretch your chest muscles. Hold it. Release it slowly. Feel yourself relax as the air leaves your lungs. Repeat
Stomach	Suck in and tighten your abdomen, as though preparing to receive a punch in the stomach. Repeat
Back	Arch your back away from the chair. Repeat
Legs and thighs	Lift your legs up from the chair, holding them straight out in the air. Repeat.
Calves.	Point your toes back toward your chest, creating tension in your lower legs. Repeat.
Feet	Curl your toes downward, as if digging them into sand. Feel the tension in your arches. Repeat

Go through the muscle groups in the following way:

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

- 1) tense for 5-10 seconds
- 2) study the tension
- 3) relax (about 20 seconds). Let the muscles go totally loose and let the tension go completely.
- 4) notice the difference between tensing and relaxing
- 5) OPTIONAL: tense again and repeat the process (either fully or 1/2 way for discrimination training)

As an option, you can ask group members to rate their mood before and after doing the exercise

At the end of the exercise, discuss as a group what it was like to do the exercise. If participants liked the exercise and feel that it is useful, the exercise can be repeated each week. As members become more familiar with the exercise, you can ask them to lead the rest of the group.

You may also decide to tape the relaxation sessions and give tapes to group members so that they can practice these exercises at home.

OPTION 2- DEEP BREATHING AND DEEP MUSCLE RELAXATION

Adapted from the following sources:

Wherever you go there you are by Jon Kabat-Zinn

Psychological Treatment of Panic by Barlow, D.H. and Cerny, J.A.

Jacobson's Progressive Relaxation

Get yourself in a comfortable position with your feet flat on the ground. Now take a full breath in. . . . Try to focus on your breath, the feeling of it coming into your body and then the feeling of it leaving your body. Notice the cool air as you breathe in and the warm moist air as you exhale. . . Go at your own pace. Try to keep your mind open and free, just breathe. For now, forget all thoughts about the past or about what you have to do. Just keep returning to your breath whenever your mind wanders. . . . feel your breath come in. . . . and then out. . . . Now as you exhale mentally repeat the word "relax," inhale, . . . exhale, relax. . . . inhale. . . . exhale, relax.

4. HOW CAN WE INCREASE THE CHANCE THAT WE WILL DO PLEASANT ACTIVITIES?

[sample script]

As we mentioned earlier, we realize that doing pleasant activities is not always easy. We asked you to think about the dilemma that doing pleasant activities will make me feel better but when I am depressed I often don't feel like doing anything. What are some of the things that you thought of?

Elicit participants' thoughts on this subject. Comment on their thoughts, if possible linking it to the material we are about to cover.

As we talked about things like our energy level, our mood, and a lack of free time often make it hard to do pleasant activities. But there are some things that can help us do pleasant activities.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

If you turn to page 62 in your books, we have listed some helpful steps. Present the steps on the blackboard.

Go through each of the steps with the group members and then do the activity.

Step 1: Consider that doing pleasant activities is important

- It helps improve our emotional, social, and physical health.
- It actually changes your external reality (the reality of your day).

Point out that they already have done this step.

Step 2: Decide/seek out what you would like to do. Choose your pleasant activity.

Point out that they have also done this step.

Step 3: Commit to doing the pleasant activity in order to improve how you feel.

Last week we talked about how one of the problems with doing pleasant events is that people often feel too busy to do them. If we believe that doing pleasant activities is important, then it is important to make the time. Last week when we told you that we were going to do the relaxation exercise we committed to doing it. We told you we were going to do it, so we had to do it.

How do you commit to doing pleasant events?

Elicit answers from the group and write their answers on the board.

Point out that one way that people often commit to doing things is by making a contract with themselves. Have them turn to page 63 in their books and point out and discuss the "Personal Commitment Form." Let them know that they can complete one as a personal project if they want to.

Step 4: Plan ahead (make the activity do-able, simple, and low stress.

The best way to make sure that you do the event is to plan ahead.

- Schedule the event
- If others are involved, invite them
- Plan an alternative (e.g. in case of rain)
Discuss the importance of flexibility.

Step 5: Get help from others when necessary

Discuss how others may be helpful.

- Emotional support
- Companionship during the activity
- Instrumental support - a ride, loan of money or car

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

Step 6: Recognize the effort you are making to help yourself feel better.
Give yourself a mental pat on the back.

ACTIVITY USING THE 6 STEPS

Ask group members to select partners and then have them practice using the 5 steps to plan an activity that they will do over the next week as a personal project

V. TAKE HOME MESSAGE

Pleasant activities are as necessary to being happy and healthy as eating and sleeping well.

But when I am depressed, it is often hard to get started.

So, I need to plan carefully how to increase my pleasant activities.

Once I get going, I'll get better, and it will be easier to keep doing healthy, fun activities.

V. PERSONAL PROJECT ASSIGNMENT (Approximately 5 minutes)

WEEKLY PROJECT

- 1) Continue tracking mood using the mood scale and track the number of positive events you do each day
- 2) Follow the plan you developed and do the pleasant activity.

OPTIONAL PROJECT

select one of the following activities to do

- 1) plan to do another activity (use the personal commitment form)
- 2) teach someone what you learned in group today
- 3) practice relaxing (use the relaxation record)
- 4) do a new pleasant activity

VI. PREVIEW AND FEEDBACK

Let the participants know that next week you will continue talking about how to handle the dilemma that doing pleasant activities will make me feel better but when I am depressed I often don't feel like doing anything. Ask them whether they would like to do the relaxation exercise again. If so, add it to the agenda for next week.

Before ending the group, encourage group members to provide feedback regarding today's session. Questions to encourage discussion are listed below.

- What was helpful about today's session?
- What was not helpful?

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

GROUP LEADER SELF EVALUATION FORM: ACTIVITIES 2

INSTRUCTIONS

Content Covered: Rate the degree to which you feel this material was covered (0=not at all, 10=fully covered) If not done this session but done later, when it is done write in the date and rate how well you feel you covered it.

Satisfaction with Teaching: Rate the degree to which you are satisfied with the way you and your co-leader taught the material (0=not at all satisfied, 10=extremely satisfied).

Participant Process: Rate on average the degree to which participants seemed to participate, understand and complete the exercise (0=on average very poor no one understood or no one was able to complete exercise; 10=everyone seemed to understand keypoints and complete the exercise).

	Taught/ Done? (0-10)	Satisfaction with Teaching (0-10)	Participant Process (0-10)
Agenda and Announcements			
Review			
Personal Project Review			
Chaining Activity			
What do you like to do: brainstorming a list			
Relaxation exercise: (which one:)			
How can we increase the chance that we will do pleasant activities			
Personal Project Assigned			
Take Home Message			
Preview and Feedback			

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

ADDENDUM TO ACTIVITIES 2

RECOMMENDED READING FOR INSTRUCTORS

Control your Depression (1986) Chapter 6

OPTIONAL REPLACEMENT EXERCISES

2. WHAT DO YOU LIKE TO DO?

Option 2: Completing the List of Pleasant Activities

This option provides participants with a very comprehensive list of activities. The list may remind them of many things they used to enjoy doing and may encourage them to resume doing them. However, in order for participants to complete the list, they need to be able to read well and be able to tolerate a very long list of items.

The list and instructions are included in participants' manuals. If the members of your group can read well, you may consider assigning the list of pleasant activities as a homework assignment.

[sample introduction to the activity]

To come up with an individualized list of activities, we have developed a questionnaire that lists many activities that people consider pleasant. Out of these activities you will select 100 that you will keep track of.

Have the participants turn to the Pleasant Activities List in their books and go over the instructions with them. If possible, do an example on the board. (instructions and List of Pleasant Activities are attached below.)

After you are done with the instructions, provide them with information about how the lists were made.

This list of activities was developed by asking large numbers of people living in Eugene, Oregon, to write down activities that they thought were pleasant. Activities people wrote down were placed on large lists, and more people were asked to rate the activities on these list in terms of how pleasant they thought they were. Based on their ratings, a list of 320 activities was developed. We have narrowed the list down to 300. Some of these activities will be pleasant for some people and not for others. Some of these activities will help you feel better. We want you to use this list to come up with your own list of activities that you find pleasant.

Let the participants complete the lists. If possible, walk around the room and provide participants with individual attention and help.

Option 3: Sorting Through Pleasant Activities Cards

This option also provides participants with a comprehensive list of activities. This option may be useful for participants who cannot read well as the items are presented in pictures.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 2

Version 2000: May, 2000

(Pictures of the Pleasant Activities Cards are in the Addendum to Session 6. By photocopying these pictures onto the right color paper and then cutting up the cards, you can create sets of Pleasant Activities Cards. Before cutting up the cards, we cover each sheet with plastic. Most office supply stores can do this for you. This makes the cards last longer but is not necessary. You can also print them on cardstock)

Description of cards: Each card has a picture of a pleasant activity along with a written description of the activity. There are also some blank cards so that people can add activities that are not on the list. There are XX cards total. Cards are organized by color. Yellow cards show activities that people can do alone (yellow=yourself) Purple cards show activities that people can do with other people (purple=people).

ACTIVITY CARDS
<u>Yellow</u> = yourself
<u>Purple</u> = people

Ask the participants to get together in groups of 2-3 people. Give each group a stack of Pleasant Activities Cards. Ask participants to work together in their small groups and sort through the cards. Ask them to talk to one another about the events they each find pleasant. As they identify the activities they like, they can circle pictures in their book that match the cards. By doing this, they will have a visual list of the activities that they find pleasant. Remind them that they will not all like the same activities, but it may be interesting to see that different people have different preferences.

As participants do the activity, group leaders can circulate among the small groups.

At the end of the activity, discuss, as a large group, some of the activities participants found pleasant. You may also want to check in with participants as to the number of "by yourself" and "with other people" activities they selected and discuss the importance of having both.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 3

Version 2000: May, 2000

ACTIVITIES 3 -- IDENTIFYING AND OVERCOMING ROADBLOCKS TO DOING PLEASANT ACTIVITIES

GOALS FOR LEADERS

- Help participants identify potential roadblocks to doing pleasant activities
- Help participants problem solve to figure out ways to overcome the roadblocks
- Help participants understand how doing pleasant activities can help them manage problems in life

MATERIALS NEEDED FOR THIS SESSION

- 1) Pens
- 2) Dry erase board, chalkboard or large sheets of paper to present material to group

- I. Agenda and Announcements
- II. Review
- III. Personal Project Review
- IV. New Material: Identifying and Overcoming Obstacles
- V. Take Home Message
- VI. Personal Project
- VII. Preview and Feedback

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 3

Version 2000: May, 2000

I. AGENDA & ANNOUNCEMENTS:

Go over the agenda and ask participants whether they have any topics they would like to add to the agenda. Make any announcements.

II. REVIEW:

Begin by reviewing the material covered in Activities 2. Use the review to check on how much participants remember from the last session, reinforce what they have learned, and educate group members who were absent last session.

[sample review statement]

Last week we talked about how what we do affects how we feel. We also identified activities that we each enjoy, and we talked about how we could plan in order to increase the chance that we do pleasant activities. What are some of the things that you remember most from last week?

Elicit material from the participants. It is important to try and understand whether they are now trying to engage in more pleasant activities and to try and identify some of the obstacles, either internal or external, to doing them.

III. PERSONAL PROJECT REVIEW:

Review the personal project assigned from the previous session. Check in with participants as to which optional projects they did. While reviewing the personal projects, try to draw a clear connection between how doing activities affected their mood and changed their reality at the time they were doing them. Try to identify any problems participants may have had with the personal project

WEEKLY PROJECT

- Mood Scale and the number of pleasant events they did each day.
- Follow the plan developed in class and do the pleasant activity.

OPTIONAL PROJECT

- Planning to do a new pleasant activity
- Teaching someone what they learned in group
- Practicing relaxing
- New pleasant activity they did

IV. NEW MATERIAL

BRIDGE: Introduce this week's material, linking it to material taught in previous sessions.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 3

Version 2000: May, 2000

[sample bridge]

Last week we mentioned that we would continue talking about how to handle the dilemma that doing pleasant activities will make us feel better but when we are depressed we often don't feel like doing anything. That's what we're going to do today.

RELAXATION EXERCISE

[mention this only if they chose to do the relaxation exercise last session]

We also talked about doing the relaxation exercise, would you like to do it now or later in the group?

Add it to the agenda and then do the exercise when it is time. Instructions for the relaxation exercise are shown in Activities 2.

1. WHAT IS KEEPING ME FROM DOING PLEASANT ACTIVITIES?

As many of you have mentioned, there are lots of obstacles or roadblocks to doing pleasant events. When people are depressed they often have more roadblocks. Today we are going to be talking about overcoming them.

Note: Some group members may have brought up specific roadblocks during the personal project review. For example, they may not have completed the personal project due to a roadblock. Whenever possible, bring up examples that group members have already shared.

The first step is to figure out what they are. In other words, we need to answer the question, What is keeping me from doing pleasant events? To do this, I want us all to think about things that have served as roadblocks for us in the past. We can do this by trying to finish this sentence.

"I would have done it BUT. . . ." or "I can't do it because. . . ."

On the left side of the board, write up or draw pictures of, the roadblocks that group members are describing. A sample board is shown below. If you have group members who do not read well, you may want to include pictures of the roadblocks whenever possible. Make sure you try and elicit every "BUT" that they have.

[sample board]

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 3

Version 2000: May, 2000

PROBLEMS/ROADBLOCKS	
<ol style="list-style-type: none">1. No time2. No money3. No energy (don't feel like doing them)4. Forget what we like to do5. Our thoughts6. No one to do them with	

2. HOW CAN I OVERCOME THESE ROADBLOCKS?

NOTE: Below are a number of ways people can overcome roadblocks to doing pleasant activities. Depending on the characteristics of your group, you may want to emphasize different skills presented below.

ACTIVITY A: PROBLEM SOLVING

Keep the problems/roadblocks on the board.

[sample script]

Congratulations on identifying so many roadblocks. We've just taken the first step toward overcoming these roadblocks. Let's turn to page 69 in the books, so we can see what other steps we can take.

You may want to let the group know that you are using a technique called problem solving. Here are some other points you may want to make.

- They probably already use aspects of problem solving
- Sometimes we forget to use problem solving skills when we are under stress. At these times having a clear understanding of the steps can be useful.
- Many therapists use problem solving to resolve problems between parents and children and between couples. We will be talking about how to use problem solving to reduce conflict between people in the people section of the program.

The first letter of each step spells out "ITCH."

Step 1: Identify the problem (They have already done this)

Step 2: Think about all the possible solutions, without evaluating them. There should be a number of different possible solutions. Go back to the board. Go through each problem and elicit possible solutions from the group. On the right side of the board, write down the solutions the group comes up with for each problem. Remind them that at this stage of brainstorming, it is important not to evaluate the solutions.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 3

Version 2000: May, 2000

[sample board]

PROBLEMS/ROADBLOCKS	SOLUTION
1. No time	1. Pleasant activities don't have to be big 1. Make time, schedule them into your life.
2. No money	2. Pleasant activities don't have to be expensive 2. Look through the Pleasant Activity Cards and pick a free activity 2. Look through the Fun and Free in S.F. booklet and pick a free activity. 2. Save money for a special activity.
3. No energy (don't feel like doing them)	3. Remember the cycle. You may have more energy after doing the activity. 3. Try this as an experiment
4. Forget what we like to do	4. Make a list of activities you like to do.
5. Our thoughts	5. *see notes below
6. No one to do them with	6. Some activities do not involve other people We will talk more about the role of others in the Social Support section of the program

*thoughts as a roadblock - Acknowledge the role of thoughts as roadblocks and let participants know that you will be talking more about how thoughts interfere with what we do and how we can change our thoughts in a future module. For those who have already completed the thoughts module, you can ask them to talk about how they learned to change their thoughts. Note that this is a good example of how our internal reality can affect our external reality.

Key Point: Pleasant activities do not have to be big, expensive, involve other people or even really special.
It is often the little things that make us feel better.

Step 3: Choose the best solution or combination of solutions (the ones that are best for you) and try them

As a group, pick the best solution for each problem. Remind them that they may each have their own ideas about which solution is best.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 3

Version 2000: May, 2000

Step 4: How well does it work? Try it and find out. Then reevaluate the problem and consider additional alternatives.

Return to group next week and report back as part of your personal project on how well your solution worked.

After finishing this exercise, elicit participants reactions. How did it feel to try to really look at things that have been roadblocks for them and then try to find ways to overcome them.

ACTIVITY B: PACING YOURSELF

Introduce the idea that similar to all or nothing thinking we may need to think about levels of activity that we can do.

[sample script]

When the roadblock is that you feel too tired, you don't have energy or time, or you just don't feel like it, it may be important to think about pacing ourselves. What does this word mean to you?

Elicit responses from participants. Possible responses are listed below:

- Go at your own speed.
- You don't have to do everything at once.
- Do things in small steps.

When we are pacing ourselves, what are important factors to consider?

Elicit responses from participants. Possible responses are listed below:

Factors to consider when pacing yourself include:

- Energy level
- Time
- Health/Pain
- Interest
- Last time since you did the activity or a similar activity
- Demands of others

If you think it would be helpful, you can ask the group to do the pacing exercise, which is on page 70 of their books. Otherwise, you can point out the exercise and let them know that if they want more practice with pacing they can do it as an optional personal project.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 3

Version 2000: May, 2000

ACTIVITY C: JUMPSTARTING YOUR ENGINE

Present the metaphor that we are similar to cars. When we don't use our cars, our battery runs out. With cars, we can do a couple of things to get them started. We can get a jumpstart from someone. We can also push them, then pop the clutch. The car then starts, and as you use it, the battery recharges itself.

Ask participants how they think we might be similar? You can also have them turn to page 71 in their books where there is a picture of a person lying in bed with a broken down car inside them. Talk about how they might jumpstart their own engine. Possible options are listed below:

- Get help to jumpstart your engine (by coming to group or seeing a therapist)
- Get medication to jumpstart your engine
- Get help and support from friends and family
- Doing activities (at first you have to push yourself but then it recharges your batteries)
- Identify thoughts that drain your energy.

ACTIVITY D: PLEASURE PREDICTING

[sample script]

We can't always just wait until we "feel like doing something" to do it. Sometimes we have to make ourselves do pleasant activities. When we do them, we often find out that we enjoyed them more than we thought we were going to, and we may feel better after doing them.

When we find ourselves feeling like we don't want to do something even though we might really enjoy it or we remember that we used to like doing the thing, it is often useful to do an exercise called Pleasure Predicting.

Ask the participants to turn to page 72 in their books and go over the steps of pleasure predicting and the pleasure predicting workshop.

- Step 1: Pick the activity. Try to make sure it is something would be pleasant for you.
- Step 2*: Pick the conditions that would make it most pleasant (i.e. If it's a movie you want to see, do you prefer to see it alone or with someone? Do you prefer to see a romantic comedy, a drama, or a horror film?)
- Step 3: Write down how enjoyable you think it would be. Use the star rating scale below.
* not at all ** a little bit *** moderately **** quite a bit ***** extremely
- Step 4: Do the activity using the conditions that you decided would increase the chance that it would be fun for you. THIS IS THE MOST IMPORTANT PART
- Step 5: Think back and write down the amount of enjoyment that you actually experienced. Use the star rating again.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 3

Version 2000: May, 2000

Step 6: Now look at the two ratings, how do they compare?

Step 7: Do this with other activities. Do you see a pattern? What have you learned?
What thought do you have about yourself or others after doing the activity?

*NOTE: In our experience, we have found that many people choose activities that could be seen as pleasant and then set themselves up to fail by picking conditions that would make it fail. For example, they might do activities that others like but that they do not. They might decide to go to a movie but then see a movie that depresses them. It is important not only that they choose an activity that THEY like but that they choose conditions that will maximize the likelihood that it is enjoyable.

Depending on your group, you can also do one of the following options:

- Ask them to think about a pleasant activity they did over the last week. How pleasurable did they think it was going to be? How enjoyable was it actually?
- Ask them to choose a pleasant activity they can do during the next week. Ask them to specify the conditions that will maximize their enjoyment and then have them rate how enjoyable they think the activity will be. Check in next week to see how enjoyable it was.

2. HOW CAN DOING PLEASANT EVENTS HELP ME MANAGE PROBLEMS IN LIFE?

Depending on the amount of time you have and the participants in the group, you can either choose from the following activities or do them all.

ACTIVITY A. SEESAW ACTIVITY

Have the participants turn to page 74 in their books. On top of page 74 there is a picture of a seesaw. On the left side are a variety of shapes, each containing a different life stress. There is nothing on the right hand side. In the middle is a person holding on to the middle, but he/she is slowly falling down toward the side with all the problems. On the bottom of the page is another picture of the seesaw. This time the problems on the left are balanced by pictures of pleasant activities on the right hand side. The person is sitting comfortably in the middle. Have the participants discuss this picture.

Also, have them turn to page 75 in their books and discuss the importance of balancing the tasks you have to do with pleasant activities and the importance of committing to both.

If you have enough time, you can have them complete this page. Otherwise, it can be an optional personal project.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 3

Version 2000: May, 2000

ACTIVITY B: DIVERSIFY YOUR PIE

[sample script]

Another way to think of balancing our lives is by thinking about our lives as a pie.

Draw a circle on the board.

Our pie is made up of different slices. For example, we may choose to have 35% devoted to work, 30% devoted to family, 20% devoted to friends, and 15% devoted to hobbies.

Draw these divisions on the circle.

The point is that we can decide how large each slice is and what kinds of slices we will have in our life.

We also know that at different points in our lives we may change the size of the slices.

For example, when we are younger, in our 20s and 30s we may devote more of our life to our work than we may when we are 60. Circumstances in life may also cause us to reevaluate our pie. By having a diverse pie, meaning by having many different kinds of slices, we are able to balance our lives when one of the areas may be having problems.

If you turn to page 76 in your books, you can draw a picture of your pie. Think about how your pie used to be. What kind of changes would you like to make?

Discuss this diagram with the participants and elicit their reactions.

ACTIVITY C. SHAPING YOUR REALITY

[sample script]

Much of what we have accomplished in the past and what we hope to accomplish in the future takes time. Like the saying “Rome was not built in a day,” our reality is also not constructed by one single action. Please turn to page 77 in your books. On this page we have a series of dots. Each dot represents a single moment in time, a thought or an action. Let’s say that you start at the circle. With each move you make you can go up or down. At first the moves that you make, will not take you far away from where you began, but imagine where you could be 10 moves later.

Discuss this diagram with the participants and if necessary, diagram it on the board.

V. TAKE HOME MESSAGE

At each moment in time, I can choose what I will do and how I will react to what is happening.

If I consciously choose to do or think something that will improve my emotional and physical health, I will gradually improve my personal reality.

This is how I can shape my life.

By taking many small steps, I can improve my life and my reality.

VI. PERSONAL PROJECT ASSIGNMENT

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 3

Version 2000: May, 2000

WEEKLY PROJECT

1. Do the mood scale
2. Track the number of positive events you do each day.
3. Think about a goal you would like to set in the future.

OPTIONAL PROJECT

- 1) Do a new pleasant activity
- 2) Use one of the strategies you learned to overcome a roadblock.
- 3) Write out my To Do List, including things I have to do and things I want to do
- 4) Help someone else to do a pleasant activity
- 5) Talk to someone about what I have learned
- 6) Practice the relaxation exercise

VII. PREVIEW AND FEEDBACK

Let the group members know that next week you will continue talking about activities. Next week you will talk about how to set and reach goals.

Ask group members whether they would like to do some type of relaxation exercise next week, either the one you did during the session or a new one. If they would like to do either of these, schedule it for next week.

Before ending the group, encourage group members to provide feedback regarding today's session. Questions to encourage discussion are listed below.

- What was helpful about today's session?
- What was not helpful?

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 3

Version 2000: May, 2000

GROUP LEADER SELF EVALUATION FORM: ACTIVITIES 3

INSTRUCTIONS

Content Covered: Rate the degree to which you feel this material was covered (0=not at all, 10=fully covered) If not done this session but done later, when it is done write in the date and rate how well you feel you covered it.

Satisfaction with Teaching: Rate the degree to which you are satisfied with the way you and your co-leader taught the material (0=not at all satisfied, 10=extremely satisfied).

Participant Process: Rate on average the degree to which participants seemed to participate, understand and complete the exercise (0=on average very poor no one understood or no one was able to complete exercise; 10=everyone seemed to understand keypoints and complete the exercise).

	Taught/ Done? (0-10)	Satisfaction with Teaching (0-10)	Participant Process (0-10)
Agenda and Announcements			
Review			
Personal Project Review			
What is keeping me from doing pleasant events			
A: Problem solving			
B: Pacing yourself			
C: Jumpstarting your engine			
D: Pleasure predicting			
A: Seesaw activity			
B: Diversify your pie			
C: Shaping your reality			
Take Home Message			
Personal Project Assigned			
Preview and Feedback			

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 3

Version 2000: May, 2000

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 4

Version 2000: May, 2000

ACTIVITIES 4 -- SETTING GOALS AND SHAPING YOUR REALITY

GOALS FOR LEADERS

- Help participants learn steps that will help them set manageable goals.
- Help participants set their own goals.
- Help participants see how by setting and reaching goals they can shape their reality.
- Review activities module.

MATERIALS NEEDED FOR THIS SESSION

- 1) Pens
- 2) Dry erase board, chalkboard or large sheets of paper to present material to group

- I. Agenda and Announcements
- II. Review
- III. Personal Project Review
- IV. New Material: Setting Goals and Shaping Your Future
- V. Take Home Message
- VI. Feedback and Goodbye to Graduating Group Members
- VII. Personal Project
- VIII. Preview

I. AGENDA & ANNOUNCEMENTS:

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 4

Version 2000: May, 2000

Go over the agenda and ask participants whether they have any topics they would like to add to the agenda. Make any announcements.

Make sure to announce which group members are graduating.

II. REVIEW:

Begin by reviewing the material covered in Activities 3. Use the review to check on how much participants remember from the last session, reinforce what they have learned, and educate group members who were absent last session.

[sample review statement]

Last week we talked about overcoming roadblocks to doing pleasant activities. We also talked about how doing pleasant activities can help us manage problems in life and our external and internal realities. What are some of the things that you remember most from last week?

Elicit material from the participants. It is important to try and understand the extent to which participants understand how doing pleasant activities can help them manage problems in life.

III. PERSONAL PROJECT REVIEW:

Review the personal assigned from the previous session. Check in with participants as to which optional projects they did. While reviewing the personal projects, try to draw a clear connection between how doing activities affected their mood. Try to identify any problems participants may have had with the personal project

WEEKLY PROJECT

- Mood Scale and the number of pleasant events they did each day.
- Think about a goal you would like to set in the future.

OPTIONAL PROJECT

- Do a new pleasant activity.
- Use one of the strategies you learned to overcome a roadblock.
- Write out my To Do List, including things I have to do and things I want to do.
- Think about the different "bank accounts" you have. Make a deposit into two of your accounts.
- Help someone else to do a pleasant activity.
- Talk to someone about what I have learned.
- Practice the relaxation exercise.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 4

Version 2000: May, 2000

IV. NEW MATERIAL

BRIDGE: Introduce this week's material, linking it to material taught in previous sessions.

[sample bridge]

Over the past three weeks we've talked a lot about doing pleasant activities. We talked about how doing pleasant activities can make us feel better and can help us to manage problems in life. Pleasant activities are one type of activity we do. We also do a lot of activities that may or may not be pleasant but that help us get things done. These purposeful activities, or goals, are also important. Today we will be talking about setting reachable goals and its effect on mood.

RELAXATION EXERCISE

[mention this only if they chose to do the relaxation exercise last session]

Before we begin talking about setting reachable goals, let's do the relaxation exercise we committed to doing last week.

Instructions for the relaxation exercise are shown in Activities 2. You can pick any type of relaxation exercise, such as listening to music and relaxing.

1. HOW CAN I SET A REACHABLE GOAL?

Note: The goal setting and goal ladder activities are adapted from the Going for the Goal Program, written by Steven J. Danish, et al., Virginia Commonwealth University, Department of Psychology, 1992.

[sample introduction to this activity]

Now that we're feeling more relaxed, let's talk about how we can set reachable goals and reach them.

Ask the group members to turn to page 82 in their books where the steps to setting reachable goal are outlined.

**Step 1: Figure out what you want to do
 It has to be something that's important to you**

Ask the participants what this line means to them.

Key points for discussion:

- It is helpful to do something you want to do instead of something you don't want to do (e.g. "I want to eat more vegetables" instead of "I don't want to eat junk.")

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 4

Version 2000: May, 2000

- Reaching goals is hard work. It's important that the goal is important to you, so it's worth the work.

Activity : Imagine Your Future or Imagine the Future Past

Have the participants close their eyes and lead them through an imagery exercise.

[sample imagery exercise]

OPTION 1:

In order to set goals, it's good for us to have a picture in our mind of how we see ourselves in the future. Let's do an exercise. Close your eyes if you feel comfortable. If you prefer, keep your eyes open and let them close when you feel comfortable. Let's take a few deep breaths. . . .in. . . .out. . . .in. . . .out. . . .in. . . .out. As you continue to breathe, try to imagine your future. This is the future that you want for yourself. Try to imagine how you would like to see your life. . . .What are you doing? What type of life do you have? Give yourself the time and permission to really see the future that you want.(give the participants some time and then continue) Now while imagining you are still in the future, imagine thinking back on the past, on how you got started improving your life back when you were depressed and coming to group therapy. What did you have to do back then, back in that past that is yet to be, the "future past."

OK, now when you're ready, I'd like you to slowly open your eyes and return to the room. I'd like you to turn to page 84 in your books where you can write about or draw about your future.

Ask them to write or draw what they see on page 84 of their books. When they are done, depending on the time, ask them to share their dreams with the rest of the group, or have them pair up with a partner and discuss their dream. What can they start doing now to increase the chances that their dream will come true.

OPTION 2: CHANGING YOUR "FUTURE PAST"

We can't change what has already happened, but we can use goals to change our future. Let's do an exercise to see what we might want to change in the future. Close your eyes if you feel comfortable. If you prefer, keep your eyes open and let them close when you feel comfortable. Let's take a few deep breaths. . . .in. . . .out. . . .in. . . .out. . . .in. . . .out. As you continue to breathe, try to imagine that it is five years from now. Picture yourself as you might be in five years.and now look back at the last five years.Are there things you are proud of? Are there things you really wish you had done?Are there things you wish you had learned? What do you think you might change?What do you wish you had spent more time on.

Give the participants time to think of these things. Then, when they seem ready. Ask them to open their eyes and write or draw some of their thoughts on page 84 of their books.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 4

Version 2000: May, 2000

This exercise can help us see our future and then change it before it has even happened.. What are some of the things that you might like to change in your future?

Elicit answers from participants. Highlight that they can make goals so that they can change those things that they wanted to change.

**Step 2: If your dream is big, pick a manageable part
This will help you to make a good start**

[sample script]

We have just spent time talking about your dreams. In many cases you have very big dreams. It is wonderful to have dreams, but sometimes dreams are hard to reach because they are an ideal and are so big. It's like reaching for the stars. We will be focusing on two types of dreams: short term dreams and long term dreams.

Let's spend some time now and think about what part of your dream you would like to focus on for now. And let's think about some short term and long terms goals that might be part of that dream.

As an example, select a participant and discuss possible short term goals they might set given their dream, or you can make up an example.

Talk about what we mean by a manageable, reasonable, and realistic goal

- It can be accomplished in a limited amount of time (i.e. 2 weeks).
- It can be done with the money you have.

**Step 3: Pick your goal and nail it down
Stating when, what, how much, where, and how**

In order to understand this step, have the participants look at the statement that are listed in their book on page 82 and discuss why making things specific can be helpful. One key point to make is that when goals are specific, they give you something specific to do, and you know when you have reached your goal because you've done what you said you were going to do.

In this step we make our goal specific. By doing this, we will know exactly what we have to do and when we've done it. Let's see how this might help us. Turn to page 82 in your books. There are a series of statements. Let's see which ones we prefer.

There are many ways to state a goal. Some are more helpful than others. Which of these goals is more specific and lets you know if you have succeeded when you look back some time later?

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 4

Version 2000: May, 2000

1. I am going to start exercising more.
or
Starting Monday, I will exercise 3 times a week.
2. I want to do more pleasant activities.
or
I want to do at least one pleasant activity a day, even a small one that takes less than five minutes.

Step 4: Make sure your goal is something you can control

I can do what I say I'm going to do.
I can also ask, beg, plead or yell,
but I can't make others do anything

Ask participants what this step means. Key points to make include:

- There are many things in life that we can't control. We can't control what other people do.
- Make sure your goal is under your control. For example, you can ask other people or talk to other people, but you can't control their actions.
- If you do what you set out to do, you have reached your goal. However, other people may not behave the way you want them to.

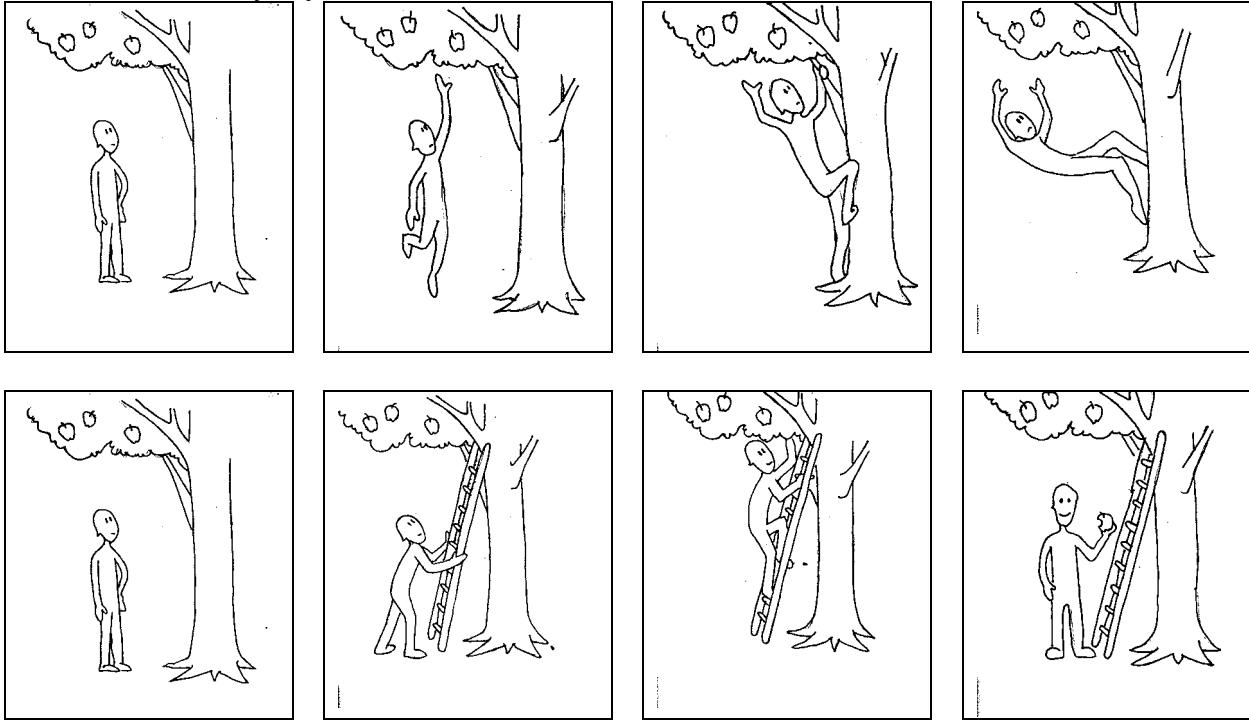
COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 4

Version 2000: May, 2000

Step 5: Break your goal into steps

You can't get to the top of the roof by jumping,
but it's easy if you use a ladder



Discuss this step with participants. Ask them to discuss the picture on page 83 of their books.

Key points to discuss are:

- Goals are often very big and complicated. It can be overwhelming to try to reach them.
- Breaking goals into do-able steps makes it easier, less stressful, more manageable.
- Steps become little goals. They also need to be specific and under our control.
- It's easier to see the progress we are making towards our goal when we have smaller steps.
- The importance of getting help when you can't reach your goal alone.

Step 6: When you reach your goal or a step toward your goal celebrate and reward yourself

Initiate a discussion by asking the following question?

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 4

Version 2000: May, 2000

Why is it important to celebrate and reward yourself when you make progress towards your goal?

Possible points for discussion include:

- Do they remember being rewarded as a child for making progress towards a goal.
 - If so, how did that make them feel?
 - Did that affect how hard they worked next time?
 - Others may not recognize the positive steps we are taking, but we know how hard we have worked.

Note: Some group members may not have had the experience of being rewarded as a child. It may be important to talk about what it might feel like to have that experience now.

ACTIVITY: Helping Someone Set a Reachable Goal

Purpose: The purpose of this activity is to have participants practice using the 6 steps.

OPTION 1: Have one of the leaders role play and ask the group for help with a made up goal. Make sure to make errors (i.e. choosing a goal and then making a step or the whole goal not specific or not under your control), so group members can have the experience of correcting your error.

OPTION 2: Have the group help one of the group members with their goal.

2. WHAT IS MY GOAL?

Have participants get together in groups of 2-3 people and talk about their goals. Have them each pick one short term and one long term goal. Have them write the goal in their books on pages 85-89 and then come up with a goal ladder for one or both. As they do this, leaders should circulate and give each group individual attention.

If you have time, when they are done, ask the participants to share their goals and a couple of the steps on the ladder.

3. HOW DOES SETTING AND REACHING GOALS AFFECT HOW I FEEL?

OPTIONAL TIME PERMITTING

Begin an open ended discussion.

Bring up goals that you have seen participants set and reach and ask them how it felt.

4. HOW CAN I SHAPE MY REALITY BY SETTING GOALS

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 4

Version 2000: May, 2000

Note: Refer to the “future past” imagery exercise, which was one of the options for helping participants to identify a dream in the “How Can I Set a Reachable Goal” section. If you did not do that exercise, you may want to do it now. Talk explicitly about how by setting goals you can change your future. Specific goals are easier to reach than vague goals. Remember the story of the young man who wanted to “be somebody” and was getting nowhere until he realized he’d better be more specific.

Have them read the following statement on page 91 of their books and discuss their reactions.

The past is done. The future is something I can shape.
Changing is hard work. Suffering is hard work. I can decide where I put my energy.

V. TAKE HOME MESSAGE

To feel good, it is helpful to have daily reasons to enjoy life (pleasant, meaningful activities) and something to look forward to (short term and long term goals). These are the best antidotes to the feelings of hopelessness and helplessness that are so common in depression. They will also help you achieve emotional and physical health and a sense of satisfaction with life.

VI. FEEDBACK

As this is the last session of the module, spend time reviewing material from the past 4 sessions.

Use the feedback time to review key concepts, determine what messages group members have learned from the module, and highlight that it is possible to make positive changes in your life.

Possible questions to stimulate discussion include:

1. How have you made changes in what you do since beginning the group?
2. What did you learn about activities that was most helpful, in terms of improving your mood?
3. What did you find least helpful?
4. What message will you take from this module?

It will also be important to discuss with group members who are leaving the group, how their reactions to leaving and what they have learned from the group. Possible questions to ask group members who are leaving include:

1. What did you learn from the group?
2. What are your plans after you leave the group?
3. How will you continue to get support?
4. What do you need to continue your progress in managing your mood?

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 4

Version 2000: May, 2000

5. What will happen the next time you feel that you are becoming depressed?

Allow time so that other group members can also provide feedback to those who are leaving regarding how they feel about their leaving and specific things they have learned from them. Make sure you have prepared something specific to say to each participant who is leaving about their unique contribution to the group and the changes you have seen them make.

VII. PERSONAL PROJECT

WEEKLY PROJECT

1. Do the mood scale
2. Track the number of positive activities you do each day.

OPTIONAL PROJECT

1. Set a goal, fill out the “Goal” sheet, and bring it in next week.
2. Try to do a step on your goal ladder and then reward yourself.
3. Do a new pleasant activity.
4. Talk to someone about what you learned today.
5. Practice the relaxation exercise.

VIII. PREVIEW

Let the group members know that next week you will begin talking about how thoughts affect how we feel, and we will have new group members joining the group.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Activities 4

Version 2000: May, 2000

GROUP LEADER SELF EVALUATION FORM: ACTIVITIES 4

INSTRUCTIONS

Content Covered: Rate the degree to which you feel this material was covered (0=not at all, 10=fully covered) If not done this session but done later, when it is done write in the date and rate how well you feel you covered it.

Satisfaction with Teaching: Rate the degree to which you are satisfied with the way you and your co-leader taught the material (0=not at all satisfied, 10=extremely satisfied).

Participant Process: Rate on average the degree to which participants seemed to participate, understand and complete the exercise (0=on average very poor no one understood or no one was able to complete exercise; 10=everyone seemed to understand keypoints and complete the exercise).

	Taught/ Done? (0-10)	Satisfaction with Teaching (0-10)	Participant Process (0-10)
Agenda and Announcements			
Review			
Personal Project Review			
Reachable Goal: Step 1			
Reachable Goal: Step 2			
Reachable Goal: Step 3			
Reachable Goal: Step 4			
Reachable Goal: Step 5			
Reachable Goal: Step 6			
Set own goal			
How can I shape my reality by setting goals.			
Feedback			
Personal Project Assigned			
Preview			

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: People 1

Version 2000: May, 2000

PURPOSE AND OVERVIEW OF PEOPLE CONTACTS MODULE

Recommended Readings for Instructors:

Wolpe 1958, Lazarus 1966, Klerman et al 1984,

The People's module is an integration of CBT and Interpersonal Therapy (IPT). It uses cognitive behavioral methods to identify four key issues identified by IPT: 1) grief; 2) role transitions; 3) role disputes, and 4) interpersonal deficits. The module addresses the reciprocal relationship between depression and interpersonal problems. Although CBT and IPT are rooted in different theoretical models, social learning theory and attachment theory respectively, there are many similarities in the ways that the models target depression. Both models provide psychoeducation to patients regarding the symptoms of depression and emphasize that depression can be alleviated when interpersonal problems are targeted. CBT and IPT identify the reciprocal relationship between interpersonal problems and depression; interpersonal problems cause depression and depression causes interpersonal problems. The goals of the People module include: 1) to present the rationale for increasing the quantity of positive social contacts, 2) to teach communication skills as a way to improve the quality of interpersonal relationships, and 3) to facilitate the resolution of interpersonal problems as a way to manage mood and prevent relapse.

People with depression often complain of relationship problems, including low tolerance for social contacts, increased sensitivity to criticism, conflict in interpersonal relationships, and increased irritability. IPT proposes that relationship problems in the four areas mentioned above trigger depression. Once depressed, people may avoid and/or significantly reduce social contacts. As their social support decreases, they may become increasingly depressed. The socially isolated individual may tend to engage in harmful, negative thinking, without feedback from the environment, which in turn contributes to depression. In order to break the cycle of depression, it is important to collaboratively explore specific interpersonal problems and teach social skills, including assertive communication to help resolve interpersonal problems.

People with depression may have a history of negative social experiences, which may make it difficult for them to increase and improve social contacts. The group format can offer group members an in-vivo experience to dispute unhelpful beliefs and negative expectations about contacts with people that contribute to persistent distrust and avoidance of social contacts. In addition, group members can learn assertiveness skills that may help them address interpersonal deficits and increase their self confidence when interacting with others. Therapists acknowledge that patients do not have control over the way that others relate to the patient. However, patients have choices about how they want to respond to others when alternatives are presented and assertive communication is an option.

The first session of the People module (People 1) has several purposes: 1) to discuss the connection between mood and contacts with people; 2) to identify the strengths and deficits of group members' current support systems; 3) to identify the interpersonal relationship problem area each group member would like to target (i.e. grief, role transition, role dispute, interpersonal deficits), and 4) to recognize the group as a potential source of support and a new social experience.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: People 1

Version 2000: May, 2000

The purpose of the 2nd session (People 2) is: 1) to review the relationship between mood and social contacts; 2) to further explore and clarify the interpersonal relationship problem areas that group members have selected; 3) to introduce specific communication skills, including active listening, as a way to improve interpersonal relationships, and 4) to reinforce the importance of engaging in positive activities with others as a positive strategy to manage mood.

People 3: The purpose of the session is: 1) to further explore the interpersonal problem areas that group members have selected; 2) to introduce additional communication skills, including assertiveness and making positive requests, as a means of improving relationships, and 3) to examine obstacles to assertiveness, including fear of harm as in the case of domestic violence or emotional abuse.

People 4: The purpose of the session is: 1) to review the connection between communication styles (passive, aggressive, and assertive) and mood; 2) to explore additional obstacles to improving relationships, including fear of confrontation or rigid relationship rules; 3) to introduce the concepts of balance and flexibility in the application of relationship guidelines, and 4) to reinforce the idea that one can make positive choices about one's behavior and one's relationships as a way to manage mood.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: People 1

Version 2000: May, 2000

PEOPLE 1-- CONTACTS WITH PEOPLE AND MOOD

GOALS FOR LEADERS

- Welcome new participants.
- Review group rules.
- Have participants and group leaders introduce themselves.
- Review the cognitive behavioral treatment model.
- Provide psychoeducation regarding the reciprocal nature of interpersonal problems and depression.
- Identify participants' current support system.
- Have each participant identify one or more interpersonal relationship problem areas that contribute to the individual's depression.
- Identify members of the group who will be graduating at the end of this module and begin the termination process.

MATERIALS NEEDED FOR THIS SESSION

- 1) Pens
- 2) Dry erase board, chalkboard or large sheets of paper to present material to group
- 3) CES-D copies

SESSION OUTLINE

- I. Welcome
- II. Agenda and Announcements
- III. Group Rules
- IV. Introductions
- V. What is Depression?
- VI. Review of the Model
- VII. New Material: Interpersonal Relationships and Depression
- VIII. Take Home Message
- IX. Personal Project
- X. Feedback and Preview

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: People 1

Version 2000: May, 2000

I. WELCOME

II. AGENDA AND ANNOUNCEMENTS

Identify those group members who will be graduating at the end of the module.

III. GROUP RULES

IV. INTRODUCTIONS

V. REVIEW THE SYMPTOMS OF DEPRESSION

VI. REVIEW THE TREATMENT MODEL

These sections are covered in the introduction section of the Lecture Notes for Instructors.

VII. NEW MATERIAL

1. INTERPERSONAL RELATIONSHIPS AND DEPRESSION

In this section ask participants to talk about the relationship between interpersonal relationships and depression.

ACTIVITY: DIAGRAMMING THE RELATIONSHIP

[sample introduction to this section]

Over the next 4 weeks we will be talking about how our relationships with others affect our mood. Let's begin by talking about the connection between mood and contacts with others.

This section is covered on page 95 in the participants' books. Write the words "depression" and "contacts with others": on the board (see below).

Use the following questions or similar questions to begin a group discussion regarding how depression affects contacts. Write their answers on the board (see example below).

- What kind of people contacts do you have when you are depressed?
- How does your depression affect your contacts with people?

Key points to address include that when people are depressed they often:

- Have less contact with others, avoid others
- Have lower tolerance, feel more irritable
- Feel more uncomfortable around people
- Act quieter and be less talkative
- Be more sensitive to being ignored, criticized or rejected
- Trust others less

Summarize what participants have said and then begin a discussion about how a lack of contacts or negative contacts can affect mood. You can use the following questions to elicit answers from the group. Again, write their answers on the board (see example below).

- When you isolate yourself from others how does that affect your mood?
- How does having more conflict or tension with others affect your mood?

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

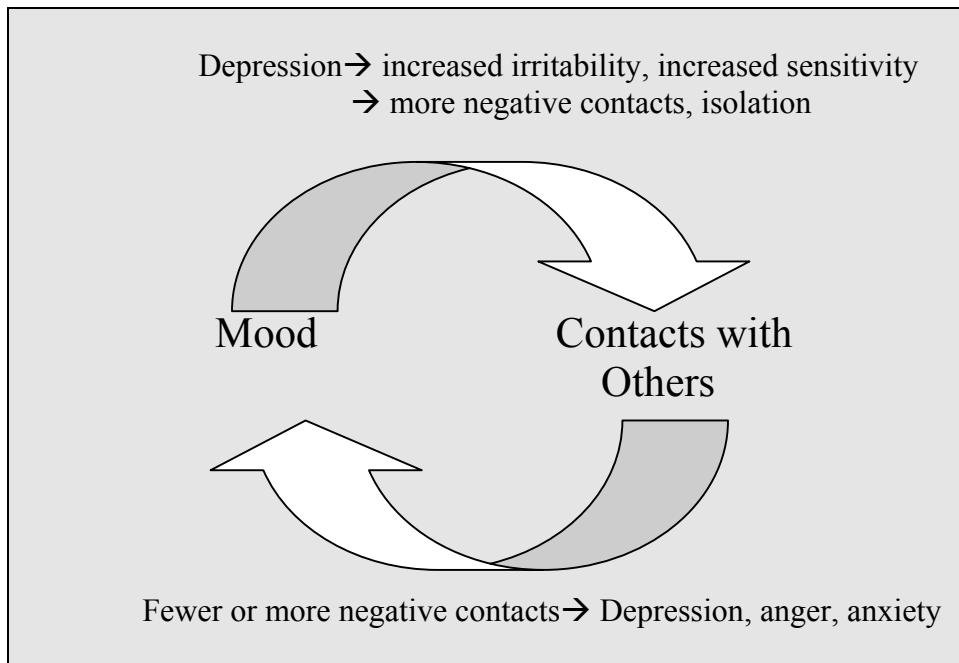
Part I: Lecture Notes for Instructors: People 1

Version 2000: May, 2000

Key points to address include that when people have fewer positive contacts or more negative contacts they may:

- Feel alone
- Feel sad
- Feel angry
- Feel like no one cares
- Be more depressed

[sample board]



Summarize what you have learned.

So we can see that the relationship between depression and contacts with others is reciprocal, that is, it goes both ways. When we are depressed, we often have fewer or more negative contacts because we don't feel like being around others, we may be more sensitive to others' comments, or we may be more irritable. When we have fewer contacts and/or negative contacts with others, this also adds to our depression. So when we are depressed we can be caught in a vicious circle. We will be talking about how we can break this pattern.

Ask the following question and elicit participants' responses.

A lot of people wonder whether depression cause people to be less sociable or being less sociable cause depression? What do you think?

Through group discussion elicit the following point:

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: People 1

Version 2000: May, 2000

The answer is probably both. When we feel down, we are less likely to socialize. But not having contact with people can take away from us a good source of support, and we become more depressed. When we feel more depressed, we do even fewer things with people. This cycle continues until we are so depressed that we spend much of our time feeling alone.

ACTIVITY: DEPRESSION CHAIN

Earlier we described depression as a downward spiral. Life or relationship problems can cause us to enter the spiral. These problems cause changes in our feelings, thoughts, actions, and contacts with others. As we talk about how our contacts with others affect our mood, it will be important for us to continue to pay attention to our thoughts and our behaviors.

If you turn to page 96 in your books, there is an example that shows the relationships among life problems, feelings, thoughts, behaviors, and our contacts with people.

Go over the example. Then encourage participants to complete their own depression chain. Encourage them to identify a relationship problem that might affect their feelings, thoughts, actions, and contacts with others. You may choose to have participants share their depression chains in group or in pairs.

Exercise:

Life or Relationship Problem≡	Feelings≡	Thoughts≡	Actions≡	Contacts with People
Examples: #1 illness #2 -loss of an important person in your life.	sadness, depression	“I am alone.”	stay in bed	avoid social contacts or easily upset with others
Your example:				

ACTIVITY: BREAKING THE CYCLE

Begin a discussion about how group members might break the circle between depression and less/negative contacts with others. Brainstorm possible ways to break the cycle. As they identify different ways, write them on the board. Refer to page 96 in their books.

Possible questions you might use to elicit discussion are included below:

- How can we break the cycle?
- What did you learn in other modules that you could use to improve your mood?
- How does having a good talk or a good time with someone help your mood?

2. WHY ARE RELATIONSHIPS IMPORTANT?

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: People 1

Version 2000: May, 2000

We have talked about the connection between depression and negative contacts with others.

Now we want to talk about how having positive contacts with others can affect our mood. When we have positive people in our lives, we have a good source of support. This helps us to handle tough life problems and manage our mood. We also have people that we can do fun things with, which will also help us to improve our mood.

OPTION 1: VISUALIZE PEOPLE

Let's do an exercise to really see how our contacts with others can affect us.

Go through the steps written below. Pause between the steps to give the people time to visualize the person.

Caution: Before doing this exercise, it is important to familiarize yourself with group members' individual histories. Those who have significant trauma histories may have problems with step 2. They may flood or break down during group in a way that is countertherapeutic for that individual and for other group members. Some people who have recently lost a loved one may choose to focus on that person for steps 1 and 3. This can also alter the process of this exercise. You may decide that it is wise to structure group members by helping them to first identify people they will focus on for the different steps.

Step 1: With your eyes open or closed, visualize a person that you had a good time with in the last week or month.
Notice your mood. What thought is going through your mind? How is your body reacting?

Step 2: Visualize a person who bugged or annoyed you in the last week or month.
Notice your mood or how you feel. What are you thinking? How is your body reacting?

Step 3: Again visualize the person with whom you shared a positive activity.
Does your mood change?

At the end of the exercise elicit a discussion around what it was like to do the exercise. Possible questions to elicit group discussion are below:

- As you thought about the person you liked what types of changes did you notice in your mood?
- As you thought about the person you liked what changes did you notice in your body?
- How did your mood change when you thought about the person who makes you uncomfortable?
- Did your body change when you thought about the person who makes you uncomfortable?

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: People 1

Version 2000: May, 2000

Key points to make include that:

- People contacts can have either positive or negative effects on mood, thoughts, behaviors, and physiological reactions.
- We can make choices about who we spend time with and for how long.

OPTION 2: THE CHAINING ACTIVITY

[sample introduction to the activity]

I would like to do a group activity that we call the “Chaining Activity.” The purpose of this activity is to show how our contacts with others affect how we feel. First, let's take a neutral statement, a statement of fact.

You may need to educate group members as to what a statement of fact is. It can be the statement at the top of a depressive spiral. Some examples are: 1) it is raining; 2) I have diabetes; 3) I have no energy. Statements of fact related to contacts with others include: 1) My medical appointment was 15 minutes long, and 2) I do not have contact with my family.

Quickly draw the mood scale on the board. Explain the mood scale or have a veteran explain the mood scale to new members. Write the statement of fact on the line next to the 5. You can brainstorm statements of fact with group members, write them all down on the line representing a mood of 5, and have the group pick one statement of fact for the exercise.

Instruct group members that you now want them to think of contacts they might have with others, given the statement of fact, that would make them spiral down. They can also think about how avoiding contact with others might cause them to spiral down. Ask them to spiral down in stages. So first, you would like someone to suggest a contact or a way they might avoid a contact that would lead them to a mood of about a 4 and then a 3 and then a 2 and then a 1. Let participants know that on page 98 of their books there is a worksheet where they can write down the exercise.

So now what I'd like you to do is to think about a contact you might have with someone or maybe a contact that you might avoid that would bring you down to a mood of a 4. What would bring you down just one step?

Elicit answers from the group. If the answer seems too drastic, ask group members whether they would rate that as a 4 or perhaps lower. Then place the item where the group feels it belongs. If someone in the group gives you a thought, write it down, and then ask how they might act with others if they had a thought like that. Write down the way this would affect their contacts with others next to the thought.

Now what would be an example that would bring us down to a 3?

Repeat for moods of 2 and 1.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: People 1

Version 2000: May, 2000

Once participants have done this, ask them how they are feeling after doing this part of the exercise. Process what it is like for them to think about how their contacts can affect how they feel. Process how their mood may have changed by just doing the exercise.

Next, have the participants go back to the statement of fact and now think of contacts with others that would lead them to spiral up, one step at a time.

Now, let's return to the statement of fact (repeat statement). What's a contact you might have with someone that might make our mood become a 6?

Repeat the process for moods up to 9. It is important to tell group members that when we are spiraling up, we may never really get to a 9 but that we are trying to think of things that will make us progressively feel better. After they are done, again process their thoughts about how having positive, supportive, healthy contacts can make them feel better and how their mood may have changed by doing this part of the exercise.

(A sample chaining exercise is shown in the Activities 2 session. The example focuses on activities.)

SUMMARY: SO HOW DO OUR CONTACTS WITH OTHERS AFFECT HOW WE FEEL?

At the end of the exercise elicit from the group the links they see between contacts with people and mood. Try to cover the following points:

- I can choose who I will spend time with and how much time I will spend with them.
- Negative contacts or having fewer contacts can make my mood worse.
- I can spend time with people who are positive, helpful, and healthy.
- When people have positive contacts with others, they are more likely to have positive thoughts about themselves and about their lives.
- Positive contacts with people can improve my mood.

Other topics to consider include:

- 1) how these examples apply to their own lives.
- 2) how events tend to chain, meaning when you have a positive contact with someone, you may be more likely to have more contact with them. For example, you might go for a walk with someone and then suggest that later in the week you watch a movie together.
- 4) Discussing internal and external reality - When we have contacts with others we change our external reality. As you change your external reality, you also change your internal reality (your thoughts).

3. YOUR SOCIAL SUPPORT SYSTEM

We've talked a lot about the importance of contacts with others in managing mood problems.

Now let's talk about the people who are in your social support system.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: People 1

Version 2000: May, 2000

By social support system we mean the people who are close to you and with whom you share moments of your life, both positive, negative. This includes your family, friends, neighbors, co-workers, health providers. In general, the stronger your support system, the better you will be able to face tough situations.

OPTION 1: IDENTIFYING SUPPORTIVE PEOPLE

Ask participants to turn to page 99 in their books. Ask them to identify those people who are supportive of them and help them manage daily life stress and relationship problems. They can write the names of the people down in their books.

OPTION 2: PEOPLE IN MY LIFE AND THE WAYS THEY SUPPORT ME

(Adapted from Brugha's Preparing for Parenthood manual, 1998)

PURPOSE: The purpose of this exercise is to assess members' current support networks. Ask group members to turn to page 100 in their books.

This page is divided into 4 squares. Each square represents a certain kind of support that a person might give you. As we go through them, think of the people in your life who might provide these different types of support. If you can't think of anyone who helps you in this way, put down a question mark. This exercise will help us understand where we have support and where we maybe need more support.

Go through the squares on page 100. Help the participants to fill them out. The same person can be in more than one square.

PRACTICAL SUPPORT Whom will you ask to: -drive you to the hospital -call to lend you something you need.	ADVICE OR INFORMATION Whom will you ask for advice: -when you don't feel well -when you don't understand how to do something.
COMPANIONSHIP Who will: -walk around the park with you? -spend the afternoon with you? -share your joys with you?	EMOTIONAL SUPPORT Whom will you look to for: -encouragement? -understanding? -sharing your feelings? -helping you feel less depressed?

After completing the sheet, ask participants to look at their sheets. Begin a discussion about their sheets. You can use the following questions.

- What do they notice?
 - How many people did they think of?
 - Were they mainly friends/family/professionals?
- Where is there plenty of support?
- Where are the gaps? In which areas?
- Who gets a lot of mentions? (identify risks of relying too much on one person).

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: People 1

Version 2000: May, 2000

Identify areas that members feel are fine and areas they would like to change and develop. Mention that you will be talking about how to make changes in their support network.

OPTION 3: MY SOCIAL SUPPORT NETWORK (CIRCLE DIAGRAM)

PURPOSE: The purpose of this exercise is to assess members' current support system.

Have group members turn to page 101 in their books. It may be useful to do the diagram on the board. Go through the instructions and make sure that they understand the different categories.

Have group members complete their diagram. In the past, group members have also included God, their ministers their health care providers, group members, and their pets in their diagrams.

Important points to make include:

- Different people have different support needs. Some people only need 1 or 2 people in the “people who are closest to me” category. (Quantity vs. quality issue)
- It's important to have people in all the different categories. For example, even though someone may not be a “close friend,” we can still have fun going out with them.
- Often just seeing acquaintances, like the clerk at the grocery store, can improve our mood.
- People do not always remain in the category. For example, someone who was in the “friend” category can become a “close friend” and someone who was once “closest to me” may one day be a “friend.”

4. MEETING PEOPLE AND MAKING YOUR SUPPORT SYSTEM LARGER AND STRONGER

NOTE: Group members who have repeatedly experienced betrayal may distrust others and state that they avoid or minimize contact with others. They may also perceive others intentions as malevolent, especially in the case of those with paranoid traits. It is essential to first acknowledge their experience and validate fears about increasing contacts with people. Next, the group leader can provide the rationale for identifying and improving one's support system. For example, the group leader may choose to examine the person's thoughts to see if he/she is overgeneralizing negative past experiences or ignoring positive experiences. The group leader may also highlight how the situation one finds oneself in now differs from the situation in which the betrayal took place.

PURPOSE: To discuss ways that people can make their social support system stronger. Depression has been associated with low social support (site). Therefore, encouraging the formation of new relationships and increasing social contacts is essential to reducing patient's depression.

One way to make your social support network stronger is to meet new people but doing this is not always easily, especially when you're depressed. Let's talk some good ways to meet new people.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: People 1

Version 2000: May, 2000

Have participants turn to page 102 in their book and go over the page.

- a. The easiest way to meet people is to do something that you like doing and doing it in the company of other people.
- b. Even if you don't find anyone in particular whom you would like to get to know better, you will still have been doing something pleasant and you will be less likely to feel that you wasted your time.
- c. Since the main focus is the activity you are doing, and not just meeting others, there will be less pressure on you than in a setting where the whole purpose is to meet people.

ACTIVITY

As a group brainstorm to identify activities and places where you can meet people. Identify places that are in the area and activities that are free.

- Church
- Hiking groups
- Fishing peer
- Volunteer activities (like the SPCA [Society for Protection of Cruelty Against Animals], working the phones for radio station pledge weeks)

5. THE GROUP AS SUPPORT

Begin a discussion regarding how the group can act as a source of support.

We have been talking about increasing our social support. Did you notice that by coming here and talking today we have increased our social support? People have provided others with advice and emotional support. Coming to the group is one good way to begin getting more social support.

- How has it been helpful to be in the group and interact with others today?
- What fears or concerns do you have about the group?

6. IDENTIFICATION OF INTERPERSONAL PROBLEM AREAS

PURPOSE: To identify interpersonal problem areas that may contribute to or cause depression. These problem areas were identified by those who developed Interpersonal Psychotherapy (IPT; Klerman, 1984).

[sample introduction to this section]

Over the next 3 weeks, we will continue talking about how our contacts with others can affect our mood. There is a kind of therapy called Interpersonal Psychotherapy that focuses specifically on how problems in relationships are linked to depression. There are four main interpersonal problem areas that can affect mood. Let's go over those areas and see which areas apply to your lives.

Have the participants turn to page 103 in their books and go over the 4 categories.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: People 1

Version 2000: May, 2000

- a. **GRIEF OR LOSS:** Have you experienced a significant loss of someone important to you?

Grief and mourning following the death of a loved one is not unusual. However, when grief involves feelings of low self-esteem, worthlessness, guilt, or shame, and lasts a long time, the grieving individual is at risk for developing clinical depression.

Treatment for grief involves helping the person to think about the loss and explore the sequence of events prior to, during, and after the person's death. Treatment also focuses on exploring positive and negative feelings associated with the loss and eventually establishing new interests and new relationships.

- b. **ROLE CHANGE OR TRANSITION:** Have you had to make major life changes due to a medical illness or unemployment, or immigrating to the United States?

Treatment for role transition validates the loss of an old role and facilitates restoring the group member's self esteem by exploring opportunities in the new role despite the difficulties. Treatment also focuses on helping the group member develop social contacts that would support the him/her in the development of new skills helpful to his/her new role.

- c. **ROLE DISAGREEMENTS OR DISPUTES:** Have you had disagreements with others about how to act or feel in the relationship?

Treatment for role disputes identifies conflicts in relationships and determines the stage of dispute (i.e., a relationship needing renegotiation, a relationship that may be at an impasse, or a relationship headed towards dissolution). Treatment also helps the patients examine their expectations, values, and wishes regarding the conflict and consider their options in dealing with the problem.

- d. **NEED TO WORK ON PEOPLE SKILLS:** Are there skills that you would like to learn or ways that you would like to change in order to improve your relationships? For example, decrease your irritability, or set limits so that others do not take advantage of you.

Treatment for interpersonal deficits first seeks to reduce social isolation, improve communication skills, and explore repetitive maladaptive patterns in relationships.

After going through the categories and making sure they are clear, have participants select 1 category that they would like to focus on while in the group. Have them complete the grid on the bottom of page 104 of their books (See below)

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: People 1

Version 2000: May, 2000

INTERPERSONAL RELATIONSHIP PROBLEM	YES check if it applies to you	Degree it has affected you (0-10) 0=not at all 5=moderately 10=severely
1. Grief or loss		
2. Role change or transition		
3. Role disagreements or disputes		
4. Improve my people skills		

Which of these problems areas apply to you? What would you like to focus on while in the group?

In order to tailor the group to the individual, have each group member select one problem area that contributes to his/her depression. You (the group leader) will focus on the specific problem area with the individual throughout the People Module and will integrate the interpersonal focus problem in other modules as well. For the remainder of the People Module, you may choose to focus only on those interpersonal relationship problems that apply to the group members participating in the group.

Write down each participant's interpersonal focus area on the checklist provided at the end of this session.

Note: Most participants will choose to focus on the area that is causing the most problems. Others may choose to focus on another area where they feel they need group support to make changes in that area.

VIII. TAKE HOME MESSAGE:

Relationships with people can make our mood better or worse.

The goal of therapy is to feel better, both while being alone AND while with others.

IX. PERSONAL PROJECT

Homework rationale: We ask participants to count the number of helpful and harmful contacts each day to: 1) make the connection between mood and contacts with others clearer to them, and 2) to begin identifying the quantity and quality of participants' relationships.

WEEKLY PROJECT

- 1) Continue tracking mood using the quick mood scale (see next page).
- 2) Count the number of positive contacts you have each day (see next page).
- 3) Count the number of negative contacts you have each day (see next page).

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: People 1

Version 2000: May, 2000

OPTIONAL PROJECT (do the following activity if you want)

- 1) Do something to make your support system stronger.

X. PREVIEW AND FEEDBACK

Let the participants know that next week you will continue talking about the interpersonal problem areas. You will be talking about how to reduce depression and improve mood by focusing on improving or resolving interpersonal relationship problems.

Congratulate group members for attending the group and acknowledge that coming to group is a big step in improving their mood.

Before ending the group, encourage group members to provide feedback regarding today's session. Questions to encourage discussion are listed below.

- What was helpful about today's session?
- What was not helpful?
- What suggestions do you have to improve your therapy?

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: People 1

Version 2000: May, 2000

GROUP LEADER SELF EVALUATION FORM: PEOPLE 1

INSTRUCTIONS

Content Covered: Rate the degree to which you feel this material was covered (0=not at all, 10=fully covered) If not done this session but done later, when it is done write in the date and rate how well you feel you covered it.

Satisfaction with Teaching: Rate the degree to which you are satisfied with the way you and your co-leader taught the material (0=not at all satisfied, 10=extremely satisfied).

Participant Process: Rate on average the degree to which participants seemed to participate, understand and complete the exercise (0=on average very poor no one understood or no one was able to complete exercise; 10=everyone seemed to understand keypoints and complete the exercise).

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: People 1

Version 2000: May, 2000

	Taught/ Done? (0-10)	Satisfaction with Teaching (0-10)	Participant Process (0-10)
Welcome	_____	_____	_____
Hand out CES-D	_____	_____	_____
Group rules	_____	_____	_____
Introductions	_____	_____	_____
Review of symptoms of depression	_____	_____	_____
Review of CBT treatment model	_____	_____	_____
New Material	_____	_____	_____
1. Interpersonal relationships and depression	_____	_____	_____
2. Why are relationships important	_____	_____	_____
Option 1: visualization	_____	_____	_____
Option 2: chaining activity	_____	_____	_____
3. Your social support system: activity:	_____	_____	_____
4. Meeting people and making your support system larger and stronger	_____	_____	_____
5. The group as support	_____	_____	_____
6. Identification of Interpersonal problem areas	_____	_____	_____
Take Home Message	_____	_____	_____
Personal Project Assigned	_____	_____	_____
Preview and Feedback	_____	_____	_____
Notes:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: People 2

Version 2000: May, 2000

PEOPLE 2 -- INTERPERSONAL RELATIONSHIP PROBLEMS AND FEELINGS, THOUGHTS, AND BEHAVIORS

GOALS FOR LEADERS

- Review the reciprocal nature between mood and interpersonal relationships.
- Explore feelings and thoughts related to group members' interpersonal problem focus area(s).
- Introduce and practice communication skills.
- Highlight the notion of Choice: we can choose the people with whom we will be and what we will do with them. Make choices that improve mood.

MATERIALS NEEDED FOR THIS SESSION

- 1) Pens
- 2) Dry erase board, chalkboard or large sheets of paper to present material to group

SESSION OUTLINE

- I. Announcements and Agenda
- II. Review
- III. Personal Project Review
- IV. New Material: The Connection Between
Interpersonal Relationship Problems and Feelings,
Thoughts, and Behaviors
- V. Take Home Message
- VI. Personal Project
- VII. Feedback and Preview

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: People 2

Version 2000: May, 2000

I. AGENDA AND ANNOUNCEMENTS

Go over the agenda and ask participants whether they have any topics they would like to add to the agenda. Make any announcements.

II. REVIEW

Review the material covered in People 1. Use the review to check on how much participants remember from the last session, reinforce what they have learned, and educate group members who were absent last session.

[sample review statement]

Last week we welcomed new group members, we introduced ourselves, and we began talking about the cognitive behavioral treatment model. We also began talking about the relationship between contacts with others and how we feel. What are some of the things that you remember most from last week?

Elicit responses from the participants.

Make sure that you review the reciprocal relationship between depression and contacts with people. If necessary, ask participants how depression affects their desire to interact with others and then ask how negative interactions or a lack of interactions affects their mood. Go over the diagram found on the top of page 108 of their books and have a group member read the statement shown on the top of that page.

“Depression can cause people to have fewer positive contacts with others and fewer contacts with people can cause people to be depressed.”

Interpersonal Relationship Problem Area

Ask participants to identify the interpersonal relationship problem that they identified as the focus of the therapy. Patients can refresh their memory using the table on page 108. For those participants who were not here last week, quickly review the 4 problem areas and help them to identify the one that they would like to work on. Those 4 problem areas are discussed in detail on pages 92 and 93 in the leader manual.

It is important to confirm the Interpersonal Relationship problem(s) and goal(s) identified by each participant in the previous session as you will be working on these problems and goals this session.

III. PERSONAL PROJECT REVIEW

Review the homework from the previous session.

WEEKLY PROJECT

- Mood scale
- Track the number of positive and negative contacts they had each day.

OPTIONAL PROJECT

Find out which optional personal project participants did and review what they learned from doing the project.

- What they did to make their support system stronger?

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: People 2

Version 2000: May, 2000

IV. NEW MATERIAL

BRIDGE: Introduce this week's material, linking it to material taught in previous sessions.

[sample bridge]

As we mentioned last week, we are going to spend the next three weeks, including today talking about making changes in our interpersonal relationship problem areas. Today we will begin focusing on the areas that you have selected.

1. IDENTIFYING FEELINGS, THOUGHTS, BEHAVIORS, AND PHYSICAL REACTIONS CONNECTED TO INTERPERSONAL RELATIONSHIP PROBLEMS

PURPOSE: To highlight the connection between feelings, thoughts, behaviors, physical reactions, and interpersonal relationship problems

[sample introduction to this section]

Last session you identified interpersonal relationship problem areas.

Make specific references to problem areas group members selected.

This session we will begin talking about how to make changes in these problem areas. As we begin talking about making changes, it will be important to remember that when we have problems with interpersonal relationships, this affects our thoughts, our behaviors, our body, and ultimately our mood.

Go over the diagram on page 109 and discuss this diagram.

You can use the following questions to begin a discussion.

- How do you think your interpersonal relationship problem affects what you do?
- How do you think your interpersonal relationship problem affects how you think?
- How do you think your interpersonal relationship problem affects how you feel physically?
- How do you think your interpersonal relationship problem affects your mood?
- Over the past week, what were your feelings, thoughts, and physical reactions about your relationship problem?
- Over the past week did you behave in any ways that were unhelpful because of your relationship problem?
- Over the past week did you make any changes in how you behaved related to your relationship problem?

2. FOCUSING ON SPECIFIC INTERPERSONAL RELATIONSHIP PROBLEM AREAS

Note: You may choose to focus only on those areas that are pertinent to group members.

The worksheets contain more information than can be covered in one session. You can choose which particular questions to focus on given the characteristics of the individuals in the group. Group members can complete the worksheets at home should they desire. You may also choose to spread the material for a particular interpersonal problem over two or more sessions. Some participants may need more extensive exploration of their thoughts and feelings regarding an

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: People 2

Version 2000: May, 2000

interpersonal problem before they are ready to begin thinking about how they can make changes. Trying to encourage them to make changes in the same session that they are exploring their feelings may not allow them the time they need to process their thoughts and feelings. It is important to emphasize to group members that change is a process and that group members may be at different points in the process for different interpersonal problems.

Depending on the size of the group, you may choose to have participants spend a few minutes writing down their thoughts before beginning a discussion with the whole group.

A. LOSS AND GRIEF

PURPOSE: To help group members who have experienced a loss process their thoughts and feelings about the loss and think about healthy ways to react and ways to obtain support.

When participants are grieving, it is important to understand the circumstances of the death (the events that occurred before and after the death), the way the participant remembers the deceased person, and how they understand the person's death, and the role they believe they played in their death.

Have participants turn to page 110 in their book and go through the questions on that page.

1. Thoughts:

What are your memories of this important person?

Pleasant memories?

Unpleasant memories

Help participants identify specific thoughts they may have about losing the significant person. It is important that they explore both positive and negative feelings as individuals with problems with loss and grief often avoid thinking about the complexities of their prior relationship.

Help participants identify specific thoughts they may have about the loss that may cause them to feel depressed.

2. Behaviors:

How have you changed what you do after losing this person?

What can you **DO** this week to help manage the sadness?

(This does not mean forgetting the person. It means feeling the grief deeply but continuing to live life without clinical depression.)

3. People:

How have your relationships with others changed since you experienced this loss?

Whom do you think you could reach out to for support?

4. Health:

How has your health changed since you experienced this loss?

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: People 2

Version 2000: May, 2000

How do you think you might better manage your health even while grieving?

If you lived with this person, has this loss changed your eating, sleeping or exercise patterns? How could you return them to a healthy state?

EXERCISE:

Begin a group discussion where other group members share how they have managed grief and intense sadness. Talk about how they managed to take care of their emotional and physical health even while grieving.

(Examples of ways to manage grief include: using support of family or friends, going through rituals or cultural customs.)

Group discussion of the process of grieving can be validating, supportive and a reality check to the participant who has identified an abnormal grief response as his/her interpersonal problem.

Using the Management of Reality Approach

Encourage group members to think about how they might manage their reality, using the following exercise.

How could you mold your new reality, now that your loved one is no longer in your life so that you could live a healthy, fulfilling life?

Remember that the loved one you have lost would not want you to live a depressed life. How can you help their good wishes become a reality?

B. ADAPTING TO ROLE CHANGES OR TRANSITIONS

Have participants turn to page 112 in their books and go through the exercises shown there.

First have them identify the role change or role transition that they feel is linked to their depression. Participants often go through several transitions at one time point. For example, a participant who is unable to work due to a health problem may find that affects their role as “worker” as “husband,” and as “father.” It is important that they understand how all of these changes impact their mood.

Feelings:

- Help participants to identify their feelings about the changes.
- Validate feelings of anger, guilt, loss, and frustration.
- Highlight that it is common to have many different and often conflicting feelings regarding changes.

A Reality Management Approach:

Encourage participants to think about molding their reality. Let them know that they can adapt to the changes by first examining their thoughts, behaviors, and contacts with others and then making changes in these areas.

Thoughts:

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: People 2

Version 2000: May, 2000

- Help participants identify thoughts related to the changes.
- Focus on thoughts that are related to feelings identified above in the feeling section.
- Help participants to talk about their old role and identify both positive and negative aspects of the old role.
- Help participants about changes they could make so that they could begin to shape their reality and make it into something that they would desire.

Behaviors:

- Help participants think of things they can do to adapt to these changes. Ways they can cope.
- Explore with them whether there are new skills that they need to learn to adapt better to the new role.

People:

Help participants identify people who can help them to adapt to these changes either by providing them with emotional support (listening, hugging, caring), advice, or instrumental support (teaching them skills, giving them tangible help).

EXERCISE:

Begin a group discussion regarding how other group members handled major changes in life. Points for discussion:

- Changes people have experienced (emphasize when others have experienced similar changes as the group member who has identified role change as a problem)
- What kinds of thoughts helped them to manage the changes?
- What did they do to better manage the changes?
- How did they get help?
- Think about your own situation, what would be the best outcome for you in this situation? How could you increase the chance that things will turn out this way?

C. DISAGREEMENTS OR ROLE DISPUTES

Note: ENSURING SAFETY

The therapist should assess the nature of the interpersonal relationship dispute as well as the stage of the dispute, i.e., renegotiable, impasse, or non-reciprocal and/or possible dissolution.

It is important to emphasize that safety is the #1 priority. There is a series of questions on page 114 of the participant manual regarding group member safety. Participants may share incidents of physical, sexual, or emotional abuse. While doing the exercises and reviewing the personal project it is important to assess explicitly for domestic violence, which the participant may have minimized at the initial evaluation. If domestic violence is suspected, the group leader must take active problem solving steps to increase the participant's safety. Crisis intervention may be necessary to help the patient develop a "safety" or "exit" plan in the event of escalating violence in the home.

First help the participant to identify the dispute.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: People 2

Version 2000: May, 2000

- With whom do they have this problem?
- What conflict or dispute do they feel is contributing to their depression?

1. Thoughts:

Help participants identify specific thoughts they have had about the conflicts they had over the past week.

How does the conflict affect the way they view:

- themselves
 - their relationship with the person with whom they have the problem
 - their relationship with other people who are not involved
 - the world
-
- What are their values and expectations regarding the problem?
 - What are the other person's values and expectations regarding the problem?
 - What are their values and expectations regarding their role in this relationship?
 - What are the other person's values and expectations regarding his or her role in this relationship?

As participants go through these questions, group leaders can assess and help the participant assess the stage of the dispute. Differences in values and expectations may provide useful information regarding stage of the dispute. IPT identifies three stages, each with different goals. The stages and their goals are outlined below.

<u>STAGE</u>	<u>GOALS</u>
<u>Renegotiable</u> - both individuals are aware of the problem and are talking about it	Help to modify expectations and improve communication. Support conflict resolution.
<u>Impasse</u> (discussion has stopped)	Help explore alternatives to resolving the problem. Improve communication and identify additional resources that could bring about change in the relationship.
<u>Dissolution</u>	Help the individual put the relationship in perspective, become free to engage in new attachments, and achieve as peaceful as possible a dissolution.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: People 2

Version 2000: May, 2000

2. People

Encourage the participant to think about the positive and negative qualities of the person with whom they have the problem. Understanding how they see this person will also provide information regarding the stage of their dispute.

- Think about the person you are having problems with.
 - What are his/her good points?
 - What are his/her bad points?
 - How do you think he/she sees the problem (try to understand his/her point of view, even though you don't agree with it).
 - Is there a solution to the problem where you both get something important that you want?

3. Behaviors

Assess how the participant behaves regarding the problem. You may also want to explore how they feel about the way they behave.

- When you have conflict with this person, how do you behave?
 - Is this how you generally behave when you have a problem with other people?
- When you have problems with this person, how does he/she behave?

What can you do about the problem?

Help the participant to explore their options. It can be very useful to do this in a group. One way to explore their options is through problem solving. Problem solving is discussed in detail in Activities 3, pages 61-63 in the leader manual, page 69 in the participant manual.

You may want to let the group know that you are using a technique called problem solving. We discussed problem solving in Activities 3 as a way to overcome roadblocks, but problem solving can also be very useful in helping to resolve interpersonal problems. Many therapists use problem solving to resolve interpersonal problems (e.g. between parents and children, between couples, and between peers).

[sample introduction]

One way to deal with interpersonal conflicts is though a technique called problem solving. We already used it in the Activities module as a tool to overcome roadblocks, but it can also be useful when there are roadblocks in a relationship. If you turn to page 116, we can go over the steps involved in problem solving.

The first letter of each step spells out "ITCH."

Step 1: Identify the problem

When two people have a problem, it is helpful if they can define the problem as something that is external to both people, such as a lack of money. If that is not possible, try to define the problem as related to specific behaviors rather than global personality characteristics. Even if the relationship is at the dissolution stage, people can still work

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: People 2

Version 2000: May, 2000

together to end it.

For example:

The problem is that we have both grown apart.

The problem is that you want to live in the U.S. and I want to return home to my country.

The problem is that we can no longer live together.

Go over the cartoon on page 116 with the participants.

How does defining the problem in this way affect the process of finding a solution?

Step 2: Think about all the possible solutions, without evaluating them. There should be a number of different possible solutions.

Depending on the stage of the relationship dispute (renegotiable, impasse, dissolution) participants may choose to brainstorm solutions with their partner or by themselves.

Make sure to highlight that it is important not to evaluate solutions at this point. So for example, if one of the big conflicts is about no one doing the dishes, possible solutions include using paper plates, paying someone else to do it, eating out, taking turns, one person does it and the other person does another chore, you throw away dirty dishes and buy new ones

Step 3: Choose the best solution or combination of solutions (the ones that are best for you) and try them

Again, depending on the stage of the relationship dispute, participants may either choose the best solution by themselves or with the other person.

If the person chooses to make the decision with the other person, they may want to use the following method, especially if they have a lot of conflict with the other person. The method is shown on page 117 of the participant manual

Complete the following table, first filling in only the possible solutions. Make a copy of the table. Then have each person rate whether they like that solution using a + or a -.

Step 4: How well does it work? Try it and find out. Then reevaluate the problem and consider additional alternatives.

Return to group next week and report back as part of your personal project on how well your solution worked.

After finishing this exercise, elicit participants' reactions. What would they think about trying this method.

We can not avoid all conflicts with others but we can make choices about how we want to spend our time with others to manage our mood.

Discuss the reality management approach with participants. Using this approach, we recognize that conflicts will eventually be resolved. Some resolutions are healthy and others may be destructive. By examining options for healthy resolutions and taking steps to increase that they will come true, we can help to manage our reality.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: People 2

Version 2000: May, 2000

Discuss with participants that even though we may have conflicts with others and may even have problems that we think we cannot resolve, we can still choose to engage in other activities so that the conflict does not become the only thing that we have in our lives.

Go over the following exercise, which is also found on page 118 of the participant books.

EXERCISE:

What activity could you do this week with another person that might be helpful, supportive, pleasurable, relaxing or enjoyable?

ACTIVITY	MOOD
example: attend group or call a friend	less depressed
your example:	

D. IMPROVING PEOPLE SKILLS

[sample introduction]

Some of you have chosen to focus on your people skills and improve them. What do we mean, when we talk about people skills?

Elicit answers from the group. Focus specifically on those who have chosen this problem area in an effort to really assess what they mean by people skills.

If you turn to page 119 in your books, there's a cartoon at the top of the page. In the cartoon, one person is talking and the other person is listening. They are communicating with each other. Talking and listening can seem pretty basic to us, after all we've been doing this since we were little kids, but are they really easy to do?

Elicit answers from the group.

Discuss how misunderstandings, resulting from either people not speaking their mind or others hearing things differently, can cause interpersonal conflict.

You can also ask group members whether they've ever played the game "telephone." You whisper something in one person's ear and then they go around the circle whispering it to the next person, and so on. At the end, the last person says the phrase. Often the phrase comes out very different at the end. This game is an example of how messages change as they get passed on to different people. Sometimes we say things differently than they were said. Sometimes we hear things differently.

This week we're going to focus on our listening skills, and next week we'll focus on our talking skills, specifically the way we make requests when we want things done. To practice our listening skills, let's do an exercise.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: People 2

Version 2000: May, 2000

EXERCISE: ACTIVE LISTENING

Have participants get together in pairs.

[sample introduction to activity]

During the next five minutes one of you will speak and the other will listen.

If you are the speaker, I would like you to describe the kind of person you would like to become to your partner. As you talk, pay attention to your partner. Ask yourself, is my partner listening to me? How do I know my partner is listening to me? How do I feel after talking with my partner?

If you are the listener, I would like you to listen without adding anything new. In other words, for right now, don't talk about your own life, even if you have something in common with what your partner is saying. You can repeat what your partner is saying to make sure that you are understanding what they are saying. Try to make your partner feel that you really understand what they are saying. Also notice how your partner talks to you, verbally and nonverbally.

Highlight that they are practicing one specific kind of listening, Active Listening. Listening to what the person is saying without adding your own experience.

Depending on the group, you can choose to do this exercise without first talking about active listening skills or after introducing basic active listening concepts.

After five minutes switch and have the speaker become the listener and vice versa.

At the end ask group members for their reactions. Possible questions to stimulate discussion are listed below.

For talkers:

- How did you know your partner was listening to you? (verbal and non verbal cues)
- How did it feel to be listened to? or not?
- What was good about what your partner did?
- What was not so helpful?

For listeners:

- What did you do to make your partner feel listened to?
- How well do you think you understood what your partner was saying? (content and at an emotional level)
- What was it like to really focus on listening and making the other person feel understood?
- How did you feel about listening to your partner?
- What was the key message that your partner was telling you?

For both: How did doing this exercise affect your relationship?

3. THE GROUP AS SUPPORT

PURPOSE: to help participants process their feelings about being in a group.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: People 2

Version 2000: May, 2000

Before we leave today, we would like to talk about what it's been like to be in group. The group is one place where we have contact with other people, and we have the chance about talking about how we feel about this contact.

Open this topic up to group discussion. Possible questions are listed below.

- What is OK to talk about in the group?
- What are your fears and concerns about participating in the group?

V. TAKE HOME MESSAGE

I can understand how relationships with others can affect my thoughts, my behaviors, my body, and my mood.

I can improve my mood by making choices about with whom I spend time and what I do with others.

By making healthy choices, I can improve my day-to-day reality.

VI. PERSONAL PROJECT

WEEKLY PROJECT

- 1) Continue tracking mood using the mood scale and track the number of positive and negative contacts you have each day.

OPTIONAL PROJECT

Select one of the following activities to do

- 1) Pick an activity you could do with someone this week that would improve your mood and do it.
- 2) Identify obstacles that get in the way of doing something pleasant with another person.
- 3) Do the worksheets in the book that focus on your interpersonal problem area.

VII. FEEDBACK AND PREVIEW

[sample]

Next week we will continue to look at choices we have about our relationships and changes we can make. We will also be talking more about different ways that we can communicate with others.

Before ending the group, encourage group members to provide feedback regarding today's session. Questions to encourage discussion are listed below.

What was helpful about today's session?

What was not helpful?

What suggestions do you have to improve your therapy?

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: People 2

Version 2000: May, 2000

GROUP LEADER SELF EVALUATION FORM: PEOPLE 2

INSTRUCTIONS

Content Covered: Rate the degree to which you feel this material was covered (0=not at all, 5=fully covered) If not done this session but done later, when it is done write in the date and rate how well you feel you covered it.

Satisfaction with Teaching: Rate the degree to which you are satisfied with the way you and your co-leader taught the material (0=not at all satisfied, 10=extremely satisfied).

Participant Process: Rate on average the degree to which participants seemed to participate, understand and complete the exercise (0=on average very poor, no one understood or no one was able to complete exercise; 10=everyone seemed to understand keypoints and complete the exercise).

	Taught/ Done? (0-5)	Satisfaction with Teaching (0-10)	Participant Process (0-10)
Review			
Personal Project Review			
1. Identifying feelings, thoughts, behaviors, and physical reactions connected to interpersonal relationship problems.			
2. Focusing on specific interpersonal relationship problems			
a) loss and grief			
b) adapting to role changes or transitions			
c) disagreements or role disputes			
d) improving people skills(active listening)			
3. The group as support			
Take Home Message			
Personal Project Assigned			
Preview and Feedback			
Optional: What interpersonal problem area is this person focusing on?			
Name:			

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: People 3

Version 2000: May, 2000

PEOPLE 3-- IMPROVE YOUR RELATIONSHIPS AND YOUR MOOD

GOALS FOR LEADERS

- Continue to explore the interpersonal relationship problem areas.
- Introduce more communication skills, including positive requests and assertiveness.
- Talk about culture and communication styles.
- Continue to discuss choices participants can make about their relationships that can improve their mood.

MATERIALS NEEDED FOR THIS SESSION

- 1) Pens
- 2) CES-D
- 3) Dry erase board, chalkboard or large sheets of paper to present material to group

SESSION OUTLINE

- I. Announcements and Agenda
- II. Review
- III. Personal Project Review
- IV. New Material: Interpersonal Relationships and Communication
- V. Take Home Message
- VI. Personal Project
- VII. Feedback and Preview

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: People 3

Version 2000: May, 2000

I. AGENDA AND ANNOUNCEMENTS

Go over the agenda and ask participants whether they have any topics they would like to add to the agenda. Make any announcements.

II. REVIEW

Review the material covered in People 2. Use the review to check on how much participants remember from the last session, reinforce what they have learned, and educate group members who were absent last session.

[sample review statement]

Last week we focused on the interpersonal relationship problem areas you selected (identify the areas and review which group members are focusing on which areas).

What do you remember most from last week?

How does the relationship problem you are dealing with affect:

- 1) *your thoughts?*
- 2) *your behaviors?*
- 3) *your relationships with other people?*
- 4) *how you feel?*

What do you remember about the active listening exercise?

How could you tell whether you understood what your partner said?

How could you tell whether you understood what your partner felt?

III. PERSONAL PROJECT REVIEW

Review the personal project from the previous session.

WEEKLY CLASS PROJECT

- Mood Scale
- Track positive and negative contacts they had each day

OPTIONAL PROJECT

Find out which optional personal project participants did and review what they learned from doing the project.

- 1) What activity did they do with someone over the past week to improve their mood.
- 2) What obstacles got in the way of their doing something pleasant with another person.
- 3) Did they complete any of the worksheets from the previous sessions? If so, have them share what they learned. Did any questions come up?

IV. NEW MATERIAL

BRIDGE: Introduce this week's material, linking it to material taught in previous sessions.

[sample bridge]

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: People 3

Version 2000: May, 2000

Last week we talked about how our interpersonal relationship problems can affect how we feel, think, behave, and interact with others. Today we will continue talking about this, and we will talk about how we can make changes in our interpersonal relationships. Last week, we also talked about active listening, an important communication skill. Today, we will talk about another important communication skill called assertiveness.

1. COMMUNICATION STYLES: WHAT STYLE DO YOU USE AND HOW DOES IT AFFECT YOUR MOOD?

Note to Leaders: The assertiveness training model described here emphasizes the building of assertiveness skills, using overt and covert modeling, rehearsal, positive feedback, prompting, and homework assignments. Basic assumptions regarding one's assertive rights are made explicit. Traditional assumptions and fears that inhibit assertive behavior are explored and challenged, and the consequences of passivity, assertiveness and aggressive forms of communication are discussed. This model is based on the work of Davis (199X).

[sample introduction]

Let's start today by talking about assertiveness and other ways of expressing what we want. Last week we focused on how we listen, now let's focus on how we talk.

In general, there are three main ways that we communicate what we want. We can do it in a passive way, an aggressive way, or an assertive way.

Write the words on the board.

What do these words mean to you?

Elicit a discussion regarding how they view these communication styles and how they think they might affect their mood and their interpersonal relationships. Leaders can also act out the different communication styles or give examples of the different styles of communication to ensure that group members understand the concept.

Possible questions to elicit discussion are listed below.

- So, if I were _____ (passive, aggressive, assertive), how might I get my point across?
- If I were _____ (passive, aggressive, assertive), how well do you think others would understand my request?
- If I were _____ (passive, aggressive, assertive), how do you think others would feel about me?
- If I were _____ (passive, aggressive, assertive), how would I feel?

OTHER TOPICS TO INCLUDE

- 1) Passive-aggressive - what does it mean to be passive-aggressive?
- 2) Matching your style to what works best in a given situation - even assertive people may choose to be passive (the importance of picking your battles).

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: People 3

Version 2000: May, 2000

There may also be culturally relevant ways of expressing oneself in different situations. For example, being passive may be desired in certain situations.

What is important is that you choose how you will act.

OPTIONAL ACTIVITY

You can also put the following grid on the board.

At first, just put the bolded, underlined parts of the table on the board and ask group members to complete the rest

<u>Communication styles</u>	<u>Respects wishes of others</u>	<u>Respects own wishes</u>
<u>Passive</u>	yes	No*
<u>Aggressive</u>	no	yes
<u>Assertive</u>	yes	yes

Ask participants:

- Which style do you tend to use?
- How do you think using that style affects your mood?

***Note:** For some participants, including those in a relationship with domestic violence, being passive may be the best and safest way of relating to the perpetrator. In cases such as this, being passive can be viewed as respecting your own wishes and keeping yourself safe.

OPTIONAL ACTIVITY: PASSIVE, AGGRESSIVE, OR ASSERTIVE?

Ask group members to identify the communication style you are using. Use examples given below or make up ones that are more pertinent to the group. You can also choose to share the aggressive and passive examples and have the group come up with the assertive response.

Situation: leading a group

- Will you all just shut up!
- Ummm. . . umm. . . I'm waiting. . . come on guys.
- I know you all have things to say, but could you please take turns talking.

Situation: waiting in a line

- Oh I guess there's nothing I can do. I'll just go home.
- Excuse me, I know you're really busy, but I really need some information about my housing application. Is there someone I can talk to about it?
- Look, I've been waiting in line for over an hour! When is someone going to help me.? You guys must be completely incompetent!

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: People 3

Version 2000: May, 2000

Situation: interpersonal conflict

- Oh yeah? Well you're an f____ bitch!
- I don't appreciate your talking to me like that, and I don't have to stay here.
- (to self) Oh no, when will this ever end?

2. ASSERTIVENESS AND MAKING REQUESTS

[sample statement]

Part of being assertive is being able to make requests in a clear and positive way. When we do this, we are able to ask for what we want and need, others know how they can help us, and it increases the chance that we will get support. Of course, it does not guarantee that we will get what we want. The other person may agree to a different compromise, or they may simply refuse, but at least we'll know the answer.

Why is it useful to make a request even when the answer might be no?

Elicit answers from group members. Points to emphasize are listed below:

- They might say yes.
- At least you know.
- You can move on and think about what else you can do.

ACTIVITY: PRACTICING MAKING REQUESTS

Put up guidelines on the board for making requests. The guidelines are also shown on page 125 of the participant manuals.

- Identify what you want.
- Pick who you should ask for help.
- Figure out a way to say it in a way that is clear and direct.
Discuss the difference between indirect and direct requests. For example, "boy, the trash can is full" and "I wonder when you'll be taking out the trash" are both indirect requests. "Could you please take out the trash in the next half hour" is a direct, specific request. "I sure am worried about my sugar level" versus "Doctor can you check my sugar level."
- Acknowledge the other person if appropriate
(i.g. "I know you're really busy.") Talk about how this sets the stage for making a request.
- Be willing to compromise.
- Respect the other person's right not to do what you request.

Have each group member think of someone they would like to request something of this week (i.e. friend, family member, doctor). Help them to decide what they would like to request from this person and think about how they would like to make the request.

Have them practice making the request in group and then have group members give them feedback.

3. ASSERTIVENESS AND EXPRESSING YOUR FEELINGS

[sample statement]

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: People 3

Version 2000: May, 2000

Another part of being assertive is being able to express positive or negative feelings and thoughts calmly, honestly and respectfully to another person.

Begin a group discussion regarding why it might be useful to share your thoughts and feelings.

- *In the past week, with whom did you share your feelings and thoughts?*
- *How did it feel to share your thoughts and/or feelings?*

When we talk about expressing thoughts and feelings in an assertive way, we often think of saying “I think . . .” or “I feel . . .” We call these statements “I statements.” I statements are a reflection of reality as you perceive it. By making “I statement” you are sharing your internal reality with others.

Write these statements on the board:

“I think _____”
“I feel _____”

Have participants complete these statements either in pairs, or elicit answers and write them on the board. Alternatively, participants can also go to the board themselves and write out their answers on the board.

Note: “I statements” are recognized as a Eurocentric form of communication. Group leaders must be sensitive and respectful of indirect forms of communication that may be more culturally congruent and as effective for some ethnic minorities. Group leaders can elicit examples from ethnic minority participants regarding how he/she may express his or her feelings and thoughts in a way that is culturally appropriate. Cognitive behavioral therapy can be tailored to a culturally diverse patient population.

- Does your family have other effective ways of expressing feelings, thoughts, or wishes without using “I statements”?

OPTIONAL ACTIVITY

Lead group members in an imagery exercise to explore how being assertive might affect their mood and to understand what they feel are some of the obstacles to assertiveness.

- Imagine a situation where you express how you feel or think to another person. (try to imagine it as if it were a movie)
- How does the person react?
- How do you feel after sharing your thoughts and/or feelings?
- How do you think people in the group might react if you share how you think feel?

4. WHAT KEEPS YOU FROM BEING ASSERTIVE

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: People 3

Version 2000: May, 2000

Explore with participants the roadblocks to being assertive. Questions to stimulate discussion are listed below.

- *Does assertiveness mean danger for you?*
E.g., "If I'm assertive, then, I'll be rejected."
"If I speak up for myself then, I'll be humiliated or hit."
- *Do you feel like your disagreement can be resolved?*
Is the relationship headed for dissolution?
Do you have evidence that the relationship is not reciprocal, not mutually respectful and caring of each others needs?

****You have the right to feel safe!**

When relationships appear to be non-reciprocal, abusive or violent, the relationship may be headed toward dissolution or towards significant limits. The therapist can explore with the specific group participant how he or she evaluates the status of the relationship in dispute. The therapist may also elicit input from the group regarding the stage of the relationship to provide additional feedback and/or support to the participant.

- Do you think you have a right to be assertive, to express your own point of view? (If no, why not?)
- Do you know how to be assertive? (If no, how could you learn how to be assertive?)
- What do you fear will happen if you are assertive?

ACTIVITY: MY RIGHTS

Ask people to turn to page 129 in their books. Ask participants to read what is written on that page (see below). To encourage group interaction, it may be useful to have group members each read one of the rights. When you are done, begin a discussion about what they think about their rights.

MY RIGHTS

I have the right to let others know my opinions as long as I do it in a way that is respectful of their opinions and feelings.

I have the right to let others know my feelings as long as I do it in a way that is respectful of their feelings.

I have the right to request that others change their behavior when their behavior affects me.

I have the right to accept or reject anything that others say to me.

I have the right to decide whether or not I will do what others ask of me.

Adapted from: Treating Alcohol Dependence By Peter Monti, David Abrams, Ronald Kadden, & Ned Cooney.

V. TAKE HOME MESSAGE

Relationships are like cars. They need maintenance, or they begin to have troubles and break down.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: People 3

Version 2000: May, 2000

By being assertive and expressing what you want and how you feel in a respectful way, you can improve relationships with others.

Being assertive allows you to manage your mood and your life by choosing when and where to express how you think and feel.

VI. PERSONAL PROJECT

WEEKLY PROJECT

1. Do the mood scale.
2. Track the number of positive and negative contacts you have with others each day.

OPTIONAL PROJECT

- 1) Plan to get together with a supportive person this week.
- 2) Decide when and with whom you would like to be assertive this week and then try being assertive with them.

VII. PREVIEW AND FEEDBACK

Let the group members know that next week we will be talking about obstacles to making changes in relationships. We will be focusing on relationship rules that we may have and will be looking at where they came from and how we might want to make changes in these rules.

Before ending the group, encourage group members to provide feedback regarding today's session. Questions to encourage discussion are listed below.

- What was helpful about today's session?
- What was not helpful?

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: People 3

Version 2000: May, 2000

GROUP LEADER SELF EVALUATION FORM: PEOPLE 3

INSTRUCTIONS

Content Covered: Rate the degree to which you feel this material was covered (0=not at all, 5=fully covered) If not done this session but done later, when it is done write in the date and rate how well you feel you covered it.

Satisfaction with Teaching: Rate the degree to which you are satisfied with the way you and your co-leader taught the material (0=not at all satisfied, 10=extremely satisfied).

Participant Process: Rate on average the degree to which participants seemed to participate, understand and complete the exercise (0=on average very poor, no one understood or no one was able to complete exercise; 10=everyone seemed to understand keypoints and complete the exercise).

Taught/ Done? (0-5)	Satisfaction with Teaching (0-10)	Participant Process (0-10)
---------------------------	--	----------------------------------

Review _____

Personal Project Review _____

1. Communication styles: what style do you use and how does it affect your mood? _____

2. Assertiveness and making requests _____

3. Assertiveness and expressing your feelings _____

4. What keeps me from being assertive _____

Take Home Message _____

Personal Project Assigned _____

Preview and Feedback _____

Notes: _____

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: People 4

Version 2000: May, 2000

PEOPLE 4 – MORE TOOLS TO IMPROVE YOUR RELATIONSHIPS AND YOUR MOOD

GOALS FOR LEADERS

- To explore obstacles to assertive communication, such as fear.
- To explore and identify interpersonal rules and assumptions about relationships that positively or negatively impact relationships and mood.
- To reinforce the idea that participants can choose to make changes in interpersonal relationships by: 1) balancing relationships; 2) employing more assertive communication styles, and 3) examining and altering interpersonal rules that guide relationships.

MATERIALS NEEDED FOR THIS SESSION

- 1) Pens
- 2) CES-D
- 3) Dry erase board, chalkboard or large sheets of paper to present material to group

SESSION OUTLINE

- I. Agenda and Announcements
- II. Review
- III. Personal Project Review
- IV. New Material: Overcoming Obstacles to Solving Relationship Problems and Relationship Rules
- V. Take Home Message
- VI. Feedback and Goodbye to Graduating Members
- VII. Personal Project
- VIII. Preview

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: People 4

Version 2000: May, 2000

I. AGENDA AND ANNOUNCEMENTS

Go over the agenda and ask participants whether they have any topics they would like to add to the agenda. Make any announcements.

Make sure to announce which group members are graduating.

II. REVIEW

Review the material covered in People 3. Use the review to check on how much participants remember from the last session, reinforce what they have learned, and educate group members who were absent last session.

[sample review statement]

Last week we talked about different communication styles, ways to make assertive requests, expressing feelings in a calm, respectful, direct way. We also began talking about things that sometimes get in the way of our being assertive.

What do you remember most from last week?

Review the difference between assertive, passive, and aggressive communication styles.

- Assertive communication is different from passive and aggressive communication styles.
- Assertiveness means expressing a feeling, thought or opinion in an honest, calm, respectful way. Usually assertiveness means using “I statements...”

III. PERSONAL PROJECT REVIEW

Review the personal project from the previous session. (Unless you do so, participants will not think it is important. They need to experience how it is helpful.)

WEEKLY PROJECT

1. Do the mood scale
2. Track the number of positive and negative contacts you have with others each day.

OPTIONAL PROJECT

- 1) Plan to get together with a supportive person this week.
- 2) Decide when and with whom you would like to be assertive this week and then try being assertive with them.

EXERCISE:

Either as a group or in pairs, encourage participants to talk about their use of assertiveness over the past week.

- Was there a time this past week when you were assertive?
- How did the listener respond when you were assertive?
- What may have happened if you had not been assertive?
- What were your thoughts and feelings about yourself or the situation after you were assertive?

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: People 4

Version 2000: May, 2000

Quite often, in the review of personal projects, participants do not give examples of assertiveness but instead share an example with the group of how they normally respond to others, either passively or aggressively. In this case, the group leader may want to explore obstacles of being assertive which may include fears.

IV. NEW MATERIAL

BRIDGE: Introduce this week's material, linking it to material taught in previous sessions.

[sample bridge]

Last week we talked about different communication styles. Today we will be talking about things that get in the way of our communicating in open and assertive ways. We will also be talking about our relationship rules. We will be talking about where these rules come from, how they affect our current relationships, and whether we want to make small changes in those rules.

1. OBSTACLES TO USING ASSERTIVE COMMUNICATION TO IMPROVE RELATIONSHIPS

Note: In order to save time, you may choose to focus only on those obstacles that are pertinent to group members.

[sample introduction]

Let's begin by talking about what may get in the way of our communicating in open and assertive ways. To begin with, who here admits that at times they don't say what they are feeling or thinking even though they may want to?

As group leaders, you should also raise your hands if this applies to you.

We all have times when we don't say what is on our minds. We often have a lot of excuses for not doing so. Sometimes the excuses are really good, and in some cases it might not be the right time to share our thoughts, feelings, or desires, but sometimes we fall into a non-speaking trap. Let's talk about some of the things that might prevent us from speaking our mind when it's a good idea for us to do so.

Brainstorm with the group some of the things that might keep them from being assertive and speaking their mind. Some of the common obstacles are listed below. After you have brainstormed with the group. Discuss each obstacle, clearly defining what thought or thoughts are linked to the obstacle, obtaining opinions from different group members, and talking about how to overcome the obstacle.

Be respectful of cultural differences (e.g. age, gender, family positions, and structure) that may contribute to the inability to be assertive and/or to valuing other forms/styles of communication.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: People 4

Version 2000: May, 2000

Common Obstacles

- 1) Fear
- 2) Habit/routine – not used to doing it
- 3) Low energy – too tired to do it
- 4) Don't believe it would change things (why bother)

A. FEAR

Begin a discussion about specific thoughts people may have that prevent them from speaking their mind.

When you think of being assertive but then you don't do it, what do you suppose you are thinking? What do you think might happen if you do it? . . . what do you fear?

If necessary, share some examples.

- "I don't want to create a conflict."
- "I might be rejected if I told someone what I think."
- "People depend on me to solve all the problems."
- "If I say no, my family will not love me."

Many people don't behave assertively because they fear that something bad will happen to them. Fear of rejection, fear of failure, fear of making a fool of oneself. If your fears are unrealistic or catastrophic, it is important to replace those fearful thoughts with more realistic ones.

EXERCISE:

Complete the exercise either as a group or in pairs.

Have participants identify a situation where assertiveness would normally be a problem. If possible, have them identify a specific situation, one that happened last week. Have participants turn to page 133 in their workbooks to complete the exercise if they are literate. Then get participants to discuss their responses in group or pair format.

The goal of this exercise is to have participants identify thoughts that keep them from being assertive. Evaluate how helpful (vs. harmful) those thoughts are. Examine whether they may be overlooking some possible benefits, and begin to think about how they might like to change.

- 1) Describe a situation where you have problems being assertive (sharing thoughts and feelings).
- 2) How do you normally act in that situation (passively or aggressively)?
- 3) What thought (fear) keeps you from being assertive (from sharing thoughts and feelings)?
 - What do you think would happen if you were assertive?
 - What is the worst thing that could happen?
- 4) What good things could happen if you are able to be assertive?
- 5) Ask another person how likely they think it is that what you fear will happen (check it out with a group member). What good do they think would come of being assertive? Then think about what might realistically happen if you are assertive (pluses and minuses)

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: People 4

Version 2000: May, 2000

- 6) What do you think about making a change in order to improve your relationships and your mood?
- 7) What change would you like to make?
- 8) Practice your desired behavior with another group member.
Have participants engage in a role play exercise, either in the large group or with a partner. Make sure their partner gives them feedback.

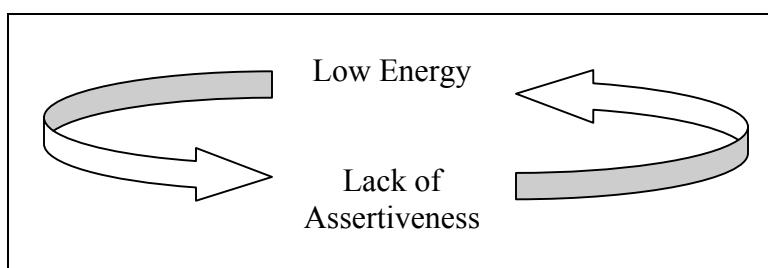
B. LOW ENERGY

Begin a discussion regarding this obstacle.

[sample introduction]

Sometimes we don't feel as though we have enough energy to try and change things. Let's see where this leaves us.

Draw the following diagram on the board. Highlight the reciprocal nature of the relationship between low energy and not being assertive.



Begin a discussion about what you can do to break the cycle.

C. DON'T BELIEVE IT WOULD CHANGE THINGS

Begin a discussion regarding this obstacle.

Review the notion of relationship rules. Are there some patterns that maybe we could change.

Is this an example of negative fortune telling? (see Thoughts module, sessions 2 and 3).

What is the antidote for negative fortune telling? [Ask yourself: Can I really predict the future?

What would it be like to find out how it really is rather than just imagine it? Things may have changed from how they used to be.]

D. HABIT – RELATIONSHIP RULES

While children have no choice about the traditional assumptions they were taught, adults have the option of choosing whether or not they are going to hold onto those beliefs that contribute to their depression and discourage assertive behavior (Davis, 1993).

[sample introduction]

Now let's talk about how we might not be assertive because that is just not the way we are used to being. We may have set up rules regarding how we behave in relationships. Sometimes being assertive is incompatible with the rules we have.

Have participants turn to page 135 in their books.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: People 4

Version 2000: May, 2000

People often have rules about relationships that guide the way that they interact with others.

Some rules are helpful, some rules are rigid and harmful. Let's go through some examples of relationship rules.

Go over the examples on page 135 with the participants.

Examples of Relationship Rules:

“You can’t trust anyone.”

“People will always disappoint you.”

“My feelings come last.”

“If you make a mistake, then you are bad.”

“I have to be responsible for everything.”

Then ask participants to try and identify their relationship rules. As you have been getting to know the group member during the course of the group and have been developing a case formulation, you may have an idea about their relationship rule. You might suggest examples of relationship rules that might be especially pertinent for group members.

Write down some of the participants’ relationship rules on the board. Begin a group discussion regarding how having these rules might affect:

- Whether you are able to express thoughts and feelings openly to others.
- The way that you behave with others.

When we look at our relationship rules and how they affect us, we might think things like “that may not be a good rule to have. Why am I using it?” or “I must be stupid to have such a rule.” It’s important to acknowledge that the rules probably made a lot of sense at one point in our lives and probably helped us to be safe and to survive. We developed relationship rules when we were very young. We did not have control over our situation. Now the situation has changed, but we often continue to use the same rules.

Begin a group discussion regarding:

- where participants believe their rules came from
- how the rules have helped them
- how the rules have not helped them
- how their lives have changed since when they first learned the rule.
- how do they think they might want to change their rules.

Let participants know that you will be talking about ways to make changes in relationship rules.

Participants can complete the worksheet on page 136 in their books.

Then ask participants to turn to page 137 in their books. Go over the cartoon there and discuss the dance metaphor. Ask participants how they might like to change the dance that they do with other people to improve their relationships and their mood.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: People 4

Version 2000: May, 2000

2. MORE RELATIONSHIP TOOLS

A. BALANCING YOUR NEEDS WITH THE NEEDS OF OTHERS

When participants describe dichotomous rules of relating to others such as, never trusting others, always doing for others and never saying no, it is important for the group leader to label these Relationship Rules and suggest that they may affect behavior in a way that may be harmful, damaging to establishing good relationships and damaging to maintaining a healthy mood.

[sample introduction]

We just talked about our relationship rules. Now we're going to begin seeing how we might make changes in our rules to make them more balanced and flexible.

Ask group members to turn to page 138 in their books to go over the exercise found on that page.

The goal is to help participants begin to think in a more flexible way about their relationship rules. The notion of balance introduces the notion of choice and alternatives in different situations with friends and families. It does not mean that you have to change completely, just that it might be helpful to become more balanced in your current position. You may also choose to give examples that are more pertinent to participants.

When a participant insists on retaining a belief held since childhood, and it appears that belief contributes to the participant's depression, the group leader can gently dispute the belief with the following questions:

- While this rule was true for you as a child, do these conditions continue to exist for you as an adult?
- How does this assumption interfere with improving your mood?
- If this relationship rule is 'true,' then how will you continue to feel?

Help participants examine the costs and benefits of examining relationship rules and considering more flexible rules.

It might be helpful to brainstorm as a group the costs and benefits of examining relationship rules. Write group answers on the board to make them clear to everyone. Make sure you bring up costs if group members do not.

Costs of changing relationship rules	Benefits of changing relationship rules
<ol style="list-style-type: none">1. Change can be hard2. Others may not be used to it at first.3. It might feel weird.	<ol style="list-style-type: none">1. Things might get better.2. My relationships might improve.3. My mood may improve.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: People 4

Version 2000: May, 2000

If participants are beginning to talk about making changes in their rules, ask them what it might be like to share their new rules with the important people in their lives. Begin a group discussion about this. Points to include:

- By telling other people you will be making a commitment to change.
- Other people will be able to support and help you.

B. SETTING LIMITS

[sample introduction]

We have been talking about making changes in our relationship rules, but sometimes we also need to make changes in our relationships. Changing relationships is often difficult, but it is important. One way to change relationships is by setting limits.

When is it important to set limits with others and say no?

Begin a group discussion around this question. You may choose to highlight that in previous sessions we have talked about how negative contacts with others can impact mood. There may be times when we need to set limits in order to reduce the amount of negative contact that we have with others.

There are many different ways to set limits with others. Let's come up with some of them.

Ask participants to turn to page 140 in their books and brainstorm as a group ways that people might set limits with others. Possible ways are listed below:

1. Use assertive communication to let the other person know your limits and let them know when they have crossed the line.
2. Structure your contact with others. For example, choose a setting that helps you impose a limit. For example, if you don't want to drink, choose to not meet old friends in bars.
3. Limit or stop contact with people who are harmful to you and your mood. Sometimes it is time to give up certain relationships.

C. PLANNING HOW YOU WANT TO BE WITH OTHERS

[sample introduction]

Another way to make changes in our relationships and our relationship rules is to make a conscious choice about how we would like to be with others. This means thinking about the kinds of thoughts you would like to have with others and the way you would like to act with others before you are in a social situation.

For example, if I decide that I would like to change my rule from "my feelings come last" to "my feelings are important as anyone else's," how might I begin making a conscious choice to change this rule.

Ask group members to turn to page 141 in their books and go through the exercise there using the example given above or another example.

Given the new relationship rule, have group members identify:

- 1) The kinds of thoughts they would like to have
- 2) The way they would like to act
- 3) Any way they could set up the situation to help them better adapt to the new rule.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: People 4

Version 2000: May, 2000

In addition, discuss with group members the importance of processing how making a conscious change felt after they do it.

After being with others they might:

- a. Think about the feelings they had when they were with people.
- b. Identify what happened that made them feel good and what happened that made them feel bad.
- c. Try to learn from the experience and use what they have learned in the future.

V. TAKE HOME MESSAGE

You have choices about how you behave with others.

You can change how you behave with others.

VI. FEEDBACK

As this is the last session of the module, spend time reviewing material from the past 4 sessions. Use the feedback time to review key concepts, determine what messages group members have learned from the module, and highlight that it is possible to make positive changes in your life.

Possible questions to stimulate discussion include:

1. How have you made changes in what you do since beginning the group?
2. What did you learn about relationships that was most helpful, in terms of improving your mood?
3. What did you find least helpful?
4. What message will you take from this module?

It will also be important to discuss with group members who are leaving the group, how their reactions to leaving and what they have learned from the group. Possible questions to ask group members who are leaving include:

1. What did you learn from the group?
2. What are your goals and plans after you leave the group?
3. How will you continue to get support?
4. What do you need to continue your progress in managing your mood?
5. What will happen the next time you feel that you are becoming depressed?

Allow time so that other group members can also provide feedback to those who are leaving regarding how they feel about their leaving and specific things they have learned from them. Make sure you have prepared something specific to say to each participant who is leaving about their unique contribution to the group and the changes you have seen them make.

VII. PERSONAL PROJECT ASSIGNMENT

1. Daily Mood Scale
2. Plan a positive contact with a supportive person this week.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: People 4

Version 2000: May, 2000

3. When and with whom would you like to be assertive this week?

VIII. PREVIEW

Let the group members know that next week you will begin talking about the connection between health and mood, and we will have new group members joining the group.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: People 4

Version 2000: May, 2000

GROUP LEADER SELF EVALUATION FORM: PEOPLE 4

INSTRUCTIONS

Content Covered: Rate the degree to which you feel this material was covered (0=not at all, 10=fully covered) If not done this session but done later, when it is done write in the date and rate how well you feel you covered it.

Satisfaction with Teaching: Rate the degree to which you are satisfied with the way you and your co-leader taught the material (0=not at all satisfied, 10=extremely satisfied).

Participant Process: Rate on average the degree to which participants seemed to participate, understand and complete the exercise (0=on average very poor no one understood or no one was able to complete exercise; 10=everyone seemed to understand keypoints and complete the exercise).

	Taught/ Done? (0-10)	Satisfaction with Teaching (0-10)	Participant Process (0-10)
Agenda and Announcements			
Review			
Personal Project Review			
1. Obstacles to using assertive communication to improve relationships			
a. fear			
b. low energy			
c. don't believe it would change things			
d. habit relationship rules			
2. More relationship tools			
a. balancing your needs with the needs of others			
b. setting limits			
c. planning how you want to be with others			
Take Home Message			
Feedback			
Personal Project Assigned			
Preview			

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Health 1

Version 2000:May, 2000

HEALTH 1 – UNDERSTANDING THE RELATIONSHIP BETWEEN DEPRESSION AND HEALTH

GOALS FOR LEADERS

- Welcome new participants.
- Review group rules.
- Have participants and group leaders introduce themselves.
- Review the cognitive behavioral treatment model.
- Introduce the idea that health problems are connected to mood. Discuss the reciprocal relationship between health and mood problems.
- Explain the difference between acute and chronic health conditions.
- Help group members assess their own health problems.
- Identify members of the group who will be graduating at the end of this module and begin the termination process.

MATERIALS NEEDED FOR THIS SESSION

- 1) Pens
- 2) Dry erase board, chalkboard or large sheets of paper to present material to group
- 3) CES-D

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Health 1

Version 2000:May, 2000

SAMPLE SESSION OUTLINE

- I. Welcome
- II. Agenda and Announcements
- III. Group Rules
- IV. Introductions
- V. What is Depression?
- VI. Review of the Model
- VII. New Material: Health Problems and Mood and Relaxation Exercise
- VII. Take Home Message
- IX. Personal Project
- X. Preview and Feedback

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Health 1

Version 2000:May, 2000

I. WELCOME

II. AGENDA AND ANNOUNCEMENTS

Identify those group members who will be graduating at the end of the module.

III. GROUP RULES

IV. INTRODUCTIONS

V. REVIEW THE SYMPTOMS OF DEPRESSION

VI. REVIEW OF THE MODEL

These sections are covered in the introduction section of the Manual for Group Leaders.

VII. NEW MATERIAL

1. UNDERSTANDING THE RELATIONSHIP BETWEEN HEALTH PROBLEMS AND MOOD?

PURPOSE: The purpose of this section is to provide participants with information about how depression affects health (physiologically and functionally) and how certain medical illnesses can influence mood.

ACTIVITY A: DIAGRAMMING THE RELATIONSHIP

In this section ask participants to talk about the relationship between physical health and depression.

[sample introduction to this section]

Over the next 4 weeks we will be talking about the connection between mood and physical health. Let's begin by talking about how the two are related.

This section is covered on page 145 in the participants' books. Write the words "depression" and "physical health": on the board.

Use the following questions or similar questions to begin a group discussion regarding how depression affects physical health. Write their answers on the board (see end of this section).

- How does your medical condition affect your mood?
- When you feel depressed how well do you take care of your medical condition?
- Do you think depression affects your body? If so, in what way?
- What do you think of the phrase "the mind body connection?"

Key points to address include:

Depression and other negative emotions can cause changes in:

- Changes in bodily functions, such as hormone levels (adrenaline and cortisol)
- Changes in blood pressure, heart rate, and immune functioning
- Changes in sleeping patterns and energy level
- Decreased ability/desire to care for self

Certain medical conditions can cause mood problems, such as:

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Health 1

Version 2000:May, 2000

- congestive heart failure
- hypothyroidism
- arthritis
- certain infections

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Health 1

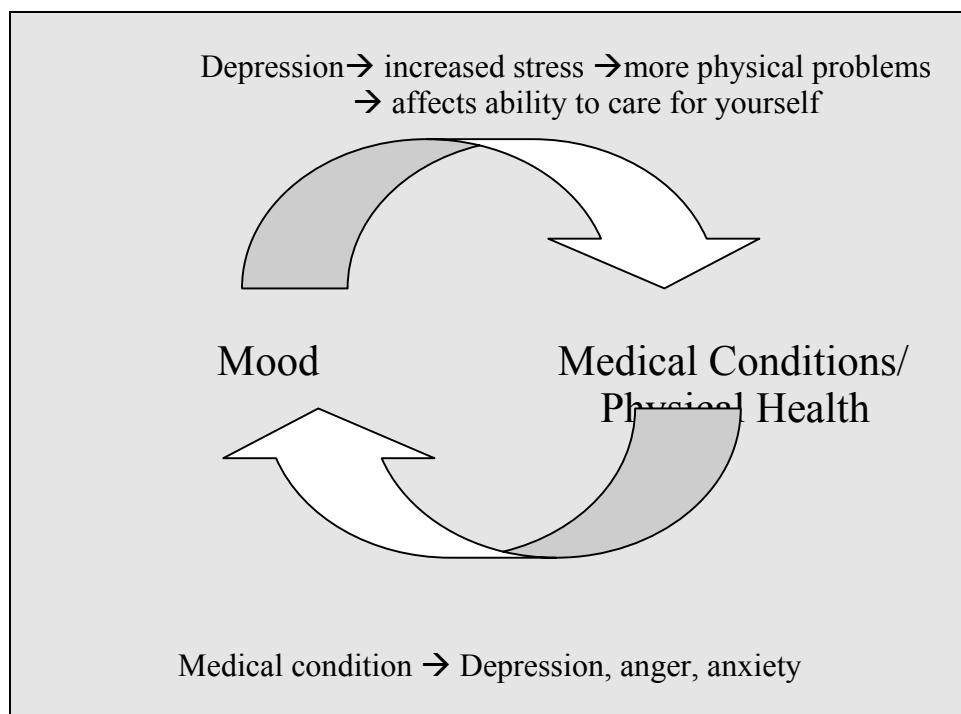
Version 2000:May, 2000

Health problems can also affect emotion health:

- Feel alone
- Feel sad
- Worry more
- Feel angry
- Feel like no one cares
- Feel depressed

The relationship between depression and medical problems is reciprocal.

[sample board]



ACTIVITY B: IDENTIFYING YOUR HEALTH CONDITIONS AND UNDERSTANDING HOW THEY AFFECT YOUR MOOD

Ask group members to list their health problems. Put them on the board. They can write down their medical conditions in the chart on page 147 of their books.

What medical conditions do you have?

Common medical conditions that can cause depression, anxiety, and other psychiatric symptoms include:

- Endocrine disorders
- Cardiopulmonary problems
- Viral infections
- Connective tissue syndromes

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Health 1

Version 2000:May, 2000

- Autoimmune syndromes
- Neurological disorders
- Anemia
- Sleep disorders
- Substance use

As a group brainstorm ways that their specific health problems affect their mood. It may be helpful to identify specific symptoms that individuals have. There is often overlap between symptoms resulting from a medical condition and the symptoms of depression.

What symptoms do you have as a result of your medical condition?

How do you think your medical condition and the symptoms you have affect your mood?

Common symptoms of medical conditions include:

- Pain (which can trigger mood problems)
- Difficulty breathing (also a symptom of anxiety)
- Sleep problems (also a symptom of depression)
- Low energy (also a symptom of depression)
- Reduced appetite or weight loss (also a symptom of depression)

In addition, treatment for medical conditions can involve medication side effects, like nausea, loss of energy, etc., all of which can contribute to mood problems.

2. SELF ASSESSMENT

PURPOSE: To help group members gain a better understanding of the nature and course of their medical problems and identify antecedents and consequences (thoughts, behaviors, and feelings) associated with their medical problems.

[Sample introduction to this section]

You have already identified the medical conditions that you have and talked about how they affect your mood.

Give examples of medical conditions that group members have shared. Highlight commonalities.

We hope to provide you with information to help you better manage these medical conditions. Let's begin by understanding the nature and course of your medical conditions.

ACTIVITY A: STRATEGIES FOR MAINTAINING HEALTH

[sample introduction to the activity]

Taking care of our health is a life long process. At different points in our lives, we may use different strategies to care for our health. These strategies are listed on page 146 in your books.

Have the participants turn to page 146 in their books. Go over the strategies listed there and elicit participants' reactions to the strategies. You may find it helpful to define the following terms using examples that pertain to group members' specific health problems.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Health 1

Version 2000:May, 2000

1. Prevention and maintenance

Key points:

- Prevention means engaging in behaviors prior to the onset of a specific problem.
- It is usually easier and cheaper to prevent a problem than to treat it.
- There are some things that we can all do to maintain good physical health (such as exercising and eating healthy)
- People who are at high-risk for certain disorders (such as cancer or heart disease) due to family history or other risk factors, may benefit from a specific plan to prevent the disorder. Such a plan might include:
 - Reducing identifiable risk factors
 - Screening to allow for early detection

Identify examples of behaviors that group members may engage in now or may have engaged in before as a way to prevent health problems. Examples include:

- eating low fat, low cholesterol food
- watching your weight
- exercising regularly
- quitting smoking
- reducing stress

(All of these are ways to prevent heart disease as well as other medical conditions.)

2. Intervention and Treatment

Key points:

- We may sometimes develop a medical condition even when we have done all that we can to prevent the condition.
- Treatment may include medications or surgery.
- Treatment may also include developing a plan to reduce identifiable risk factors (similar to the plan you might develop if you were trying to prevent the disorder).
- Treatment may focus on conditions or factors that contribute to the medical condition that you are targeting. For example, treatment for heart disease may include reducing anxiety and/or depression.
- Treatments do not work if we do not follow through. For example, when we are prescribed medications, it is important to take them as directed. We always have the right to decide not to take a medication or follow through with a prescribed treatment, but we should do so in consultation with our doctors.
- Treatments for some problems may be lifelong. For example, some people with diabetes have to continually take insulin.

Identify examples of treatments that group members may be receiving or may have received in the past for specific medical conditions. As you identify the treatments, assess group members' reactions to the treatments and the degree to which they complied with the treatment.

3. Recuperation and Rehabilitation

Key points:

- Even after a medical condition has been fully treated, there is a lot we can do to prevent future problems (such as future heart attacks).

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Health 1

Version 2000:May, 2000

- After the onset of a medical condition, we may not return to the way we were before, but we may still be able to make positive changes in our physical health and abilities.
Note to leaders: It is important to check for the presence of all or nothing thinking in group members' view of the changes they can make in their health. Some participants feel that if they cannot return to their former health status, they have made no positive improvements.
- The development of medical conditions can serve to make us aware of unhealthy patterns that we may want to change so that we can be healthier in the future.

Identify examples of recuperation and rehabilitation efforts that group members are making or have made.

Have group members turn to page 147 in their books and identify which strategies they are currently using to manage the medical conditions that they have written down in that chart.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Health 1

Version 2000:May, 2000

ACTIVITY B: NATURE: ACUTE VS. CHRONIC

When we think about medical problems we can categorize them as either chronic or acute. If you turn to page 146 in your books, we have included descriptions of acute and chronic conditions.

Go over the descriptions shown on page of the participants book and elicit group members' reactions (these descriptions are shown below).

Medical problems may be acute or chronic

- Acute problems require immediate attention.
- Chronic problems require long term, steady attention.

Differences between acute and chronic conditions include:

<u>Acute Conditions</u>	<u>Chronic Conditions</u>
<i>Example:</i> A wound	Diabetes
<i>Treatment:</i> Urgent	Long term and steady
<i>Characteristics:</i> Well localized Cause is known Short lived Gets better	Poorly localized Cause may or may not be known Long lived May not get better

Have group members turn to page 147 in their books and identify whether the medical conditions they have listed in the chart are acute or chronic.

ACTIVITY C: FEELINGS AND THOUGHTS ABOUT HEALTH PROBLEMS

[sample introduction]

In other sessions we have talked about the difference between our external and internal reality. Your external reality includes the parts of your reality that are observable and measurable. Your internal reality is the part of your reality that others cannot observe, like your thoughts and feelings. Both your external and internal reality are real. Both are important and both affect each other constantly.

When we think about health problems, the objective part of a medical condition, the external reality, is often referred to as the disease. By disease we mean that there are objective changes in your body. These changes may be acute or chronic.

Give specific examples of objective biological events that group members have experienced.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Health 1

Version 2000:May, 2000

Disease is defined as “an objective biological event that involves the disruption of specific body structures or organ systems caused by pathological, anatomical, or physiological changes.

Your illness is made up of both this objective, external reality and your internal reality, meaning the way that you perceive and react to your disease.

Ask participants to turn to page 148 in their books and go over the diagram found on that page. Elicit participants’ reactions and ask them to identify their objective disease, their internal reality, and the way that their internal reality affects how they cope with the disease.

Help participants identify feelings and thoughts that they have about their disease and understand how their thoughts and feelings affect how they take care of themselves and ultimately, the course of their illness.

ACTIVITY D: UNDERSTANDING HOW OUR INTERNAL REALITY AFFECTS OUR HEALTH PROBLEM

One way to clearly demonstrate how thoughts and feelings are related to health is by doing an activity that we call the chaining activity. This activity is repeated in the thoughts, activities, and people modules.

[sample introduction to the activity]

I would like to do a group activity that we call the “Chaining Activity.” The purpose of this activity is to help us really see how our internal reality, that is our thoughts, can affect our physical health. First let's take a neutral statement, a statement of fact about your health.

Use a statement of fact that is reflective of group members’ health problems, that is their disease. For example: 1) I have diabetes; 2) I have heart problems, 3) I cannot run as fast as I used to.

Quickly draw the mood scale on the board. Explain the mood scale or have a veteran explain the mood scale to new members. Write the statement of fact on the line next to the 5. We often brainstorm statements of fact with group members, writing them all down on the line representing a mood of 5 and then we have the group pick one statement of fact for the exercise.

Instruct group members that you now want them to think of thoughts they may have, given the statement of fact, that would make them spiral down. Ask them to spiral down in stages. So first, you would like someone to suggest some thought that would lead them to a mood of about a 4 and then a 3 and then a 2 and then a 1.

So now what I'd like you to do is to think about your health, something you might say to yourself that would bring you down to a mood of a 4. What would bring you down just one step?

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Health 1

Version 2000:May, 2000

Elicit answers from the group. If the answer seems too drastic, ask group members whether they would rate that as a 4 or perhaps lower. Then place the item where the group feels it belongs. If someone in the group gives you a behavior, write it down and then ask how they might be thinking if they acted like that. Write down the thought next to the behavior.

Now what would be a thought about your health that would bring us down to a 3.
Repeat for moods of 2 and 1.

Once participants have done this, ask them how they are feeling after doing this part of the exercise. Process what it is like for them to see how your thoughts can affect your mood. Process how their mood may have changed by just doing the exercise.

Next, have the participants go back to the statement of fact and now think of thoughts about their health that would lead them to spiral up, one step at a time.

Now, let's return to the statement of fact (repeat statement). What's a thought that might make our mood become a 6?

Repeat the process for moods up to 9. It is important to tell them that when we are spiraling up, we may never really get to a 9 but that we are trying to think of thoughts that will make us progressively feel better. Given that group members often have serious health problems, it is important to emphasize that it is natural to feel a certain amount of sadness given their condition, but we can still see how certain types of thoughts can help us and can even cause us to take better care of our health.

After they are done, again process their thoughts about how the way they think can make them feel better and how their mood may have changed by doing this part of the exercise.

We have included examples from our previous work with using this technique with groups below.

SAMPLE CHAINING EXERCISE

9 ↑ 8 7 6 5 ↓ 4 3 2 1	I can focus on what is positive in my life and make positive changes. I am still capable of doing many things. There are things I can do to take care of myself. I need to learn more about my health problem. I have a serious health problem. This is really awful. Why me? Why am I being punished. I'm not normal. I won't be able to do anything. Everyone else is having fun. No one cares about me.
---	--

SUMMARY: SO HOW DOES THE WAY WE THINK AFFECT OUR HEALTH?

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Health 1

Version 2000:May, 2000

At the end of the exercise elicit from the group the links they see between thoughts and health. Try to cover the following points:

- We can make choices about the way we think.
- Our thoughts really do affect how we feel.
- Our thoughts also affect the way we behave. For example, certain thoughts can lead us to take care of ourselves, whereas others might cause us to ignore and not take care of health problems.
- Our thoughts can also affect our health.
 - If our thoughts lead us to not take care of ourselves, that will affect us in a negative way.
 - Increased depression, anxiety, or stress about our health problems can have a direct negative affect on health.

Other topics to consider include:

- 1) how these examples apply to their own lives.
- 2) internal and external reality - When we think in different ways, we change our internal reality. In the example given above, the person shows that they can change their internal reality, making it more negative or more positive. As you change your internal reality, you also change your external reality. Once you begin to think in different ways, you behave in different ways.

3. HOW CAN I MANAGE MY HEALTH PROBLEMS?

[sample script]

Now we would like to begin talking about what you can do to manage your health problems. Let's again look at the diagram on page 148 in your books.

Go through the different boxes that make up the diagram and talk about how group members might make changes in each of the areas. As you go through the exercise, group members may bring up obstacles to and factors that helped them to seek treatments and behave in an adaptive healthy manner. Track these thoughts and encourage other group members to provide support around making positive, healthy changes.

1. Making Changes that Affect the Disease

Let's start by looking at the first box, the one that focuses on the disease, which is the objective part of your medical condition. How do you think you could make changes in this box?

Elicit answers from the group.

Possible ways to make changes are listed below:

1. Take care of your health by learning about your illness and its treatments.
2. Work collaboratively with your medical providers and follow through with treatments.

2. Making Changes in Your Reactions

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Health 1

Version 2000:May, 2000

Continue discussing with group members how they might make changes in each box of the diagram.

a. Changing Thoughts and Emotional Reactions

1. Learn how your thoughts and emotions affect your medical illness.
2. Learn to dispute unhelpful thoughts about your health (see the thoughts module).
3. Learn how to balance your thinking.

ACTIVITY: BALANCING YOUR THOUGHTS

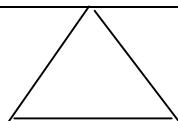
[sample introduction to activity]

Depression and other negative emotions can get in the way of managing medical problems in the best way possible. One way to understand this is by thinking about a balance beam. On one side of the beam would be paying no attention to health problems. On the other side of the beam would be paying way too much attention to health problems.

The balance beam is also shown on page 150 of the group members' books.

Draw the balance beam on the board.

No attention to health



Too much attention to health

Ask group members where they think they fall on the continuum. Also, ask group members why they think they, or other people might fall on one side or other of the continuum. What thoughts or feelings might be related to paying no attention or too much attention to health problems.

Ask group members to think about how they might like to change and how they might go about making such a change.

You may also choose to ask group members whether they have other thoughts about their health problems that they might like to balance.

b. Changing the Way You Take Care of Yourself

1. Reduce stress.
2. Engage in pleasant activities. You are not just your disease. Even when your disease feels uncontrollable, find other aspects of your life that you can control.
3. Increase social support to help deal with the changes.

3. Other Changes

1. Understand how other conditions, such as depression and stressful life circumstances affect your medical condition.
2. Make changes in your thoughts and emotional reactions to other conditions and stressful life events.

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Health 1

Version 2000:May, 2000

3. If necessary, get help for other factors that are affecting your health, such as depression, anxiety, and exposure to trauma.

ACTIVITY: RELAXATION EXERCISE

[sample introduction]

One way to make a change is by doing a relaxation exercise. A relaxation exercise, will help you reduce stress. It may make you feel less depressed, less anxious, and will positively affect your health.

We have listed two basic relaxation techniques below: 1) a deep breathing exercise, and 2) a mindfulness meditation exercise. We recommend you do both of them. There are of course numerous other relaxation exercises you can choose from. Other relaxation exercises are described on page 19 (Thoughts 2: Mindfulness exercise using an orange) and page 50 (Activities 2: Deep muscle relaxation).

This exercise is optional. (some group members may feel uncomfortable doing this exercise) Let them know that they can participate in all or just part of the exercise.

A. Deep Breathing Exercise

Keeping the Breath in Mind (Adapted from: Wherever you go there you are by Jon Kabat-Zinn)

Get yourself in a comfortable position with your feet flat on the ground. Now take a full breath in. . . . Try to focus on your breath, the feeling of it coming into your body and then the feeling of it leaving your body. Go at your own pace. Try to keep your mind open and free, just breathe. For now, forget all thoughts about the past or about what you have to do. Just keep returning to your breath whenever your mind wanders. . . . feeling your breath come in. . . . and then out.

Give the participants time to complete this exercise and then at the end, discuss as a group what it was like to do the exercise. When they are ready, you can do the next relaxation exercise.

B. Mindfulness Meditation: Lake Meditation (Adapted from: Wherever you go there you are by Jon Kabat-Zinn)

Get yourself in a comfortable position. Some people like to do this exercise lying down. . . .

Try to bring up the image of a lake in your mind. Picture the lake as a large body of water, cradled in a container made by the earth. Think about the lake. . . . the way the water likes to pool in low places and crevices. . . . The lake you imagine may be shallow or deep. . . . it may be blue or green. . . . muddy or clear. When there is no wind the surface of the lake is flat and like a mirror it reflects trees, rocks, sky and holds everything in itself for that moment. . . . Wind stirs up waves on the lake from ripples to large waves. Sunlight may sparkle on the ripples and dance, and at night the moon dances on the lake

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Health 1

Version 2000:May, 2000

as the stars sparkle in the reflection. In the winter the lake's surface may freeze over, yet below the surface life and movement continue.

Once you have a picture of the lake in your mind's eye, allow yourself to become one with the lake as you sit back or lie down. Take a few breaths as you allow yourself to become part of the lake. Experience the moments of stillness on the surface of the lake when the reflection and the water are completely clear and other times when the surface is disturbed. Notice the energies of your mind, your thoughts and your impulses which come and go as ripples or waves on the surface of the lake. Do your thoughts and feelings disturb the surface? Is that OK with you? Do you identify not only with the surface of the water but with the entire body of water. Sit for a moment cradled in awareness in the same way that the lake is cradled by the earth.

At the end of the exercise, discuss as a group what it was like to do the exercise. If participants liked the exercise and feel that it is useful, the exercise can be repeated each week. As members become more familiar with the exercise, you can ask them to lead the rest of the group.

VIII. TAKE HOME MESSAGE

Go over the take home message.

My mood affects my health. My health affects my mood.
I can make positive changes in both areas.

Even though I have health problems, I am not my health problems.
Even though I may have depression, I am not my depression.

IX. PERSONAL PROJECT ASSIGNMENT

WEEKLY PROJECT

1) continue tracking mood using the mood scale and track the number of things you do each day to take care of your health and physical well-being. Explain the mood scale to new members. The mood scale and explanation for how to use it are shown in page 152 of their books.

OPTIONAL PROJECT

Select one of the following activities to do:

- 1) ACTIVITIES: On page 153 of your books write down activities that you might do to take better care of yourself.
- 2) THOUGHTS: Using page 154 of your books, identify harmful/negative thoughts you have related to your health problems and think about ways of either disputing or altering those thoughts to make them more healthy.
- 3) PEOPLE: Complete page 155 in your books to identify important people in your life, understand the different types of health they might give you to help you manage your illness.

X. PREVIEW AND FEEDBACK

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Health 1

Version 2000:May, 2000

Let the participants know that next week you will continue developing a plan to manage their health problems and that you will be talking about what people need to manage their health problems.

Congratulate group members for attending the group and acknowledge that coming to group is a big step in improving their mood.

Before ending the group, encourage group members to provide feedback regarding today's session. Questions to encourage discussion are listed below.

- What was helpful about today's session?
- What was not helpful?
- What suggestions do you have to improve your therapy?

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Health 1

Version 2000:May, 2000

GROUP LEADER SELF EVALUATION FORM: HEALTH 1

INSTRUCTIONS

Content Covered: Rate the degree to which you feel this material was covered (0=not at all, 10=fully covered) If not done this session but done later, when it is done write in the date and rate how well you feel you covered it.

Satisfaction with Teaching: Rate the degree to which you are satisfied with the way you and your co-leader taught the material (0=not at all satisfied, 10=extremely satisfied).

Participant Process: Rate on average the degree to which participants seemed to participate, understand and complete the exercise (0=on average very poor no one understood or no one was able to complete exercise; 10=everyone seemed to understand keypoints and complete the exercise).

	Taught/ Done? (0-10)	Satisfaction with Teaching (0-10)	Participant Process (0-10)
Welcome			
Hand out CES-D			
Group rules			
Introductions			
Review of symptoms of depression			
Review of CBT treatment model			
New Material			
1. Understanding the relationship between health problems and mood			
A. Diagramming the relationship			
B. Identifying your health conditions and understanding how they affect your mood			
2. Self assessment			
A. Strategies for maintaining health			
B. Acute vs. chronic			
C. Feelings and thoughts about health problems			
D. The chaining exercise			
3. How can I manage my health problems			
Activity: Balancing thoughts			
The relaxation exercise			

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Health 1

Version 2000:May, 2000

Take Home Message

Personal Project Assigned

Preview and Feedback

COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION

PART II: Lecture Notes for Instructors: Health 1

Version 2000:May, 2000

Optional: What health problems does this person have.

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 2

Version 2000: May, 2000

HEALTH 2 – DEPRESSION, POVERTY, AND HEALTH

GOALS FOR LEADERS

- Review the reciprocal relationship between mood and health.
- Discuss the hierarchy of needs.
- Talk about how depression, health problems, and poverty interfere with our ability to get our needs met.
- Assess group members' needs and goals.
- Help group members develop a plan for obtaining and keeping needed resources, services, and supports.

MATERIALS NEEDED FOR THIS SESSION

- 1) Pens
- 2) Dry erase board, chalkboard or large sheets of paper to present material to group

SESSION OUTLINE

- I. Announcements and Agenda
- II. Review
- III. Personal Project Review
- IV. New Material: Identifying Needs and Getting them Met
- V. Take Home Message
- VI. Personal Project
- VII. Feedback and Preview

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 2

Version 2000: May, 2000

I. AGENDA AND ANNOUNCEMENTS

Go over the agenda and ask participants whether they have any topics they would like to add to the agenda. Make any announcements.

II. REVIEW

Review the material covered in Health 1. Use the review to check on how much participants remember from the last session, reinforce what they have learned, and educate group members who were absent last session.

[sample review statement]

Last week we welcomed new group members, we introduced ourselves, and we began talking about the cognitive behavioral treatment model. We also began talking about the relationship between mood and health problems. What are some of the things that you remember most from last week?

Elicit responses from the participants.

Make sure that you review the reciprocal relationship between depression health problems. If necessary, ask participants how depression affects their health problem or their ability to care for their health problem and then ask how their health problem and the symptoms associated with it affect their mood. Go over the diagram found on the top of page 157 of their books and have a group member read the statement shown on the top of that page.

“Depression can negatively affect health and can affect the way we take care of our health. Health problems can cause people to feel more depressed, stressed, angry, and anxious.”

III. PERSONAL PROJECT REVIEW

Review the homework from the previous session.

WEEKLY PROJECT

- Mood scale
- Track the number of things they did each day to take care of their health and physical well-being.

OPTIONAL PROJECT

Find out which optional personal project participants did and review what they learned from doing the project.

- Write down the activities they might do to take better care of themselves.
- Identify harmful/negative thoughts they have related to their health problems and attempt to dispute or alter them.
- Identify important people in their life who can help them manage their health problem.

Ask participants to share any changes they may have made to improve their health or their mood.

IV. NEW MATERIAL

BRIDGE: Introduce this week's material, linking it to material taught in previous sessions.

[sample bridge]

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 2

Version 2000: May, 2000

Last week we talked about the relationship between our mood and our health. Today we will be talking about our needs and how our mood and our health affect our needs.

1. THE HIERARCHY OF NEEDS

PURPOSE: To educate group members about the hierarchy of needs and begin a discussion around what group members think about this concept. The hierarchy of needs is based on the work of Abraham Maslow.

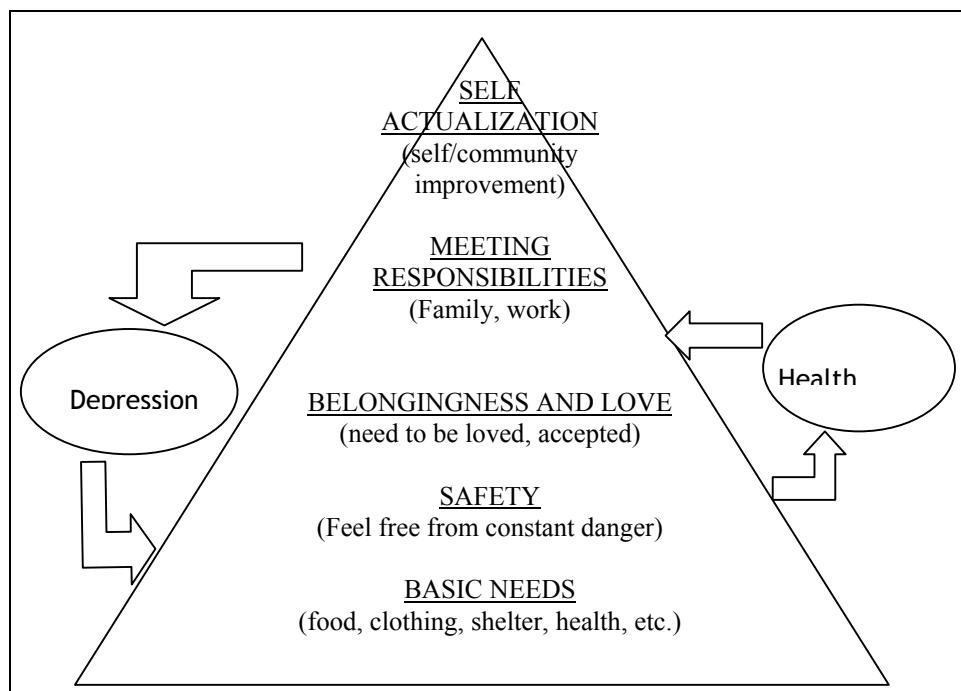
[sample introduction to this section]

Let's begin by talking about the different types of needs that we have. We can think of needs as part of a hierarchy or a pyramid. It's easier to get to the top if we have met all the steps below. At the base of the pyramid are our basic needs (food, clothing, shelter, and health), next is our need for safety, then our need to belong and to be loved, then our need to meet responsibilities, either in our families or in our work. Finally, there is our need to be self actualized, meaning to feel like we have made personal achievements or contributed to a group or community.

Draw a triangle on the board. The hierarchy of needs is shown below.

Ask group members to turn to page 158 in their books and go over the outline shown on that page. Elicit their reactions to the concept of the hierarchy of needs.

Note: Different cultural groups may place a greater emphasis on certain needs. It is critical that leaders assess the role culture plays in group members' conceptualizations of needs and resources and attempt to understand how the individual's view of their culture affects the way they perceive the relationship between access to resources, depression, and health.



COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 2

Version 2000: May, 2000

Key Points:

- We all have needs.
- Some needs take priority over others.
- Unmet needs may motivate our thoughts and behaviors. For example,
 - When we are thirsty, all we may think about is obtaining something to drink.
 - If our need for love or companionship is not satisfied, we may find ourselves thinking about looking for a relationship or staying in a harmful one.
- Fulfilling lower level needs, such as basic needs and safety needs, may make it easier to fulfill higher level needs.
- We often have times when we are working on several goals at different levels.
- Even when we do not have lower level needs met, we can achieve higher level needs, but it is often a struggle. For example,
 - People who live in violent places where they feel unsafe are often able to create warm and loving relationships with others and contribute to the community.
Ask group members for examples of people they know who have done this.
 - Numerous individuals with serious health problems are able to meet many higher level needs.
Ask group members for examples of people they know of who have done this.

Ask group members to identify the levels that they are currently working on. Elicit their reactions to this way of viewing needs.

2. DEPRESSION, HEALTH PROBLEMS, AND NEEDS

Begin a discussion around how depression and health problems have affected group members' abilities to get their needs met.

Encourage group members to think about the role that depression and health problems play in obtaining resources at each level. Group leaders can write down the broad categories on the board and then inquire about the changes that group members have experienced at that level as a result of their depression or health problems. For example,

- How has their depression and/or health problems affected their ability to get their basic needs met (food, clothing, shelter)?
- How has depression and/or health problems affected their sense of safety?
- How has depression and/or health problems affected their relationships?
- How has depression and/or health problems affected the way they see themselves as contributing to family and community?
- How has depression and/or health problems affected the way they view themselves?

Key points:

- It is harder (although not impossible) to reach a goal on one level if you have not met the goals on the levels below it.
- Depression and health problems may affect your ability to meet goals you have set.
 - They may act as obstacles.
 - You may need to modify your goals.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 2

Version 2000: May, 2000

Go over the example shown on page 159 in their books (see below). Group leaders can write down the need and original goal of the individual in the vignette on the board. Read through the vignette and then ask group members what this individual might do.

Alternately, group leaders may choose to make up an example that pertains to one or more of the group members.

This person set a goal of walking two times a week; however, after he/she became depressed he/she found that he/she had less energy and less desire to go for walks. In addition, due to a back injury, the person had pain when walking long distances. This person had always lived in a somewhat dangerous neighborhood but found that he/she was more bothered by it now that he/she was depressed. He/she was also concerned that due to his back problems, he/she might be an easier target for muggers. What do you think this person could do, given his/her original goal?

Need:	Original Goal:	Obstacles:	Modified Goal:
Exercise	Walk 2 times a week	Unsafe neighborhood Depression Lower back pain	Walk with someone else Walk a shorter distance (to the corner) Different type of exercise: swimming

Ask group members how they might apply this exercise to their own lives.

- If we have changes in our health, as a result of illness or injury, we are likely to have changes in our needs and goals.

Ask group members how their needs have changed after being depressed and having a health problem.

3. POVERTY AND RESOURCES

[sample introduction]

We have been talking about how depression and health problems have affected your ability to get your needs met but we realize that there is another important factor that affects whether or not our needs are met. The factor is poverty.

Write the word poverty on the board.

What does poverty mean to you?

Have group members define what poverty means to them. It may be helpful to write their responses on the board in a clear and concise manner. Questions to stimulate discussion are listed below:

- How does poverty affect you on an emotional level?
- How does poverty affect your relationships with others?
- How does poverty affect the way others treat you?
- How does poverty affect your ability to obtain resources?
- How does poverty affect your health?
- How does poverty affect your mood?

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 2

Version 2000: May, 2000

Common responses to these questions are shown below and on page 160 of the participants' books.

1. Fewer resources
2. Lack of respect or discrimination
3. Fewer choices
4. Less money to spend on or with others
5. Higher risk for illness
6. Chronic frustration

ACTIVITY: FREE OR CHEAP RESOURCE IN YOUR AREA

Begin a group discussion about the different types of resources that are available in the area.

Ask group members to share their thoughts about resources they are currently using or have used in the past. Group members can write down the resources on page 160 in their books.

Note: You may choose to do this activity now or at another time, depending on whether it appears to fit in with the material group members are bringing up.

Prior to doing this activity, group leader should familiarize themselves with resources available in their area. Many cities put out a resource booklet. For example, in San Francisco, the Homeless Advocacy Project has a book that describes different kinds of resources available in the city.

4. ASSESSING PARTICIPANTS' SPECIFIC NEEDS AND THOUGHTS, BEHAVIORS, AND PEOPLE RELATED TO THOSE NEEDS

PURPOSE: To identify group members' needs and thoughts, actions, and people that will help them obtain these resources. This is one of the first steps group members' can take to help them obtain resources.

[sample introduction]

We have been talking about how poverty, depression, and health problems affect both the types of resources we need and our ability to obtain these resources. We now want to begin talking about how we can overcome these obstacles. One way of doing this is by starting off by identifying what goals we have and what thoughts, behaviors, and people might help us reach these goals.

Have participants turn to page 161 in their books and go over the grid shown on that page.

We would like you to begin by thinking about the different needs and goals you might have related to each level of the hierarchy that we talked about earlier. Let's begin with the first level of the hierarchy, basic needs.

Go through the grid. Help group members identify needs and goals. Group members can choose the level they would like to work on. Some may choose to work on several different levels. Then have them identify helpful thoughts, behaviors, and people related to their goals.

As participants set goals, remind them that it is most helpful if they set goals that are:

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 2

Version 2000: May, 2000

1. Manageable in terms of size and scope.
2. Specific
3. Under their control

You may choose to ask participants to review the goal setting section shown in Activities 4. Let participants know that they can formally set a goal if they choose to do that as an optional personal project (see the personal project section).

It may be helpful to write the grid on the board and go through an example with the group members.

EXAMPLE

An individual needs to improve his/her health. His/her goal is to learn more about his/her health care problem and the things he/she could do to care for his/her health care problem.

Go through the following questions with the group members.

- What are thoughts that might help him/her obtain his/her goal?
(e.g. modify negative fortune telling from “They won’t be able to give me any information” to “I could learn many helpful things if I ask these questions.”)
- What could the person do to help him/her obtain his/her goal?
(e.g. write down a list of questions before the visit, practice asking the questions in an assertive way with a friend.)
- Who might help this person obtain his/her goal?
(e.g. selecting a good primary care provider, choosing a family member who might accompany the person to the appointment and make sure the questions are asked and the responses are understood.)

5. MAKING CHANGES TO FULFILL NEEDS

PURPOSE: To identify strategies that may help group members more effectively meet their needs.

Ask group members to turn to page 162 in their books. Go over the list of items listed there (see below). Have group members discuss the items that are most relevant to them.

[sample introduction]

We have been talking about how our needs change as we deal with acute or chronic medical conditions. There are many ways to manage and cope with the changes in our needs. A few things to keep in mind include:

1. Identify needs and decide which have the highest priority.
2. Ask yourself: Are these needs being met or not?
3. Set reasonable and clear goals.
4. Use thoughts that help you reach your goals.
5. Think in flexible ways.
6. Participate in activities that help you meet your needs and goals.
7. Get help when you need it.
8. Get support and alternative suggestions from helpful others.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 2

Version 2000: May, 2000

9. Identify obstacles that may interfere with getting needs met and make a plan to overcome them.

Let group members know that they will be able to make some changes by doing the optional personal projects.

V. TAKE HOME MESSAGE

Go over the take home message.

Poverty, depression, and health problems affect my ability to get my needs met, but I can still get my needs met.

I can set clear reasonable goals.

I can think in ways that are flexible and constructive.

I can do things that help me reach my goals.

I can reach out for help and support.

VI. PERSONAL PROJECT

WEEKLY PROJECT

- 1) Continue tracking mood using the mood scale and track the number of things you do each day to take care of your health and physical well being (see page 152).

OPTIONAL PROJECT (do the following activities if you want)

- 1) THOUGHTS: Identify thoughts that get in the way of fulfilling your needs and dispute them. Use the exercise on page 164.
- 2) ACTIVITIES: Use the goal setting sheets (pages 165-166) to identify a short term goal that helps you fulfill your needs.
- 3) PEOPLE: Think about you use your available health care resources? What are your thoughts, feelings, and behaviors toward your health care providers? (see page 167).

VII. FEEDBACK AND PREVIEW

Next week we will be talking about sleep as sleep is an important factor in both depression and health problems.

Before ending the group, encourage group members to provide feedback regarding today's session. Questions to encourage discussion are listed below.

What was helpful about today's session?

What was not helpful?

What suggestions do you have to improve your therapy?

GROUP LEADER SELF EVALUATION FORM: HEALTH 2

INSTRUCTIONS

Content Covered: Rate the degree to which you feel this material was covered (0=not at all, 5=fully covered) If not done this session but done later, when it is done write in the date and rate how well you feel you covered it.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 2

Version 2000: May, 2000

Satisfaction with Teaching: Rate the degree to which you are satisfied with the way you and your co-leader taught the material (0=not at all satisfied, 10=extremely satisfied).

Participant Process: Rate on average the degree to which participants seemed to participate, understand and complete the exercise (0=on average very poor, no one understood or no one was able to complete exercise; 10=everyone seemed to understand keypoints and complete the exercise).

	Taught/ Done? (0-5)	Satisfaction with Teaching (0-10)	Participant Process (0-10)
Review			
Personal Project Review			
1. The hierarchy of needs			
2. Depression, health problems, and needs			
3. Poverty and resources			
Activity: Free or cheap resources in your area			
4. Assessing participants' specific needs and thoughts, behaviors, and people related to those needs.			
5. Making changes to fulfill needs.			
Take Home Message			
Personal Project Assigned			
Preview and Feedback			

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

HEALTH 3--DEPRESSION, SLEEP, AND HEALTH

GOALS FOR LEADERS

- Talk about the relationship between depression, sleep, and health problems.
- To educate participants regarding the sleep wake cycle.
- To provide information about sleep hygiene.
- To help participants develop a plan to improve their sleep.

MATERIALS NEEDED FOR THIS SESSION

- 1) Pens
- 2) Dry erase board, chalkboard or large sheets of paper to present material to group

SESSION OUTLINE

- I. Announcements and Agenda
- II. Review
- III. Personal Project Review
- IV. New Material: The Relationship Between Sleep and Health and Improving Your Sleep
- V. Take Home Message
- VI. Personal Project
- VII. Feedback and Preview

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

I. AGENDA AND ANNOUNCEMENTS

Go over the agenda and ask participants whether they have any topics they would like to add to the agenda. Make any announcements.

II. REVIEW

Review the material covered in Health 2. Use the review to check on how much participants remember from the last session, reinforce what they have learned, and educate group members who were absent last session

[sample review statement]

Last week we talked about the different needs we have and how depression, health, and poverty affect our ability to get our needs met.

What do you remember most from last week?

Leaders can also choose to review the hierarchy of needs, which is shown on page 169 of the participants' books.

III. PERSONAL PROJECT REVIEW

Review the personal project from the previous session.

WEEKLY PROJECT

- Mood Scale
- Track the number of things they did each day to take care of their health and physical well-being.

OPTIONAL PROJECT

Find out which optional personal project participants did and review what they learned from doing the project.

- 1) THOUGHTS: What thoughts did they find got in the way of fulfilling their needs?
How did they dispute those thoughts?
- 2) ACTIVITIES: What short term goal did they set as a way to help them fulfill their needs.
- 3) PEOPLE: What thoughts, feelings, and behaviors did they find they had towards their health care providers?

NEW MATERIAL

BRIDGE: Introduce this week's material, linking it to material taught in previous sessions.

[sample bridge]

Last week we talked about the different types of needs that we have and how depression, health problems, and poverty affect our needs. One basic need that we all have is sleep. Today we will be talking about sleep problems and ways to get a better nights sleep.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

1. INFORMATION ABOUT SLEEP PROBLEMS

A. TYPES OF SLEEP PROBLEMS

[sample introduction]

Let's begin by talking about our sleep problems and how disruptions in sleep affect our health, the way we function, and our mood.

Write the word, sleep problems on the board.

Use the following questions or other questions to begin a discussion.

- *When we talk about sleep problems what do we mean?*
- *What kinds of sleep problems do you have?*

Elicit responses from the participants and write them on the board. Highlight that there are two primary categories of sleep problems:

1) Insomnia, which is characterized by

- problems falling asleep at bedtime
- waking up in the middle of the night
- waking up too early in the morning

2) Hypersomnia, which is characterized by excessive daytime sleepiness.

B. THE EFFECTS OF SLEEP DEPRIVATION

Have the participants talk about problems that are caused by sleep deprivation. Ask participants:

In what way do you think your sleep problems affect you?

Write their responses on the board and highlight the importance of sleep.

Be sure to cover the following topics:

- 1) Performance impairments
- 2) Mood disturbance (emotional distress, restlessness, frustration, and depression)
- 3) Concentration difficulties (impairments in alertness, concentration, and memory)

C. PREVALENCE OF SLEEP PROBLEMS

Provide information regarding the prevalence of sleep problems.

- Approximately 20% to 40% of adults have sleep disturbances.
- 20% of medical outpatients have sleep problems.
- Sleep problems, such as insomnia and hypersomnia are symptoms of depression and many medical problems.
- Many people with sleep problems consider their problem serious enough to see professional help.

D. WHAT CAUSES SLEEP PROBLEMS

Continue the group discussion by asking:

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

What causes sleep problems?

Elicit responses and write them on the board.

Be sure to cover the following factors that contribute to sleep problems.

Sleep problems may be caused by a number of factors:

1. Medical factors, including
 - pains
 - respiratory problems
 - restless legs
 - repetitive twitches, tremors
2. Certain substances, can contribute to or worsen insomnia
 - caffeine
 - nicotine
 - alcohol
 - prolonged use of sleeping medications
3. Psychological factors can contribute to sleep problems, which in turn can make the mood problems worse.
 - depression
 - anxiety
 - anger
4. Environmental Factors can contribute to sleep problems
 - stressful life events
 - outside noises
 - poor sleeping arrangements
5. Behavioral Factors can interrupt a restful sleep pattern
 - drinking large amounts of fluids near bedtime
 - reading exciting material before sleeping
 - watching scary programs before sleeping
6. Cognitive Factors (our thoughts) can affect how we sleep
 - false beliefs about how much sleep we need
 - worry about not sleeping enough or insomnia

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

E. THE RELATIONSHIP BETWEEN HEALTH AND SLEEP PROBLEMS

Begin a discussion about the various health problems that are associated with sleep disturbances.

Important information to include in this discussion are:

- 1) Acute and chronic medical conditions can disrupt sleep.
- 2) The symptoms of medical conditions along with procedures to treat them and/or prescriptions used to medicate these conditions can cause sleep disturbances.
- 3) Medical conditions that cause sleep disturbances include:
 - Acute and chronic pain sensations
 - Pulmonary disease
 - Congestive heart problems
 - Hyperthyroidism and hypothyroidism
 - Most central nervous system disorders

2. FACTS ABOUT SLEEP

A. THE BASIC SLEEP CYCLE

In the next part of this session, begin to introduce some basic facts about sleep. It is important that group leaders review some literature on sleep to have a better understanding of the various stages in a typical sleep wake cycle.

We recommend that leaders read a chapter titled Basic Facts About Sleep from Morin, C.M., *Insomnia: Psychological Assessment and Management*, Guilford Press, 1993.

Cover the key points listed in the participants' books (see below).

FACTS ABOUT SLEEP

1. Sleep is a well organized activity.
2. Sleep follows a cyclic pattern.
3. You become drowsy and enter a light sleep (Stage 1)
4. You pass through several sleep stages (2, 3, and 4)
5. You then return and pass through Stages 3, 2, and 1 and REM several more times throughout the night.
6. Stages 1, 2, 3, and 4 are referred to as the non-rapid eye movement phase.
7. The rapid eye movement "REM" phase is a brief period of sleep that gets longer throughout the night. .
8. During REM you dream and your heart rate, breathing, and other physiological functions increase.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

Go over the following figure. It may be helpful to draw it on the board.

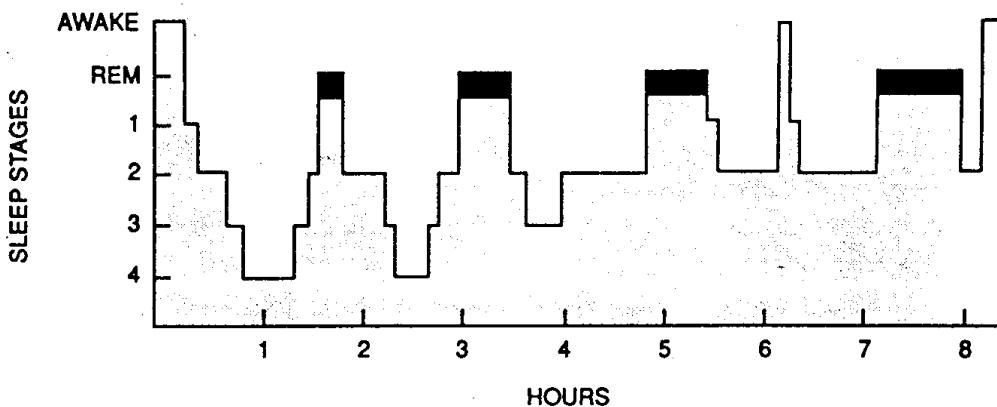


FIGURE 2.1. This sleep histogram illustrates the typical night's sleep of a normal young adult.

Key points:

- We often wake up at several different time points during the sleep cycle. This is an important point as many participants feel that it is a sign of a problem when they wake up in the middle of the night.
- As the night progresses we spend more time in REM sleep.
- Different people need a different number of sleep cycles (going from awake to stage 4 and back).

B. AVERAGE NUMBER OF HOURS OF SLEEP

Ask the group members how many hours of sleep they think they need each night to feel good. Write their answers on the board.

How many hours of sleep do you need to get to feel good?

Highlight the diversity in hours of sleep required. It is important that group members realize that we do not all have the same sleep requirements.

Also, talk about cultural differences in sleep patterns.

They may have unrealistic expectations regarding the number of hours of sleep they "should" get.

3. ASSESSING YOUR SLEEP PATTERNS

PURPOSE: The purpose of this section is to help group members identify factors (medical, substance use, psychological, environmental, etc.) that contribute to their sleep problems. Identify and highlight factors that are most relevant to specific group members.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

[sample introduction]

Now that we've talked about sleep in general, let's talk about your specific sleep problem.

Ask participants to turn to page 174 in their books and go over the questions listed on that page (see below).

Assessment of Sleep Problems:

1. How do you prepare for sleep? Do you have any routines?
2. What activities do you engage in that are incompatible with sleep?
3. How is your life affected by your sleep disturbance?
4. How do you respond to sleeplessness?
5. What do you think, do and feel during the day after a sleepless night?

The questions are provided to begin conducting an evaluation of sleep related behaviors. A comprehensive evaluation may be beyond the scope of the group discussion but convey the importance of understanding the nature, frequency, and severity of sleep problems, as well as identifying contributing factors.

Let group members know that as an optional personal project they can use the calendar on page 180 of their books to track their sleep problems and get a better understanding of their sleep problem. Doing so may help them develop a plan to improve their sleep.

4. DEVELOPING A PLAN TO IMPROVE SLEEP

PURPOSE: The purpose of this section is to educate group members regarding strategies that could improve sleep.

Note: Some individuals may have sleep problems that are serious enough to warrant professional help for the specific problem. Identify possible referral sources for these individuals.

Ask participants to turn to page 175 on their book and go over the treatments for sleep problems.

Treatments for acute sleep problems, such as insomnia, have traditionally involved the short-term use of sleeping medications.

Extensive research has shown that for chronic sleep problems, particularly insomnia, cognitive behavioral approaches are most effective and include the following interventions:

- stress management
- stimulus control therapy
- behavioral sleep therapy and cognitive educational components to promote better sleep hygiene.

Adapted from: Association for the Advancement of Behavior Therapy's Insomnia, 1990 and Patricia Lacks Behavioral Treatment for Persistent Insomnia, Pergamon Press, New York, 1987).

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

SLEEP HYGIENE

One of the common treatments for chronic sleep problems involves education about sleep hygiene. Sleep hygiene means setting up your sleep situation to make it more likely that you will have a good nights sleep. Let's turn to page 176 in your books and go over the ten rules for better sleep hygiene.

Go over the rules. As you do so, assess to what degree making changes in each area might help participants sleep better. Encourage participants to mark those rules they might like to adopt.

TEN RULES FOR BETTER SLEEP HYGIENE

In order to develop a consistent sleep rhythm and synchronize your biological clock, follow these first three rules. With time, your bedtime, or the time you become drowsy, will become more regular.

- 1) Do not go to bed until you are drowsy.
- 2) Get up at approximately the same time each morning, including weekends. If you feel you must get up later on weekends, allow yourself a maximum of one hour later rising.
- 3) Do not take naps.

Following the next seven rules will help you avoid some common habits that interfere with sleep and help you to build new habits that improve sleep.

- 4) Do not drink alcohol later than two hours before bedtime.
- 5) Do not eat or drink anything with caffeine after about 4PM or within 6 hours of bedtime. Things that contain caffeine include:
 - certain foods (e.g. chocolate)
 - certain drinks (e.g. tea, coffee, soda)
 - some medications (e.g. over the counter cold, headache, and pain relief medications)
- 6) Do not smoke within several hours of your bedtime.
- 7) Participate in exercise, physical activity regularly. The best time to exercise is in the later afternoon. Avoid strenuous physical exertion after 6 PM.
- 8) Think of ways to make your sleep environment more comfortable for sleep.
 - use ear plugs if necessary
 - ask others to keep the noise down
 - arrange for a comfortable room temperature

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

- place things over the window to darken the room
 - listen to soft music if that helps you
- 9) If you are accustomed to it, have a light carbohydrate snack before bedtime (e.g. crackers, graham crackers, milk, or cheese). Do not eat chocolate or large amounts of sugar. Avoid excessive fluids. If you wake up in the middle of the night, do not have a snack then because you may find that you begin to wake up habitually at that time feeling hungry.
- 10) Take medications as prescribed. If you feel your medications are contributing to your sleep problems, consult your doctor, so he or she can help you make the necessary changes.

V. TAKE HOME MESSAGE

Go over the take home message.

I can make changes in my thoughts and behaviors related to sleep.

A sleep routine can help me sleep better and improve my mood.

VI. PERSONAL PROJECT

WEEKLY PROJECT

- 1) Continue tracking mood using the mood scale and track the number of things you do each day to take care of your health and physical well-being (see page 152).

OPTIONAL PROJECT (do the following activities if you want)

- 1) THOUGHTS: Use the table on page 178 to identify thoughts that interrupt sleep and thoughts that might help you get a better night's sleep.
- 2) ACTIVITIES: Use page 179 to identify behaviors that keep you awake. Identify activities that might help you to relax and fall asleep.
- 3) PEOPLE: Are there people in your social environment who negatively affect your sleep? If so, how do they affect your sleep? How might you talk with them to change things so that you might sleep more regularly.
- 4) Understand your sleep problems better by completing the sleep calendar (page 180).

VII. FEEDBACK AND PREVIEW

Next week we will be talking about how other emotions, such as anxiety, anger, fear, and sadness, are connected to our health and how we can manage these feelings.

Before ending the group encourage group members to provide feedback regarding today's session. Questions to encourage discussion are listed below.

What was helpful about today's session?

What was not helpful?

What suggestions do you have to improve your therapy?

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

GROUP LEADER SELF EVALUATION FORM: HEALTH 3

INSTRUCTIONS

Content Covered: Rate the degree to which you feel this material was covered (0=not at all, 5=fully covered) If not done this session but done later, when it is done write in the date and rate how well you feel you covered it.

Satisfaction w/ Teaching: Rate the degree to which you are satisfied with the way you and your co-leader taught the material (0=not at all satisfied, 10=extremely satisfied)

Participant Process: Rate on average the degree to which participants seemed to participate, understand, and complete the exercise (0=on average very poor, no one understood or no one was able to complete exercise; 10=everyone seemed to understand keypoints and complete the exercise)

	Taught/ Done? (0-5)	Satisfaction with Teaching (0-10)	Participant Process (0-10)
Review			
Personal Project Review			
1. Information about sleep problems			
A. Types of sleep problems			
B. Effects of sleep deprivation			
C. Prevalence of sleep problems			
D. What causes sleep problems			
E. The relationship between health and sleep problems			
2. Facts about sleep			
A. The sleep cycle			
B. Average number of hours of sleep			
3. Assessing your sleep patterns			
4. Developing a plan to improve sleep			
Sleep hygiene			
Take Home Message			
Personal Project Assigned			
Preview and Feedback			

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: Health 4

Version 2000: May, 2000

HEALTH 4 – DEPRESSION, OTHER EMOTIONS, AND HEALTH

GOALS FOR LEADERS

- To talk about the connection between certain emotions (anger, anxiety, fear, and sadness and health)
- To talk about ways to manage feelings of anger, anxiety, fear, and sadness.

MATERIALS NEEDED FOR THIS SESSION

- 1) Pens
- 2) Dry erase board, chalkboard or large sheets of paper to present material to group

SESSION OUTLINE

- I. Announcements and Agenda
- II. Review
- III. Personal Project Review
- IV. New Material: Managing Other Emotions
- V. Take Home Message
- VI. Personal Project
- VII. Goodbye to Graduating Members and Feedback
- VIII. Preview

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: Health 4

Version 2000: May, 2000

I. AGENDA AND ANNOUNCEMENTS

Go over the agenda and ask participants whether they have any topics they would like to add to the agenda. Make any announcements.

Make sure to announce which group members are graduating.

II. REVIEW

Review the material covered in Health 3. Use the review to check on how much participants remembers from the last session, reinforce what they have learned, and educate group members who were absent last session.

[sample review statement]

Last week we talked about sleep problems and ways to get a better nights sleep. What are some of the things that you remember most from last week?

Elicit responses from participants.

III. PERSONAL PROJECT REVIEW

Review the homework from the previous session.

WEEKLY PROJECT

- Mood scale
- Track the number of things they did each day to take care of their health and physical well-being.

OPTIONAL PROJECT

- 1) THOUGHTS: Use the table on page 178 to identify thoughts that interrupt sleep and thoughts that might help you get a better nights sleep.
- 2) ACTIVITIES: Use page 179 to identify behaviors that keep you awake. Identify activities that might help you to relax and fall asleep.
- 3) PEOPLE: Are there people in your social environment who negatively affect your sleep? If so, how do they affect your sleep? How might you talk with them to change things so that you might sleep more regularly.
- 4) Understand your sleep problems better by completing the sleep calendar (page 180).

Ask participants to share any changes they may have made to improve their sleep.

IV. NEW MATERIAL

BRIDGE: Introduce this week's material, linking it to material taught in previous sessions.

[sample bridge]

Over the last few weeks we have been talking about the relationship between health and depression. We have been talking about how depression can affect our health by causing changes in:

- *levels of hormones*
- *blood pressure and heart rate*

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: Health 4

Version 2000: May, 2000

- *immune functioning*
- *sleeping patterns and energy levels.*

Other negative emotions, like anxiety, fear, anger, and grief can also affect our health. Today we will be talking about how these emotions and other behavioral and emotional factors affect us. We will also be talking about how we can learn to make positive changes in these areas.

1. THE RELATIONSHIP BETWEEN OTHER EMOTIONS (FEAR, ANGER, ANXIETY, AND GRIEF) AND HEALTH

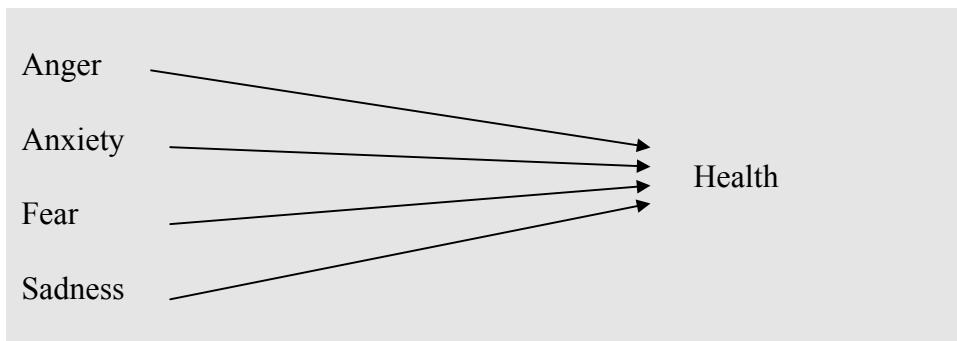
PURPOSE: The purpose of this section is to talk about the connection between these emotions and health.

[sample introduction]

Let's begin by thinking about how these emotions, anger, anxiety, fear, and sadness affect us.

Write these words on the board, then write the word “health” on the board (see below). Begin a discussion about how group members’ think these emotions are related to their health problems. Write their responses on the board.

Think about your own health problems. How do you think having these emotions affects your health?



Common responses include:

- These emotions might be associated with increased stress, which can negatively affect health.
- These emotions may interfere with your ability to care for yourself, which may negatively affect health.

Ask participants to turn to page 183 in their books and look at the chart on that page. Ask them to identify how the different emotions affect their thoughts and behaviors, and their health.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: Health 4

Version 2000: May, 2000

2. OTHER FACTORS THAT MAY AFFECT HEALTH

[sample introduction]

Besides these emotions, there are a variety of related factors that can also negatively affect health. If you turn to page 184 in your books, there is a list of some of these factors.

Go over the list and elicit group members' reactions. For each factor, assess the degree to which it is a significant factor for different group members.

1. Other Clinical Conditions, including
 - Post Traumatic Stress Disorder
 - Panic Disorder
 - Hypochondriasis

Ask group members if they understand what these different conditions are. Explain them if needed and assess whether group members' have these conditions.

2. An unhealthy coping style
 - Avoiding
 - Doing too much
3. Unhealthy behavior patterns
 - Inactivity
 - Overeating
 - Excessive alcohol or drug use
4. Specific personality traits
 - Perfectionistic (Type "A")
5. Unhealthy communication patterns
 - Passive
 - Aggressive
 - Passive-aggressive (indirect)

3. HOW DO THESE NEGATIVE EMOTIONS AND UNHEALTHY BEHAVIORS AFFECT THE BODY?

[sample introduction]

You have already brought up many ways that emotions might affect you and your health.

Reiterate some of what group members said.

On page 184 of your books, we have listed some of the main ways that these factors might influence your health condition.

Ask group members to turn to page 184. Go over the list and elicit group members' reactions.

1. They may influence the course of the illness
 - they might cause the condition to develop in a person who is at-risk
(For example, a stressor might trigger a bronchospasm in a person with asthma or might lead to a heart attack in a person with a heart condition.)

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: Health 4

Version 2000: May, 2000

- they could cause the condition to worsen
(For example major depression might worsen a heart condition, an autoimmune disease, or a chronic pain condition.)
2. They may interfere with the treatment of the illness
(For example, frustration and anxiety may interfere with the treatment for irritable bowel syndrome or stomach ulcers. In addition, people who are afraid or anxious regarding their condition, may not follow through with treatment.)
 3. They may pose an additional risk
(For example, overeating or a diet with inappropriate foods presents an additional risk for a person with diabetes, hypertension, or cardiovascular disease.)

4. TO WHAT DEGREE DO THESE EMOTIONS AFFECT ME?

[sample introduction]

We have been talking about how emotions and behavioral factors may affect our health. Now we'd like to assess the degree to which you think these factors affect each of you. To do this, let's turn to page 185 in your books. The different emotions that we have talked about and the other factors that might affect health are listed on this page.

Help group members complete the self assessment sheet. It may be helpful to go through the questions as a group and do the balance beams on the board. As you do the exercises, stress that having emotions, such as anger, anxiety, fear, and sadness, is normal and even at times adaptive. Give examples of how not having these emotions or having the emotions dominate your life might be maladaptive.

- It is adaptive to have anxiety when you are on the top of a ladder as it makes you be careful and hold on tight.
- It is not adaptive to worry so much about your health problem that you cannot sleep as this also contributes to health problems.

5. THOUGHTS, BEHAVIORS, PEOPLE AND OTHER EMOTIONS

[sample introduction]

In the past when we've talked about depression, we've talked about how our thoughts, behaviors and contacts with others are linked to feelings of depression.

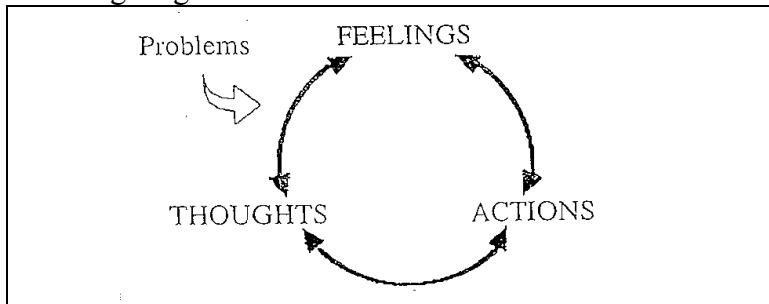
As we continue thinking about other emotions, such as anxiety, fear, sadness, and anger, it is important to remember that our thoughts, behaviors, and contacts with others are also connected to these emotions.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: Health 4

Version 2000: May, 2000

You can draw the following diagram on the board.



Elicit participants' reactions to the diagram and then continue.

This means that we can make changes in these emotions by making changes in how we think, what we do, and the types of contact we have with others. Managing these emotions is especially important when we have medical conditions because we have seen how these emotions can affect our medical conditions.

Ask participants to turn to page 186 in their books. Go through the chart on that page. Help participants identify harmful thoughts that are linked to the different emotions they may have and dispute the thoughts. Also discuss how participants can manage emotions by what they do and by obtaining help from others.

V. TAKE HOME MESSAGE

Negative emotions can affect my health, but I can manage my emotions and my health.

By looking at the way I think, by engaging in healthy, positive, goal oriented activities, and by getting social support I can manage feelings of anger, anxiety, fear, and sadness.

VI. FEEDBACK

As this is the last session of the module, spend time reviewing material from the past 4 sessions. Use the feedback time to review key concepts, determine what messages group members have learned from the module, and highlight that it is possible to make positive changes in your life.

Possible questions to stimulate discussion include:

1. How have you made changes in what you do since beginning the group?
2. What did you learn about relationships that was most helpful, in terms of improving your mood?
3. What did you find least helpful?
4. What message will you take from this module?

It will also be important to discuss with group members who are leaving the group, how their reactions to leaving and what they have learned from the group. Possible questions to ask group members who are leaving include:

1. What did you learn from the group?
2. What are your goals and plans after you leave the group?

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: Health 4

Version 2000: May, 2000

2. How will you continue to get support?
3. What do you need to continue your progress in managing your mood?
4. What will happen the next time you feel that you are becoming depressed?

Allow time so that other group members can also provide feedback to those who are leaving regarding how they feel about their leaving and specific things they have learned from them. Make sure you have prepared something specific to say to each participant who is leaving about their unique contribution to the group and the changes you have seen them make.

VII. PERSONAL PROJECT

WEEKLY PROJECT

- 1) Continue tracking mood using the mood scale and track the number of things you do each day to take care of your health and physical well-being (see page 152).

OPTIONAL PROJECT (do the following activities if you want)

- 1) THOUGHTS: Use the chaining exercise on page 189 to show how thoughts are connected to emotions, such as anxiety, anger, fear, and grief. Think about how you might change these thoughts in a helpful way that might positively affect your health and medical problems.
- 2) ACTIVITIES: List things you might do that might help you manage the emotions (anxiety, anger, fear, and grief).
- 3) PEOPLE: Identify the people in your life (family, friends, and health care providers) that can help you manage different emotions.

VIII. PREVIEW

Let the group members know that next week you will begin talking about how thoughts affect how we feel, and we will have new group members joining the group.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: Health 4

Version 2000: May, 2000

GROUP LEADER SELF EVALUATION FORM: HEALTH 4

INSTRUCTIONS

Content Covered: Rate the degree to which you feel this material was covered (0=not at all, 5=fully covered) If not done this session but done later, when it is done write in the date and rate how well you feel you covered it.

Satisfaction w/ Teaching: Rate the degree to which you are satisfied with the way you and your co-leader taught the material (0=not at all satisfied, 10=extremely satisfied)

Participant Process: Rate on average the degree to which participants seemed to participate, understand, and complete the exercise (0=on average very poor, no one understood or no one was able to complete exercise; 10=everyone seemed to understand keypoints and complete the exercise)

	Taught/ Done? (0-5)	Satisfaction with Teaching (0-10)	Participant Process (0-10)
Review			
Personal Project Review			
1. The relationship between other emotions and health			
2. Other factors that may affect health			
3. How do these negative emotions and unhealthy behaviors affect the body.			
4. To what degree do these emotions affect me			
5. Thoughts, behaviors, people, and other emotions			
Take Home Message			
Personal Project Assigned			
Preview and Feedback			

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: Health 4

Version 2000: May, 2000

CES-D

I am going to read a list of ways you may have felt. Please tell me how often you have felt this way during the past week; rarely or none of the time; some or a little of the time; occasionally or a moderate amount of time; or most or all of the time.

During the past week, that would be from <u>(date)</u> through today:	Rarely or none of the time (less than 1 Day)	Some or a little of the time (1-2 Days)	Occasionally or a Moderate Amount of Time (3-4 Days)	Most or all of the time (5-7 Days)
1. I was bothered by things that usually don't bother me.	0	1	2	3
2. I did not feel like eating; my appetite was poor.	0	1	2	3
3. I felt that I could not shake off the blues even with help from my family or friends.	0	1	2	3
4. I felt that I was just as good as other people.	3	2	1	0
5. I had trouble keeping my mind on what I was doing.	0	1	2	3
6. I felt depressed.	0	1	2	3
7. I felt that everything I did was an effort.	0	1	2	3
8. I felt hopeful about the future.	3	2	1	0
9. I thought my life had been a failure.	0	1	2	3
10. I felt fearful.	0	1	2	3
11. My sleep was restless.	0	1	2	3
12. I was happy.	3	2	1	0
13. I talked less than usual.	0	1	2	3
14. I felt lonely.	0	1	2	3
15. People were unfriendly.	0	1	2	3
16. I enjoyed life.	3	2	1	0
17. I had crying spells.	0	1	2	3
18. I felt sad.	0	1	2	3
19. I felt that people disliked me.	0	1	2	3
20. I could not get "going."	0	1	2	3

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: Health 4

Version 2000: May, 2000

San Francisco General Hospital Depression Clinic ---Mood Check-up

Check symptoms you have experienced nearly every day for the last two weeks:

Date:								
Major Depression Symptoms:								
1. Feeling depressed or down								
2. Loss of interest or pleasure								
3. Increase or decrease in weight or appetite								
4. Sleeping too much or too little								
5. Moving restlessly or slowed down								
6. Fatigued, tired all the time								
7. Feeling worthless or excessively guilty								
8. Trouble concentrating or making decisions								
9. Repeated thoughts of death or suicide								
Total (out of 9 possible):								
Are these symptoms interfering with your life or activities a lot? Y = Yes N = No								
CES-D Score:								

If you checked 9, and you have thoughts about harming yourself, please discuss this with your group leader or therapist immediately.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 2

Version 2000: May, 2000

HEALTH 2 – DEPRESSION, POVERTY, AND HEALTH

GOALS FOR LEADERS

- Review the reciprocal relationship between mood and health.
- Discuss the hierarchy of needs.
- Talk about how depression, health problems, and poverty interfere with our ability to get our needs met.
- Assess group members' needs and goals.
- Help group members develop a plan for obtaining and keeping needed resources, services, and supports.

MATERIALS NEEDED FOR THIS SESSION

- 1) Pens
- 2) Dry erase board, chalkboard or large sheets of paper to present material to group

SESSION OUTLINE

- I. Announcements and Agenda
- II. Review
- III. Personal Project Review
- IV. New Material: Identifying Needs and Getting them Met
- V. Take Home Message
- VI. Personal Project
- VII. Feedback and Preview

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 2

Version 2000: May, 2000

I. AGENDA AND ANNOUNCEMENTS

Go over the agenda and ask participants whether they have any topics they would like to add to the agenda. Make any announcements.

II. REVIEW

Review the material covered in Health 1. Use the review to check on how much participants remember from the last session, reinforce what they have learned, and educate group members who were absent last session.

[sample review statement]

Last week we welcomed new group members, we introduced ourselves, and we began talking about the cognitive behavioral treatment model. We also began talking about the relationship between mood and health problems. What are some of the things that you remember most from last week?

Elicit responses from the participants.

Make sure that you review the reciprocal relationship between depression health problems. If necessary, ask participants how depression affects their health problem or their ability to care for their health problem and then ask how their health problem and the symptoms associated with it affect their mood. Go over the diagram found on the top of page 157 of their books and have a group member read the statement shown on the top of that page.

“Depression can negatively affect health and can affect the way we take care of our health. Health problems can cause people to feel more depressed, stressed, angry, and anxious.”

III. PERSONAL PROJECT REVIEW

Review the homework from the previous session.

WEEKLY PROJECT

- Mood scale
- Track the number of things they did each day to take care of their health and physical well-being.

OPTIONAL PROJECT

Find out which optional personal project participants did and review what they learned from doing the project.

- Write down the activities they might do to take better care of themselves.
- Identify harmful/negative thoughts they have related to their health problems and attempt to dispute or alter them.
- Identify important people in their life who can help them manage their health problem.

Ask participants to share any changes they may have made to improve their health or their mood.

IV. NEW MATERIAL

BRIDGE: Introduce this week's material, linking it to material taught in previous sessions.

[sample bridge]

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 2

Version 2000: May, 2000

Last week we talked about the relationship between our mood and our health. Today we will be talking about our needs and how our mood and our health affect our needs.

1. THE HIERARCHY OF NEEDS

PURPOSE: To educate group members about the hierarchy of needs and begin a discussion around what group members think about this concept. The hierarchy of needs is based on the work of Abraham Maslow.

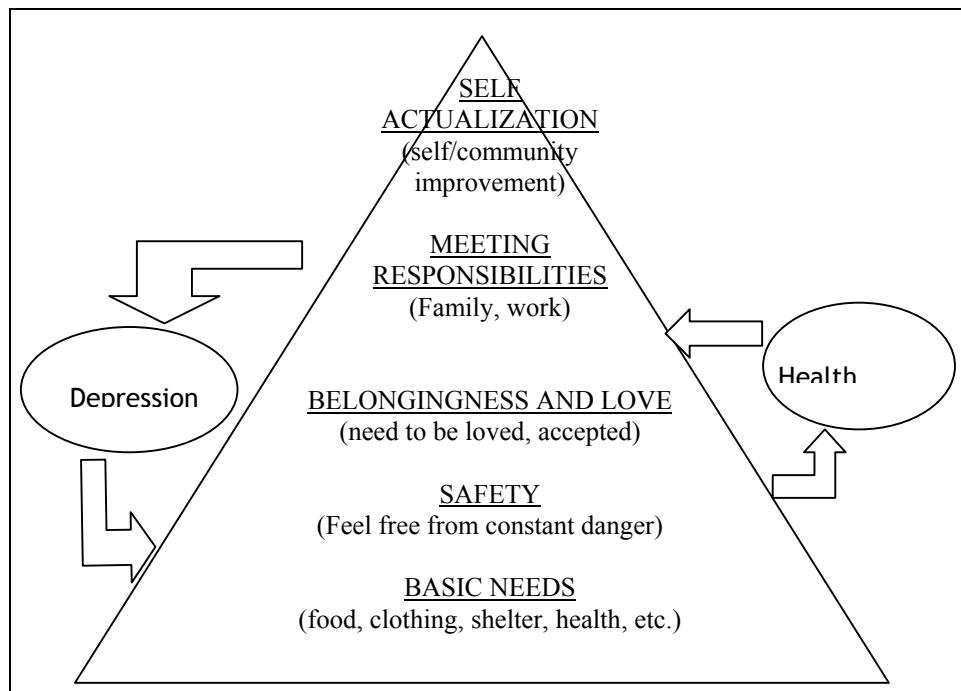
[sample introduction to this section]

Let's begin by talking about the different types of needs that we have. We can think of needs as part of a hierarchy or a pyramid. It's easier to get to the top if we have met all the steps below. At the base of the pyramid are our basic needs (food, clothing, shelter, and health), next is our need for safety, then our need to belong and to be loved, then our need to meet responsibilities, either in our families or in our work. Finally, there is our need to be self actualized, meaning to feel like we have made personal achievements or contributed to a group or community.

Draw a triangle on the board. The hierarchy of needs is shown below.

Ask group members to turn to page 158 in their books and go over the outline shown on that page. Elicit their reactions to the concept of the hierarchy of needs.

Note: Different cultural groups may place a greater emphasis on certain needs. It is critical that leaders assess the role culture plays in group members' conceptualizations of needs and resources and attempt to understand how the individual's view of their culture affects the way they perceive the relationship between access to resources, depression, and health.



COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 2

Version 2000: May, 2000

Key Points:

- We all have needs.
- Some needs take priority over others.
- Unmet needs may motivate our thoughts and behaviors. For example,
 - When we are thirsty, all we may think about is obtaining something to drink.
 - If our need for love or companionship is not satisfied, we may find ourselves thinking about looking for a relationship or staying in a harmful one.
- Fulfilling lower level needs, such as basic needs and safety needs, may make it easier to fulfill higher level needs.
- We often have times when we are working on several goals at different levels.
- Even when we do not have lower level needs met, we can achieve higher level needs, but it is often a struggle. For example,
 - People who live in violent places where they feel unsafe are often able to create warm and loving relationships with others and contribute to the community.
Ask group members for examples of people they know who have done this.
 - Numerous individuals with serious health problems are able to meet many higher level needs.
Ask group members for examples of people they know of who have done this.

Ask group members to identify the levels that they are currently working on. Elicit their reactions to this way of viewing needs.

2. DEPRESSION, HEALTH PROBLEMS, AND NEEDS

Begin a discussion around how depression and health problems have affected group members' abilities to get their needs met.

Encourage group members to think about the role that depression and health problems play in obtaining resources at each level. Group leaders can write down the broad categories on the board and then inquire about the changes that group members have experienced at that level as a result of their depression or health problems. For example,

- How has their depression and/or health problems affected their ability to get their basic needs met (food, clothing, shelter)?
- How has depression and/or health problems affected their sense of safety?
- How has depression and/or health problems affected their relationships?
- How has depression and/or health problems affected the way they see themselves as contributing to family and community?
- How has depression and/or health problems affected the way they view themselves?

Key points:

- It is harder (although not impossible) to reach a goal on one level if you have not met the goals on the levels below it.
- Depression and health problems may affect your ability to meet goals you have set.
 - They may act as obstacles.
 - You may need to modify your goals.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 2

Version 2000: May, 2000

Go over the example shown on page 159 in their books (see below). Group leaders can write down the need and original goal of the individual in the vignette on the board. Read through the vignette and then ask group members what this individual might do.

Alternately, group leaders may choose to make up an example that pertains to one or more of the group members.

This person set a goal of walking two times a week; however, after he/she became depressed he/she found that he/she had less energy and less desire to go for walks. In addition, due to a back injury, the person had pain when walking long distances. This person had always lived in a somewhat dangerous neighborhood but found that he/she was more bothered by it now that he/she was depressed. He/she was also concerned that due to his back problems, he/she might be an easier target for muggers. What do you think this person could do, given his/her original goal?

Need:	Original Goal:	Obstacles:	Modified Goal:
Exercise	Walk 2 times a week	Unsafe neighborhood Depression Lower back pain	Walk with someone else Walk a shorter distance (to the corner) Different type of exercise: swimming

Ask group members how they might apply this exercise to their own lives.

- If we have changes in our health, as a result of illness or injury, we are likely to have changes in our needs and goals.

Ask group members how their needs have changed after being depressed and having a health problem.

3. POVERTY AND RESOURCES

[sample introduction]

We have been talking about how depression and health problems have affected your ability to get your needs met but we realize that there is another important factor that affects whether or not our needs are met. The factor is poverty.

Write the word poverty on the board.

What does poverty mean to you?

Have group members define what poverty means to them. It may be helpful to write their responses on the board in a clear and concise manner. Questions to stimulate discussion are listed below:

- How does poverty affect you on an emotional level?
- How does poverty affect your relationships with others?
- How does poverty affect the way others treat you?
- How does poverty affect your ability to obtain resources?
- How does poverty affect your health?
- How does poverty affect your mood?

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 2

Version 2000: May, 2000

Common responses to these questions are shown below and on page 160 of the participants' books.

1. Fewer resources
2. Lack of respect or discrimination
3. Fewer choices
4. Less money to spend on or with others
5. Higher risk for illness
6. Chronic frustration

ACTIVITY: FREE OR CHEAP RESOURCE IN YOUR AREA

Begin a group discussion about the different types of resources that are available in the area.

Ask group members to share their thoughts about resources they are currently using or have used in the past. Group members can write down the resources on page 160 in their books.

Note: You may choose to do this activity now or at another time, depending on whether it appears to fit in with the material group members are bringing up.

Prior to doing this activity, group leader should familiarize themselves with resources available in their area. Many cities put out a resource booklet. For example, in San Francisco, the Homeless Advocacy Project has a book that describes different kinds of resources available in the city.

4. ASSESSING PARTICIPANTS' SPECIFIC NEEDS AND THOUGHTS, BEHAVIORS, AND PEOPLE RELATED TO THOSE NEEDS

PURPOSE: To identify group members' needs and thoughts, actions, and people that will help them obtain these resources. This is one of the first steps group members' can take to help them obtain resources.

[sample introduction]

We have been talking about how poverty, depression, and health problems affect both the types of resources we need and our ability to obtain these resources. We now want to begin talking about how we can overcome these obstacles. One way of doing this is by starting off by identifying what goals we have and what thoughts, behaviors, and people might help us reach these goals.

Have participants turn to page 161 in their books and go over the grid shown on that page.

We would like you to begin by thinking about the different needs and goals you might have related to each level of the hierarchy that we talked about earlier. Let's begin with the first level of the hierarchy, basic needs.

Go through the grid. Help group members identify needs and goals. Group members can choose the level they would like to work on. Some may choose to work on several different levels. Then have them identify helpful thoughts, behaviors, and people related to their goals.

As participants set goals, remind them that it is most helpful if they set goals that are:

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 2

Version 2000: May, 2000

1. Manageable in terms of size and scope.
2. Specific
3. Under their control

You may choose to ask participants to review the goal setting section shown in Activities 4. Let participants know that they can formally set a goal if they choose to do that as an optional personal project (see the personal project section).

It may be helpful to write the grid on the board and go through an example with the group members.

EXAMPLE

An individual needs to improve his/her health. His/her goal is to learn more about his/her health care problem and the things he/she could do to care for his/her health care problem.

Go through the following questions with the group members.

- What are thoughts that might help him/her obtain his/her goal?
(e.g. modify negative fortune telling from “They won’t be able to give me any information” to “I could learn many helpful things if I ask these questions.”)
- What could the person do to help him/her obtain his/her goal?
(e.g. write down a list of questions before the visit, practice asking the questions in an assertive way with a friend.)
- Who might help this person obtain his/her goal?
(e.g. selecting a good primary care provider, choosing a family member who might accompany the person to the appointment and make sure the questions are asked and the responses are understood.)

5. MAKING CHANGES TO FULFILL NEEDS

PURPOSE: To identify strategies that may help group members more effectively meet their needs.

Ask group members to turn to page 162 in their books. Go over the list of items listed there (see below). Have group members discuss the items that are most relevant to them.

[sample introduction]

We have been talking about how our needs change as we deal with acute or chronic medical conditions. There are many ways to manage and cope with the changes in our needs. A few things to keep in mind include:

1. Identify needs and decide which have the highest priority.
2. Ask yourself: Are these needs being met or not?
3. Set reasonable and clear goals.
4. Use thoughts that help you reach your goals.
5. Think in flexible ways.
6. Participate in activities that help you meet your needs and goals.
7. Get help when you need it.
8. Get support and alternative suggestions from helpful others.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 2

Version 2000: May, 2000

9. Identify obstacles that may interfere with getting needs met and make a plan to overcome them.

Let group members know that they will be able to make some changes by doing the optional personal projects.

V. TAKE HOME MESSAGE

Go over the take home message.

Poverty, depression, and health problems affect my ability to get my needs met, but I can still get my needs met.

I can set clear reasonable goals.

I can think in ways that are flexible and constructive.

I can do things that help me reach my goals.

I can reach out for help and support.

VI. PERSONAL PROJECT

WEEKLY PROJECT

- 1) Continue tracking mood using the mood scale and track the number of things you do each day to take care of your health and physical well being (see page 152).

OPTIONAL PROJECT (do the following activities if you want)

- 1) THOUGHTS: Identify thoughts that get in the way of fulfilling your needs and dispute them. Use the exercise on page 164.
- 2) ACTIVITIES: Use the goal setting sheets (pages 165-166) to identify a short term goal that helps you fulfill your needs.
- 3) PEOPLE: Think about you use your available health care resources? What are your thoughts, feelings, and behaviors toward your health care providers? (see page 167).

VII. FEEDBACK AND PREVIEW

Next week we will be talking about sleep as sleep is an important factor in both depression and health problems.

Before ending the group, encourage group members to provide feedback regarding today's session. Questions to encourage discussion are listed below.

What was helpful about today's session?

What was not helpful?

What suggestions do you have to improve your therapy?

GROUP LEADER SELF EVALUATION FORM: HEALTH 2

INSTRUCTIONS

Content Covered: Rate the degree to which you feel this material was covered (0=not at all, 5=fully covered) If not done this session but done later, when it is done write in the date and rate how well you feel you covered it.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 2

Version 2000: May, 2000

Satisfaction with Teaching: Rate the degree to which you are satisfied with the way you and your co-leader taught the material (0=not at all satisfied, 10=extremely satisfied).

Participant Process: Rate on average the degree to which participants seemed to participate, understand and complete the exercise (0=on average very poor, no one understood or no one was able to complete exercise; 10=everyone seemed to understand keypoints and complete the exercise).

	Taught/ Done? (0-5)	Satisfaction with Teaching (0-10)	Participant Process (0-10)
Review			
Personal Project Review			
1. The hierarchy of needs			
2. Depression, health problems, and needs			
3. Poverty and resources			
Activity: Free or cheap resources in your area			
4. Assessing participants' specific needs and thoughts, behaviors, and people related to those needs.			
5. Making changes to fulfill needs.			
Take Home Message			
Personal Project Assigned			
Preview and Feedback			

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

HEALTH 3--DEPRESSION, SLEEP, AND HEALTH

GOALS FOR LEADERS

- Talk about the relationship between depression, sleep, and health problems.
- To educate participants regarding the sleep wake cycle.
- To provide information about sleep hygiene.
- To help participants develop a plan to improve their sleep.

MATERIALS NEEDED FOR THIS SESSION

- 1) Pens
- 2) Dry erase board, chalkboard or large sheets of paper to present material to group

SESSION OUTLINE

- I. Announcements and Agenda
- II. Review
- III. Personal Project Review
- IV. New Material: The Relationship Between Sleep and Health and Improving Your Sleep
- V. Take Home Message
- VI. Personal Project
- VII. Feedback and Preview

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

I. AGENDA AND ANNOUNCEMENTS

Go over the agenda and ask participants whether they have any topics they would like to add to the agenda. Make any announcements.

II. REVIEW

Review the material covered in Health 2. Use the review to check on how much participants remember from the last session, reinforce what they have learned, and educate group members who were absent last session

[sample review statement]

Last week we talked about the different needs we have and how depression, health, and poverty affect our ability to get our needs met.

What do you remember most from last week?

Leaders can also choose to review the hierarchy of needs, which is shown on page 169 of the participants' books.

III. PERSONAL PROJECT REVIEW

Review the personal project from the previous session.

WEEKLY PROJECT

- Mood Scale
- Track the number of things they did each day to take care of their health and physical well-being.

OPTIONAL PROJECT

Find out which optional personal project participants did and review what they learned from doing the project.

- 1) THOUGHTS: What thoughts did they find got in the way of fulfilling their needs?
How did they dispute those thoughts?
- 2) ACTIVITIES: What short term goal did they set as a way to help them fulfill their needs.
- 3) PEOPLE: What thoughts, feelings, and behaviors did they find they had towards their health care providers?

NEW MATERIAL

BRIDGE: Introduce this week's material, linking it to material taught in previous sessions.

[sample bridge]

Last week we talked about the different types of needs that we have and how depression, health problems, and poverty affect our needs. One basic need that we all have is sleep. Today we will be talking about sleep problems and ways to get a better nights sleep.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

1. INFORMATION ABOUT SLEEP PROBLEMS

A. TYPES OF SLEEP PROBLEMS

[sample introduction]

Let's begin by talking about our sleep problems and how disruptions in sleep affect our health, the way we function, and our mood.

Write the word, sleep problems on the board.

Use the following questions or other questions to begin a discussion.

- *When we talk about sleep problems what do we mean?*
- *What kinds of sleep problems do you have?*

Elicit responses from the participants and write them on the board. Highlight that there are two primary categories of sleep problems:

1) Insomnia, which is characterized by

- problems falling asleep at bedtime
- waking up in the middle of the night
- waking up too early in the morning

2) Hypersomnia, which is characterized by excessive daytime sleepiness.

B. THE EFFECTS OF SLEEP DEPRIVATION

Have the participants talk about problems that are caused by sleep deprivation. Ask participants:

In what way do you think your sleep problems affect you?

Write their responses on the board and highlight the importance of sleep.

Be sure to cover the following topics:

- 1) Performance impairments
- 2) Mood disturbance (emotional distress, restlessness, frustration, and depression)
- 3) Concentration difficulties (impairments in alertness, concentration, and memory)

C. PREVALENCE OF SLEEP PROBLEMS

Provide information regarding the prevalence of sleep problems.

- Approximately 20% to 40% of adults have sleep disturbances.
- 20% of medical outpatients have sleep problems.
- Sleep problems, such as insomnia and hypersomnia are symptoms of depression and many medical problems.
- Many people with sleep problems consider their problem serious enough to see professional help.

D. WHAT CAUSES SLEEP PROBLEMS

Continue the group discussion by asking:

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

What causes sleep problems?

Elicit responses and write them on the board.

Be sure to cover the following factors that contribute to sleep problems.

Sleep problems may be caused by a number of factors:

1. Medical factors, including
 - pains
 - respiratory problems
 - restless legs
 - repetitive twitches, tremors
2. Certain substances, can contribute to or worsen insomnia
 - caffeine
 - nicotine
 - alcohol
 - prolonged use of sleeping medications
3. Psychological factors can contribute to sleep problems, which in turn can make the mood problems worse.
 - depression
 - anxiety
 - anger
4. Environmental Factors can contribute to sleep problems
 - stressful life events
 - outside noises
 - poor sleeping arrangements
5. Behavioral Factors can interrupt a restful sleep pattern
 - drinking large amounts of fluids near bedtime
 - reading exciting material before sleeping
 - watching scary programs before sleeping
6. Cognitive Factors (our thoughts) can affect how we sleep
 - false beliefs about how much sleep we need
 - worry about not sleeping enough or insomnia

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

E. THE RELATIONSHIP BETWEEN HEALTH AND SLEEP PROBLEMS

Begin a discussion about the various health problems that are associated with sleep disturbances.

Important information to include in this discussion are:

- 1) Acute and chronic medical conditions can disrupt sleep.
- 2) The symptoms of medical conditions along with procedures to treat them and/or prescriptions used to medicate these conditions can cause sleep disturbances.
- 3) Medical conditions that cause sleep disturbances include:
 - Acute and chronic pain sensations
 - Pulmonary disease
 - Congestive heart problems
 - Hyperthyroidism and hypothyroidism
 - Most central nervous system disorders

2. FACTS ABOUT SLEEP

A. THE BASIC SLEEP CYCLE

In the next part of this session, begin to introduce some basic facts about sleep. It is important that group leaders review some literature on sleep to have a better understanding of the various stages in a typical sleep wake cycle.

We recommend that leaders read a chapter titled Basic Facts About Sleep from Morin, C.M., *Insomnia: Psychological Assessment and Management*, Guilford Press, 1993.

Cover the key points listed in the participants' books (see below).

FACTS ABOUT SLEEP

1. Sleep is a well organized activity.
2. Sleep follows a cyclic pattern.
3. You become drowsy and enter a light sleep (Stage 1)
4. You pass through several sleep stages (2, 3, and 4)
5. You then return and pass through Stages 3, 2, and 1 and REM several more times throughout the night.
6. Stages 1, 2, 3, and 4 are referred to as the non-rapid eye movement phase.
7. The rapid eye movement "REM" phase is a brief period of sleep that gets longer throughout the night. .
8. During REM you dream and your heart rate, breathing, and other physiological functions increase.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

Go over the following figure. It may be helpful to draw it on the board.

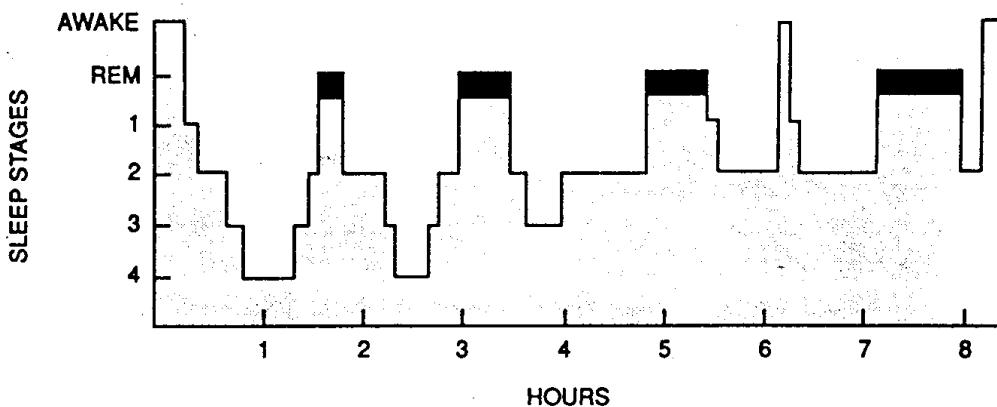


FIGURE 2.1. This sleep histogram illustrates the typical night's sleep of a normal young adult.

Key points:

- We often wake up at several different time points during the sleep cycle. This is an important point as many participants feel that it is a sign of a problem when they wake up in the middle of the night.
- As the night progresses we spend more time in REM sleep.
- Different people need a different number of sleep cycles (going from awake to stage 4 and back).

B. AVERAGE NUMBER OF HOURS OF SLEEP

Ask the group members how many hours of sleep they think they need each night to feel good. Write their answers on the board.

How many hours of sleep do you need to get to feel good?

Highlight the diversity in hours of sleep required. It is important that group members realize that we do not all have the same sleep requirements.

Also, talk about cultural differences in sleep patterns.

They may have unrealistic expectations regarding the number of hours of sleep they "should" get.

3. ASSESSING YOUR SLEEP PATTERNS

PURPOSE: The purpose of this section is to help group members identify factors (medical, substance use, psychological, environmental, etc.) that contribute to their sleep problems. Identify and highlight factors that are most relevant to specific group members.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

[sample introduction]

Now that we've talked about sleep in general, let's talk about your specific sleep problem.

Ask participants to turn to page 174 in their books and go over the questions listed on that page (see below).

Assessment of Sleep Problems:

1. How do you prepare for sleep? Do you have any routines?
2. What activities do you engage in that are incompatible with sleep?
3. How is your life affected by your sleep disturbance?
4. How do you respond to sleeplessness?
5. What do you think, do and feel during the day after a sleepless night?

The questions are provided to begin conducting an evaluation of sleep related behaviors. A comprehensive evaluation may be beyond the scope of the group discussion but convey the importance of understanding the nature, frequency, and severity of sleep problems, as well as identifying contributing factors.

Let group members know that as an optional personal project they can use the calendar on page 180 of their books to track their sleep problems and get a better understanding of their sleep problem. Doing so may help them develop a plan to improve their sleep.

4. DEVELOPING A PLAN TO IMPROVE SLEEP

PURPOSE: The purpose of this section is to educate group members regarding strategies that could improve sleep.

Note: Some individuals may have sleep problems that are serious enough to warrant professional help for the specific problem. Identify possible referral sources for these individuals.

Ask participants to turn to page 175 on their book and go over the treatments for sleep problems.

Treatments for acute sleep problems, such as insomnia, have traditionally involved the short-term use of sleeping medications.

Extensive research has shown that for chronic sleep problems, particularly insomnia, cognitive behavioral approaches are most effective and include the following interventions:

- stress management
- stimulus control therapy
- behavioral sleep therapy and cognitive educational components to promote better sleep hygiene.

Adapted from: Association for the Advancement of Behavior Therapy's Insomnia, 1990 and Patricia Lacks Behavioral Treatment for Persistent Insomnia, Pergamon Press, New York, 1987).

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

SLEEP HYGIENE

One of the common treatments for chronic sleep problems involves education about sleep hygiene. Sleep hygiene means setting up your sleep situation to make it more likely that you will have a good nights sleep. Let's turn to page 176 in your books and go over the ten rules for better sleep hygiene.

Go over the rules. As you do so, assess to what degree making changes in each area might help participants sleep better. Encourage participants to mark those rules they might like to adopt.

TEN RULES FOR BETTER SLEEP HYGIENE

In order to develop a consistent sleep rhythm and synchronize your biological clock, follow these first three rules. With time, your bedtime, or the time you become drowsy, will become more regular.

- 1) Do not go to bed until you are drowsy.
- 2) Get up at approximately the same time each morning, including weekends. If you feel you must get up later on weekends, allow yourself a maximum of one hour later rising.
- 3) Do not take naps.

Following the next seven rules will help you avoid some common habits that interfere with sleep and help you to build new habits that improve sleep.

- 4) Do not drink alcohol later than two hours before bedtime.
- 5) Do not eat or drink anything with caffeine after about 4PM or within 6 hours of bedtime. Things that contain caffeine include:
 - certain foods (e.g. chocolate)
 - certain drinks (e.g. tea, coffee, soda)
 - some medications (e.g. over the counter cold, headache, and pain relief medications)
- 6) Do not smoke within several hours of your bedtime.
- 7) Participate in exercise, physical activity regularly. The best time to exercise is in the later afternoon. Avoid strenuous physical exertion after 6 PM.
- 8) Think of ways to make your sleep environment more comfortable for sleep.
 - use ear plugs if necessary
 - ask others to keep the noise down
 - arrange for a comfortable room temperature

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

- place things over the window to darken the room
 - listen to soft music if that helps you
- 9) If you are accustomed to it, have a light carbohydrate snack before bedtime (e.g. crackers, graham crackers, milk, or cheese). Do not eat chocolate or large amounts of sugar. Avoid excessive fluids. If you wake up in the middle of the night, do not have a snack then because you may find that you begin to wake up habitually at that time feeling hungry.
- 10) Take medications as prescribed. If you feel your medications are contributing to your sleep problems, consult your doctor, so he or she can help you make the necessary changes.

V. TAKE HOME MESSAGE

Go over the take home message.

I can make changes in my thoughts and behaviors related to sleep.

A sleep routine can help me sleep better and improve my mood.

VI. PERSONAL PROJECT

WEEKLY PROJECT

- 1) Continue tracking mood using the mood scale and track the number of things you do each day to take care of your health and physical well-being (see page 152).

OPTIONAL PROJECT (do the following activities if you want)

- 1) THOUGHTS: Use the table on page 178 to identify thoughts that interrupt sleep and thoughts that might help you get a better night's sleep.
- 2) ACTIVITIES: Use page 179 to identify behaviors that keep you awake. Identify activities that might help you to relax and fall asleep.
- 3) PEOPLE: Are there people in your social environment who negatively affect your sleep? If so, how do they affect your sleep? How might you talk with them to change things so that you might sleep more regularly.
- 4) Understand your sleep problems better by completing the sleep calendar (page 180).

VII. FEEDBACK AND PREVIEW

Next week we will be talking about how other emotions, such as anxiety, anger, fear, and sadness, are connected to our health and how we can manage these feelings.

Before ending the group encourage group members to provide feedback regarding today's session. Questions to encourage discussion are listed below.

What was helpful about today's session?

What was not helpful?

What suggestions do you have to improve your therapy?

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

GROUP LEADER SELF EVALUATION FORM: HEALTH 3

INSTRUCTIONS

Content Covered: Rate the degree to which you feel this material was covered (0=not at all, 5=fully covered) If not done this session but done later, when it is done write in the date and rate how well you feel you covered it.

Satisfaction w/ Teaching: Rate the degree to which you are satisfied with the way you and your co-leader taught the material (0=not at all satisfied, 10=extremely satisfied)

Participant Process: Rate on average the degree to which participants seemed to participate, understand, and complete the exercise (0=on average very poor, no one understood or no one was able to complete exercise; 10=everyone seemed to understand keypoints and complete the exercise)

	Taught/ Done? (0-5)	Satisfaction with Teaching (0-10)	Participant Process (0-10)
Review			
Personal Project Review			
1. Information about sleep problems			
A. Types of sleep problems			
B. Effects of sleep deprivation			
C. Prevalence of sleep problems			
D. What causes sleep problems			
E. The relationship between health and sleep problems			
2. Facts about sleep			
A. The sleep cycle			
B. Average number of hours of sleep			
3. Assessing your sleep patterns			
4. Developing a plan to improve sleep			
Sleep hygiene			
Take Home Message			
Personal Project Assigned			
Preview and Feedback			

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

HEALTH 3--DEPRESSION, SLEEP, AND HEALTH

GOALS FOR LEADERS

- Talk about the relationship between depression, sleep, and health problems.
- To educate participants regarding the sleep wake cycle.
- To provide information about sleep hygiene.
- To help participants develop a plan to improve their sleep.

MATERIALS NEEDED FOR THIS SESSION

- 1) Pens
- 2) Dry erase board, chalkboard or large sheets of paper to present material to group

SESSION OUTLINE

- I. Announcements and Agenda
- II. Review
- III. Personal Project Review
- IV. New Material: The Relationship Between Sleep and Health and Improving Your Sleep
- V. Take Home Message
- VI. Personal Project
- VII. Feedback and Preview

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

I. AGENDA AND ANNOUNCEMENTS

Go over the agenda and ask participants whether they have any topics they would like to add to the agenda. Make any announcements.

II. REVIEW

Review the material covered in Health 2. Use the review to check on how much participants remember from the last session, reinforce what they have learned, and educate group members who were absent last session

[sample review statement]

Last week we talked about the different needs we have and how depression, health, and poverty affect our ability to get our needs met.

What do you remember most from last week?

Leaders can also choose to review the hierarchy of needs, which is shown on page 169 of the participants' books.

III. PERSONAL PROJECT REVIEW

Review the personal project from the previous session.

WEEKLY PROJECT

- Mood Scale
- Track the number of things they did each day to take care of their health and physical well-being.

OPTIONAL PROJECT

Find out which optional personal project participants did and review what they learned from doing the project.

- 1) THOUGHTS: What thoughts did they find got in the way of fulfilling their needs?
How did they dispute those thoughts?
- 2) ACTIVITIES: What short term goal did they set as a way to help them fulfill their needs.
- 3) PEOPLE: What thoughts, feelings, and behaviors did they find they had towards their health care providers?

NEW MATERIAL

BRIDGE: Introduce this week's material, linking it to material taught in previous sessions.

[sample bridge]

Last week we talked about the different types of needs that we have and how depression, health problems, and poverty affect our needs. One basic need that we all have is sleep. Today we will be talking about sleep problems and ways to get a better nights sleep.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

1. INFORMATION ABOUT SLEEP PROBLEMS

A. TYPES OF SLEEP PROBLEMS

[sample introduction]

Let's begin by talking about our sleep problems and how disruptions in sleep affect our health, the way we function, and our mood.

Write the word, sleep problems on the board.

Use the following questions or other questions to begin a discussion.

- *When we talk about sleep problems what do we mean?*
- *What kinds of sleep problems do you have?*

Elicit responses from the participants and write them on the board. Highlight that there are two primary categories of sleep problems:

1) Insomnia, which is characterized by

- problems falling asleep at bedtime
- waking up in the middle of the night
- waking up too early in the morning

2) Hypersomnia, which is characterized by excessive daytime sleepiness.

B. THE EFFECTS OF SLEEP DEPRIVATION

Have the participants talk about problems that are caused by sleep deprivation. Ask participants:

In what way do you think your sleep problems affect you?

Write their responses on the board and highlight the importance of sleep.

Be sure to cover the following topics:

- 1) Performance impairments
- 2) Mood disturbance (emotional distress, restlessness, frustration, and depression)
- 3) Concentration difficulties (impairments in alertness, concentration, and memory)

C. PREVALENCE OF SLEEP PROBLEMS

Provide information regarding the prevalence of sleep problems.

- Approximately 20% to 40% of adults have sleep disturbances.
- 20% of medical outpatients have sleep problems.
- Sleep problems, such as insomnia and hypersomnia are symptoms of depression and many medical problems.
- Many people with sleep problems consider their problem serious enough to see professional help.

D. WHAT CAUSES SLEEP PROBLEMS

Continue the group discussion by asking:

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

What causes sleep problems?

Elicit responses and write them on the board.

Be sure to cover the following factors that contribute to sleep problems.

Sleep problems may be caused by a number of factors:

1. Medical factors, including
 - pains
 - respiratory problems
 - restless legs
 - repetitive twitches, tremors
2. Certain substances, can contribute to or worsen insomnia
 - caffeine
 - nicotine
 - alcohol
 - prolonged use of sleeping medications
3. Psychological factors can contribute to sleep problems, which in turn can make the mood problems worse.
 - depression
 - anxiety
 - anger
4. Environmental Factors can contribute to sleep problems
 - stressful life events
 - outside noises
 - poor sleeping arrangements
5. Behavioral Factors can interrupt a restful sleep pattern
 - drinking large amounts of fluids near bedtime
 - reading exciting material before sleeping
 - watching scary programs before sleeping
6. Cognitive Factors (our thoughts) can affect how we sleep
 - false beliefs about how much sleep we need
 - worry about not sleeping enough or insomnia

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

E. THE RELATIONSHIP BETWEEN HEALTH AND SLEEP PROBLEMS

Begin a discussion about the various health problems that are associated with sleep disturbances.

Important information to include in this discussion are:

- 1) Acute and chronic medical conditions can disrupt sleep.
- 2) The symptoms of medical conditions along with procedures to treat them and/or prescriptions used to medicate these conditions can cause sleep disturbances.
- 3) Medical conditions that cause sleep disturbances include:
 - Acute and chronic pain sensations
 - Pulmonary disease
 - Congestive heart problems
 - Hyperthyroidism and hypothyroidism
 - Most central nervous system disorders

2. FACTS ABOUT SLEEP

A. THE BASIC SLEEP CYCLE

In the next part of this session, begin to introduce some basic facts about sleep. It is important that group leaders review some literature on sleep to have a better understanding of the various stages in a typical sleep wake cycle.

We recommend that leaders read a chapter titled Basic Facts About Sleep from Morin, C.M., *Insomnia: Psychological Assessment and Management*, Guilford Press, 1993.

Cover the key points listed in the participants' books (see below).

FACTS ABOUT SLEEP

1. Sleep is a well organized activity.
2. Sleep follows a cyclic pattern.
3. You become drowsy and enter a light sleep (Stage 1)
4. You pass through several sleep stages (2, 3, and 4)
5. You then return and pass through Stages 3, 2, and 1 and REM several more times throughout the night.
6. Stages 1, 2, 3, and 4 are referred to as the non-rapid eye movement phase.
7. The rapid eye movement "REM" phase is a brief period of sleep that gets longer throughout the night. .
8. During REM you dream and your heart rate, breathing, and other physiological functions increase.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

Go over the following figure. It may be helpful to draw it on the board.

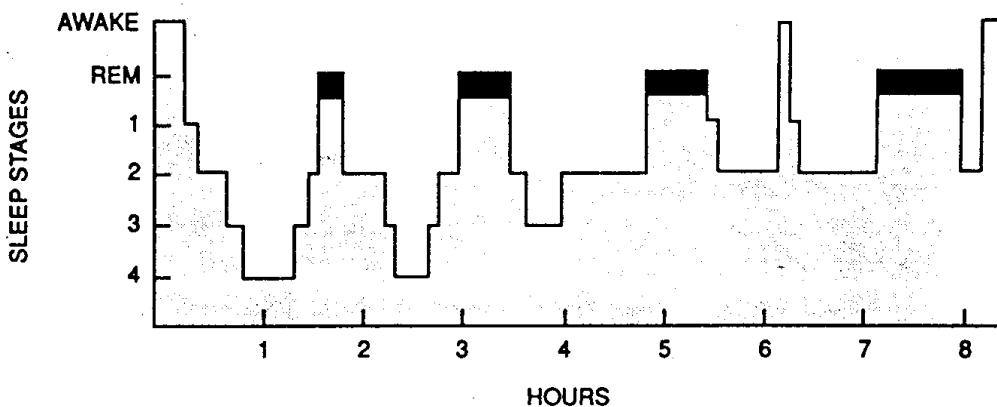


FIGURE 2.1. This sleep histogram illustrates the typical night's sleep of a normal young adult.

Key points:

- We often wake up at several different time points during the sleep cycle. This is an important point as many participants feel that it is a sign of a problem when they wake up in the middle of the night.
- As the night progresses we spend more time in REM sleep.
- Different people need a different number of sleep cycles (going from awake to stage 4 and back).

B. AVERAGE NUMBER OF HOURS OF SLEEP

Ask the group members how many hours of sleep they think they need each night to feel good. Write their answers on the board.

How many hours of sleep do you need to get to feel good?

Highlight the diversity in hours of sleep required. It is important that group members realize that we do not all have the same sleep requirements.

Also, talk about cultural differences in sleep patterns.

They may have unrealistic expectations regarding the number of hours of sleep they "should" get.

3. ASSESSING YOUR SLEEP PATTERNS

PURPOSE: The purpose of this section is to help group members identify factors (medical, substance use, psychological, environmental, etc.) that contribute to their sleep problems. Identify and highlight factors that are most relevant to specific group members.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

[sample introduction]

Now that we've talked about sleep in general, let's talk about your specific sleep problem.

Ask participants to turn to page 174 in their books and go over the questions listed on that page (see below).

Assessment of Sleep Problems:

1. How do you prepare for sleep? Do you have any routines?
2. What activities do you engage in that are incompatible with sleep?
3. How is your life affected by your sleep disturbance?
4. How do you respond to sleeplessness?
5. What do you think, do and feel during the day after a sleepless night?

The questions are provided to begin conducting an evaluation of sleep related behaviors. A comprehensive evaluation may be beyond the scope of the group discussion but convey the importance of understanding the nature, frequency, and severity of sleep problems, as well as identifying contributing factors.

Let group members know that as an optional personal project they can use the calendar on page 180 of their books to track their sleep problems and get a better understanding of their sleep problem. Doing so may help them develop a plan to improve their sleep.

4. DEVELOPING A PLAN TO IMPROVE SLEEP

PURPOSE: The purpose of this section is to educate group members regarding strategies that could improve sleep.

Note: Some individuals may have sleep problems that are serious enough to warrant professional help for the specific problem. Identify possible referral sources for these individuals.

Ask participants to turn to page 175 on their book and go over the treatments for sleep problems.

Treatments for acute sleep problems, such as insomnia, have traditionally involved the short-term use of sleeping medications.

Extensive research has shown that for chronic sleep problems, particularly insomnia, cognitive behavioral approaches are most effective and include the following interventions:

- stress management
- stimulus control therapy
- behavioral sleep therapy and cognitive educational components to promote better sleep hygiene.

Adapted from: Association for the Advancement of Behavior Therapy's Insomnia, 1990 and Patricia Lacks Behavioral Treatment for Persistent Insomnia, Pergamon Press, New York, 1987).

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

SLEEP HYGIENE

One of the common treatments for chronic sleep problems involves education about sleep hygiene. Sleep hygiene means setting up your sleep situation to make it more likely that you will have a good nights sleep. Let's turn to page 176 in your books and go over the ten rules for better sleep hygiene.

Go over the rules. As you do so, assess to what degree making changes in each area might help participants sleep better. Encourage participants to mark those rules they might like to adopt.

TEN RULES FOR BETTER SLEEP HYGIENE

In order to develop a consistent sleep rhythm and synchronize your biological clock, follow these first three rules. With time, your bedtime, or the time you become drowsy, will become more regular.

- 1) Do not go to bed until you are drowsy.
- 2) Get up at approximately the same time each morning, including weekends. If you feel you must get up later on weekends, allow yourself a maximum of one hour later rising.
- 3) Do not take naps.

Following the next seven rules will help you avoid some common habits that interfere with sleep and help you to build new habits that improve sleep.

- 4) Do not drink alcohol later than two hours before bedtime.
- 5) Do not eat or drink anything with caffeine after about 4PM or within 6 hours of bedtime. Things that contain caffeine include:
 - certain foods (e.g. chocolate)
 - certain drinks (e.g. tea, coffee, soda)
 - some medications (e.g. over the counter cold, headache, and pain relief medications)
- 6) Do not smoke within several hours of your bedtime.
- 7) Participate in exercise, physical activity regularly. The best time to exercise is in the later afternoon. Avoid strenuous physical exertion after 6 PM.
- 8) Think of ways to make your sleep environment more comfortable for sleep.
 - use ear plugs if necessary
 - ask others to keep the noise down
 - arrange for a comfortable room temperature

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

- place things over the window to darken the room
 - listen to soft music if that helps you
- 9) If you are accustomed to it, have a light carbohydrate snack before bedtime (e.g. crackers, graham crackers, milk, or cheese). Do not eat chocolate or large amounts of sugar. Avoid excessive fluids. If you wake up in the middle of the night, do not have a snack then because you may find that you begin to wake up habitually at that time feeling hungry.
- 10) Take medications as prescribed. If you feel your medications are contributing to your sleep problems, consult your doctor, so he or she can help you make the necessary changes.

V. TAKE HOME MESSAGE

Go over the take home message.

I can make changes in my thoughts and behaviors related to sleep.

A sleep routine can help me sleep better and improve my mood.

VI. PERSONAL PROJECT

WEEKLY PROJECT

- 1) Continue tracking mood using the mood scale and track the number of things you do each day to take care of your health and physical well-being (see page 152).

OPTIONAL PROJECT (do the following activities if you want)

- 1) THOUGHTS: Use the table on page 178 to identify thoughts that interrupt sleep and thoughts that might help you get a better night's sleep.
- 2) ACTIVITIES: Use page 179 to identify behaviors that keep you awake. Identify activities that might help you to relax and fall asleep.
- 3) PEOPLE: Are there people in your social environment who negatively affect your sleep? If so, how do they affect your sleep? How might you talk with them to change things so that you might sleep more regularly.
- 4) Understand your sleep problems better by completing the sleep calendar (page 180).

VII. FEEDBACK AND PREVIEW

Next week we will be talking about how other emotions, such as anxiety, anger, fear, and sadness, are connected to our health and how we can manage these feelings.

Before ending the group encourage group members to provide feedback regarding today's session. Questions to encourage discussion are listed below.

What was helpful about today's session?

What was not helpful?

What suggestions do you have to improve your therapy?

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

GROUP LEADER SELF EVALUATION FORM: HEALTH 3

INSTRUCTIONS

Content Covered: Rate the degree to which you feel this material was covered (0=not at all, 5=fully covered) If not done this session but done later, when it is done write in the date and rate how well you feel you covered it.

Satisfaction w/ Teaching: Rate the degree to which you are satisfied with the way you and your co-leader taught the material (0=not at all satisfied, 10=extremely satisfied)

Participant Process: Rate on average the degree to which participants seemed to participate, understand, and complete the exercise (0=on average very poor, no one understood or no one was able to complete exercise; 10=everyone seemed to understand keypoints and complete the exercise)

	Taught/ Done? (0-5)	Satisfaction with Teaching (0-10)	Participant Process (0-10)
Review			
Personal Project Review			
1. Information about sleep problems			
A. Types of sleep problems			
B. Effects of sleep deprivation			
C. Prevalence of sleep problems			
D. What causes sleep problems			
E. The relationship between health and sleep problems			
2. Facts about sleep			
A. The sleep cycle			
B. Average number of hours of sleep			
3. Assessing your sleep patterns			
4. Developing a plan to improve sleep			
Sleep hygiene			
Take Home Message			
Personal Project Assigned			
Preview and Feedback			

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: Health 4

Version 2000: May, 2000

HEALTH 4 – DEPRESSION, OTHER EMOTIONS, AND HEALTH

GOALS FOR LEADERS

- To talk about the connection between certain emotions (anger, anxiety, fear, and sadness and health)
- To talk about ways to manage feelings of anger, anxiety, fear, and sadness.

MATERIALS NEEDED FOR THIS SESSION

- 1) Pens
- 2) Dry erase board, chalkboard or large sheets of paper to present material to group

SESSION OUTLINE

- I. Announcements and Agenda
- II. Review
- III. Personal Project Review
- IV. New Material: Managing Other Emotions
- V. Take Home Message
- VI. Personal Project
- VII. Goodbye to Graduating Members and Feedback
- VIII. Preview

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: Health 4

Version 2000: May, 2000

I. AGENDA AND ANNOUNCEMENTS

Go over the agenda and ask participants whether they have any topics they would like to add to the agenda. Make any announcements.

Make sure to announce which group members are graduating.

II. REVIEW

Review the material covered in Health 3. Use the review to check on how much participants remembers from the last session, reinforce what they have learned, and educate group members who were absent last session.

[sample review statement]

Last week we talked about sleep problems and ways to get a better nights sleep. What are some of the things that you remember most from last week?

Elicit responses from participants.

III. PERSONAL PROJECT REVIEW

Review the homework from the previous session.

WEEKLY PROJECT

- Mood scale
- Track the number of things they did each day to take care of their health and physical well-being.

OPTIONAL PROJECT

- 1) THOUGHTS: Use the table on page 178 to identify thoughts that interrupt sleep and thoughts that might help you get a better nights sleep.
- 2) ACTIVITIES: Use page 179 to identify behaviors that keep you awake. Identify activities that might help you to relax and fall asleep.
- 3) PEOPLE: Are there people in your social environment who negatively affect your sleep? If so, how do they affect your sleep? How might you talk with them to change things so that you might sleep more regularly.
- 4) Understand your sleep problems better by completing the sleep calendar (page 180).

Ask participants to share any changes they may have made to improve their sleep.

IV. NEW MATERIAL

BRIDGE: Introduce this week's material, linking it to material taught in previous sessions.

[sample bridge]

Over the last few weeks we have been talking about the relationship between health and depression. We have been talking about how depression can affect our health by causing changes in:

- *levels of hormones*
- *blood pressure and heart rate*

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: Health 4

Version 2000: May, 2000

- *immune functioning*
- *sleeping patterns and energy levels.*

Other negative emotions, like anxiety, fear, anger, and grief can also affect our health. Today we will be talking about how these emotions and other behavioral and emotional factors affect us. We will also be talking about how we can learn to make positive changes in these areas.

1. THE RELATIONSHIP BETWEEN OTHER EMOTIONS (FEAR, ANGER, ANXIETY, AND GRIEF) AND HEALTH

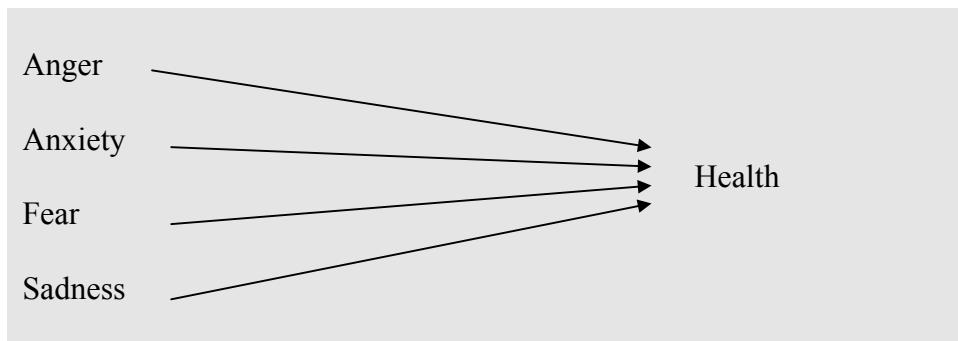
PURPOSE: The purpose of this section is to talk about the connection between these emotions and health.

[sample introduction]

Let's begin by thinking about how these emotions, anger, anxiety, fear, and sadness affect us.

Write these words on the board, then write the word “health” on the board (see below). Begin a discussion about how group members’ think these emotions are related to their health problems. Write their responses on the board.

Think about your own health problems. How do you think having these emotions affects your health?



Common responses include:

- These emotions might be associated with increased stress, which can negatively affect health.
- These emotions may interfere with your ability to care for yourself, which may negatively affect health.

Ask participants to turn to page 183 in their books and look at the chart on that page. Ask them to identify how the different emotions affect their thoughts and behaviors, and their health.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: Health 4

Version 2000: May, 2000

2. OTHER FACTORS THAT MAY AFFECT HEALTH

[sample introduction]

Besides these emotions, there are a variety of related factors that can also negatively affect health. If you turn to page 184 in your books, there is a list of some of these factors.

Go over the list and elicit group members' reactions. For each factor, assess the degree to which it is a significant factor for different group members.

1. Other Clinical Conditions, including
 - Post Traumatic Stress Disorder
 - Panic Disorder
 - Hypochondriasis

Ask group members if they understand what these different conditions are. Explain them if needed and assess whether group members' have these conditions.

2. An unhealthy coping style
 - Avoiding
 - Doing too much
3. Unhealthy behavior patterns
 - Inactivity
 - Overeating
 - Excessive alcohol or drug use
4. Specific personality traits
 - Perfectionistic (Type "A")
5. Unhealthy communication patterns
 - Passive
 - Aggressive
 - Passive-aggressive (indirect)

3. HOW DO THESE NEGATIVE EMOTIONS AND UNHEALTHY BEHAVIORS AFFECT THE BODY?

[sample introduction]

You have already brought up many ways that emotions might affect you and your health.

Reiterate some of what group members said.

On page 184 of your books, we have listed some of the main ways that these factors might influence your health condition.

Ask group members to turn to page 184. Go over the list and elicit group members' reactions.

1. They may influence the course of the illness
 - they might cause the condition to develop in a person who is at-risk
(For example, a stressor might trigger a bronchospasm in a person with asthma or might lead to a heart attack in a person with a heart condition.)

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: Health 4

Version 2000: May, 2000

- they could cause the condition to worsen
(For example major depression might worsen a heart condition, an autoimmune disease, or a chronic pain condition.)
2. They may interfere with the treatment of the illness
(For example, frustration and anxiety may interfere with the treatment for irritable bowel syndrome or stomach ulcers. In addition, people who are afraid or anxious regarding their condition, may not follow through with treatment.)
 3. They may pose an additional risk
(For example, overeating or a diet with inappropriate foods presents an additional risk for a person with diabetes, hypertension, or cardiovascular disease.)

4. TO WHAT DEGREE DO THESE EMOTIONS AFFECT ME?

[sample introduction]

We have been talking about how emotions and behavioral factors may affect our health. Now we'd like to assess the degree to which you think these factors affect each of you. To do this, let's turn to page 185 in your books. The different emotions that we have talked about and the other factors that might affect health are listed on this page.

Help group members complete the self assessment sheet. It may be helpful to go through the questions as a group and do the balance beams on the board. As you do the exercises, stress that having emotions, such as anger, anxiety, fear, and sadness, is normal and even at times adaptive. Give examples of how not having these emotions or having the emotions dominate your life might be maladaptive.

- It is adaptive to have anxiety when you are on the top of a ladder as it makes you be careful and hold on tight.
- It is not adaptive to worry so much about your health problem that you cannot sleep as this also contributes to health problems.

5. THOUGHTS, BEHAVIORS, PEOPLE AND OTHER EMOTIONS

[sample introduction]

In the past when we've talked about depression, we've talked about how our thoughts, behaviors and contacts with others are linked to feelings of depression.

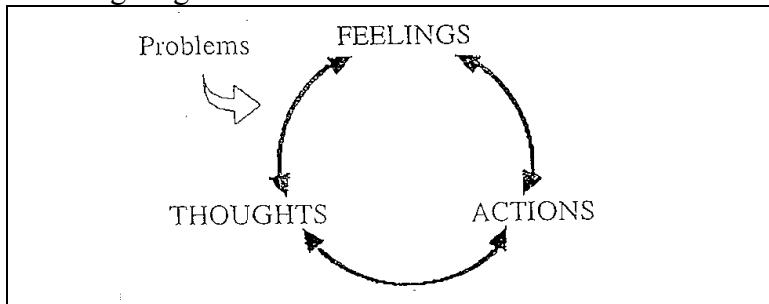
As we continue thinking about other emotions, such as anxiety, fear, sadness, and anger, it is important to remember that our thoughts, behaviors, and contacts with others are also connected to these emotions.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: Health 4

Version 2000: May, 2000

You can draw the following diagram on the board.



Elicit participants' reactions to the diagram and then continue.

This means that we can make changes in these emotions by making changes in how we think, what we do, and the types of contact we have with others. Managing these emotions is especially important when we have medical conditions because we have seen how these emotions can affect our medical conditions.

Ask participants to turn to page 186 in their books. Go through the chart on that page. Help participants identify harmful thoughts that are linked to the different emotions they may have and dispute the thoughts. Also discuss how participants can manage emotions by what they do and by obtaining help from others.

V. TAKE HOME MESSAGE

Negative emotions can affect my health, but I can manage my emotions and my health.

By looking at the way I think, by engaging in healthy, positive, goal oriented activities, and by getting social support I can manage feelings of anger, anxiety, fear, and sadness.

VI. FEEDBACK

As this is the last session of the module, spend time reviewing material from the past 4 sessions. Use the feedback time to review key concepts, determine what messages group members have learned from the module, and highlight that it is possible to make positive changes in your life.

Possible questions to stimulate discussion include:

1. How have you made changes in what you do since beginning the group?
2. What did you learn about relationships that was most helpful, in terms of improving your mood?
3. What did you find least helpful?
4. What message will you take from this module?

It will also be important to discuss with group members who are leaving the group, how their reactions to leaving and what they have learned from the group. Possible questions to ask group members who are leaving include:

1. What did you learn from the group?
2. What are your goals and plans after you leave the group?

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: Health 4

Version 2000: May, 2000

2. How will you continue to get support?
3. What do you need to continue your progress in managing your mood?
4. What will happen the next time you feel that you are becoming depressed?

Allow time so that other group members can also provide feedback to those who are leaving regarding how they feel about their leaving and specific things they have learned from them. Make sure you have prepared something specific to say to each participant who is leaving about their unique contribution to the group and the changes you have seen them make.

VII. PERSONAL PROJECT

WEEKLY PROJECT

- 1) Continue tracking mood using the mood scale and track the number of things you do each day to take care of your health and physical well-being (see page 152).

OPTIONAL PROJECT (do the following activities if you want)

- 1) THOUGHTS: Use the chaining exercise on page 189 to show how thoughts are connected to emotions, such as anxiety, anger, fear, and grief. Think about how you might change these thoughts in a helpful way that might positively affect your health and medical problems.
- 2) ACTIVITIES: List things you might do that might help you manage the emotions (anxiety, anger, fear, and grief).
- 3) PEOPLE: Identify the people in your life (family, friends, and health care providers) that can help you manage different emotions.

VIII. PREVIEW

Let the group members know that next week you will begin talking about how thoughts affect how we feel, and we will have new group members joining the group.

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: Health 4

Version 2000: May, 2000

GROUP LEADER SELF EVALUATION FORM: HEALTH 4

INSTRUCTIONS

Content Covered: Rate the degree to which you feel this material was covered (0=not at all, 5=fully covered) If not done this session but done later, when it is done write in the date and rate how well you feel you covered it.

Satisfaction w/ Teaching: Rate the degree to which you are satisfied with the way you and your co-leader taught the material (0=not at all satisfied, 10=extremely satisfied)

Participant Process: Rate on average the degree to which participants seemed to participate, understand, and complete the exercise (0=on average very poor, no one understood or no one was able to complete exercise; 10=everyone seemed to understand keypoints and complete the exercise)

	Taught/ Done? (0-5)	Satisfaction with Teaching (0-10)	Participant Process (0-10)
Review			
Personal Project Review			
1. The relationship between other emotions and health			
2. Other factors that may affect health			
3. How do these negative emotions and unhealthy behaviors affect the body.			
4. To what degree do these emotions affect me			
5. Thoughts, behaviors, people, and other emotions			
Take Home Message			
Personal Project Assigned			
Preview and Feedback			

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: Health 4

Version 2000: May, 2000

CES-D

I am going to read a list of ways you may have felt. Please tell me how often you have felt this way during the past week; rarely or none of the time; some or a little of the time; occasionally or a moderate amount of time; or most or all of the time.

During the past week, that would be from <u>(date)</u> through today:	Rarely or none of the time (less than 1 Day)	Some or a little of the time (1-2 Days)	Occasionally or a Moderate Amount of Time (3-4 Days)	Most or all of the time (5-7 Days)
1. I was bothered by things that usually don't bother me.	0	1	2	3
2. I did not feel like eating; my appetite was poor.	0	1	2	3
3. I felt that I could not shake off the blues even with help from my family or friends.	0	1	2	3
4. I felt that I was just as good as other people.	3	2	1	0
5. I had trouble keeping my mind on what I was doing.	0	1	2	3
6. I felt depressed.	0	1	2	3
7. I felt that everything I did was an effort.	0	1	2	3
8. I felt hopeful about the future.	3	2	1	0
9. I thought my life had been a failure.	0	1	2	3
10. I felt fearful.	0	1	2	3
11. My sleep was restless.	0	1	2	3
12. I was happy.	3	2	1	0
13. I talked less than usual.	0	1	2	3
14. I felt lonely.	0	1	2	3
15. People were unfriendly.	0	1	2	3
16. I enjoyed life.	3	2	1	0
17. I had crying spells.	0	1	2	3
18. I felt sad.	0	1	2	3
19. I felt that people disliked me.	0	1	2	3
20. I could not get "going."	0	1	2	3

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part I: Lecture Notes for Instructors: Health 4

Version 2000: May, 2000

San Francisco General Hospital Depression Clinic ---Mood Check-up

Check symptoms you have experienced nearly every day for the last two weeks:

Date:								
Major Depression Symptoms:								
1. Feeling depressed or down								
2. Loss of interest or pleasure								
3. Increase or decrease in weight or appetite								
4. Sleeping too much or too little								
5. Moving restlessly or slowed down								
6. Fatigued, tired all the time								
7. Feeling worthless or excessively guilty								
8. Trouble concentrating or making decisions								
9. Repeated thoughts of death or suicide								
Total (out of 9 possible):								
Are these symptoms interfering with your life or activities a lot? Y = Yes N = No								
CES-D Score:								

If you checked 9, and you have thoughts about harming yourself, please discuss this with your group leader or therapist immediately.