

Cognitive-Behavioral Therapy (CBT) Group Program for Depression

Adult Patient Manual



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Patient Manual

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Parts of this manual were broadly adapted and integrated from the following sources about depression, Cognitive-Behavioral Therapy, and group psychotherapy:

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Table of Contents

Preface		
Cognitive-Behavioral Therapy Basic Group for Depression Group Information		i
What is Cognitive-Behavioral Therapy?	ii	
CBT Is...	iii	
What Does CBT for Depression Look Like?	iv	
The Path Through Psychotherapy	v	
CBT Groups for Depression Rules of the Road	vi	
Chapter 1: Depression 101	1.1	
Depression Is...	1.2	
What causes depression?	1.3	
The Depression "Downward Spiral"	1.4	
My Depression "Downward Spiral"	1.5	
When bad things happen...	1.6	
When bad things happened to me...	1.7	
The Internal Cycle	1.8	
The Noble Three Pathways: Dealing with Negative Events		1.9
Depression Inconvenience Review Worksheet		1.10
Notes		
Chapter 2: Self-care	2.1	
"Self-care:" An important part of managing depression		2.2
Sleep Hygiene	2.3	
Exercise	2.5	
Food for Your Mood?	2.6	
My Self-Care Plan	2.7	
Notes		
Chapter 3: Mindfulness	3.1	
Slow down the mind...	3.2	
Being More Nonjudgmental	3.4	
Mindfulness Exercises	3.5	
Notes		
Chapter 4: Cognitive Therapy Skills	4.1	
What are Cognitive Therapy Skills?	4.2	
Negative Automatic Thoughts	4.5	
Thoughts and Emotions	4.7	
Identifying Negative Automatic Thoughts		4.9
The Downward Arrow Technique	4.10	
Daily Thought Record Worksheet	4.13	
Cognitive Distortions	4.14	
Examples of Cognitive Distortions	4.15	
Thought Record "Plus"	4.16	

Examining the Evidence: "Restructuring" Negative Automatic Thoughts	4.17
Examining the Evidence: Questions to Develop Alternate Responses	4.18
Examining the Evidence: Written Methods	4.20
Examining Thoughts Worksheet	4.21
Examining the Evidence: A More Detailed Method	4.22
Core Beliefs	4.24
Identifying Core Beliefs	4.26
Challenging Core Beliefs	4.27
Core Beliefs: Costs and Benefits	4.28
Core Belief Record: Recording Evidence That Contradicts My Old Belief	4.29
Core Belief Record: Recording Evidence That Confirms or Suggests My New Belief	4.30
Life Goals Analysis	4.31
Life Goals Analysis Worksheet Example	4.32
Life Goals Analysis Worksheet (blank)	4.33
Self-Compassion	4.34
Common Thoughts About Depression and Its Treatment	4.35
Troubleshooting Cognitive Restructuring	4.36

Notes

Chapter 5: Behavioral Activation	5.1
What is Behavioral Activation?	5.2
The First Vicious Cycle	5.5
The Second Vicious Cycle	5.6
Your Cycles?	5.7
Activity Monitoring: Track Your Mood!	5.8
Activity Monitoring Worksheet	5.9
UP and DOWN activities	5.10
A Life Worth Living: Values, Pleasure, Mastery, and Goals	5.11
Values	5.12
Values Rating Sheet	5.15
Translating Values Into Activities	5.16
Pleasure	5.18
Mastery	5.19
Activities List: Pleasure and Mastery	5.20
Values, Pleasure, and Mastery Activities List	5.22
Goal Setting	5.23
Activity Planning	5.24
Activity Planning Worksheet	5.25
Pleasure Predicting	5.26
Pleasure Predicting Sheet	5.27
Problem Solving and Acceptance	5.28
Dealing with Low Motivation	5.29
Motivation Tips	5.30
Behavioral Activation Tips	5.31
Barriers and Resources Worksheet	5.33

Notes

Congratulations!

Chapter 6: Appendix	6.1
Cognitive-Behavioral Therapy Resources for Depression: Workbooks and Self-Help Books	6.2
Cognitive-Behavioral Therapy Resources: Workbooks and Self-help Books by Problem Area	6.3
Cognitive-Behavioral Therapy Resources: Other Resources	6.5
Additional Worksheets	6.6

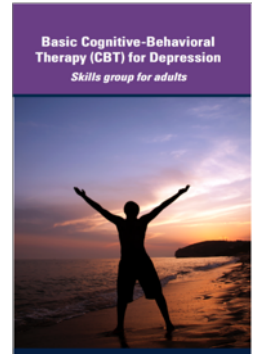
Notes

Cognitive-Behavioral Therapy (CBT) Basic Group for Depression

Group Information



What is this group all about?



- This group is an introduction to the basic concepts and skills of CBT for depression.
- There are four sessions, each covering a different topic.
- These are offered weekly, the first four Tuesdays of every month.
- You can attend group sessions in any order that works for your schedule. If you cannot attend a session, you can make up the session the next time it is offered (typically in one month). Please make every effort possible to attend all scheduled group sessions.
- Each session we will cover a certain set of CBT skills. It is possible any confusion you have about CBT or depression you have at the beginning of the group will clear up as you continue to attend the sessions. This group is not meant to fix your depression completely.
- We want to give you a chance to try out some of these techniques and better understand your depression. When you get done with this group you may want to continue with group or individual CBT treatment here at U of M or be referred to a therapist in the community for continued work.
- If you have questions during the group, please ask!
- Your group facilitator will discuss with you which chapters to read for each group session. Ask your group leader if you have questions.

Group Topics:

Depression and CBT 101 (1st week of each month)

Begin to understand your depression and what you can do about it using CBT skills.

Self-Care and Behavioral Activation (2nd week of each month)

We'll discuss how exercise, diet, sleep, and other "self care" behaviors can impact our mood. We'll also explore techniques that can help you understand the behavioral patterns that contribute to mood changes. You'll learn how focusing on pleasure, goal setting, and values can improve your mood.

Mindfulness (3rd week of each month)

We will give you an introduction to "mindfulness" and how it can assist in depression recovery.

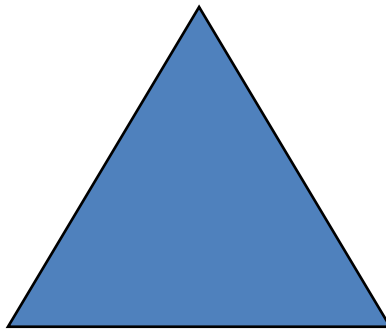
Introduction to Cognitive Skills (4th week of each month)

Understanding and challenging our "negative automatic thoughts" is one important element of CBT treatment. We'll learn the basics in this module, with special attention to the ways our thinking can be "distorted" by strong negative feelings.

What is Cognitive-Behavioral Therapy?

Cognitive-Behavioral Therapy (CBT) is a short-term, **evidence-based** treatment for many problems, including depression. It is based on science that shows that thoughts (cognitions) and behaviors (actions, choices) affect the way we feel (emotions).

Emotions (feelings)



Thoughts (cognitions)

Behaviors (actions, choices)

We want to be sure that our treatments are effective!

Evidence-based means that there is scientific evidence to show that something works.

CBT is an evidence-based treatment that has been studied and shown to be effective in hundreds of scientific experiments.

While there is not a 100% guarantee that CBT will work for you, it is likely that with practice and hard work you will receive benefit from these techniques.

How to use this manual

This manual includes a great deal of information on depression and CBT. You will get the most out of our group program if you **take notes during the group** and then **review the manual between sessions**. Some of the skills may be very pertinent to you, and others less so; regardless, we hope that you will give CBT a good try (including consistent practice in between sessions for 4-6 weeks) before determining if it is a good fit for you.

CBT is...

Cognitive-Behavioral Therapy is an effective, evidence-based treatment that has been proven to have an impact on depression in both the short- and long-term. Our department specializes in delivery of this intervention to people like you, who want depression to stop interfering with their lives. Below we explain some of what to expect from CBT treatment.

Cognitive-Behavioral Therapy...

...is **regular**. It works best when you come to treatment once per week for most of the treatment course. It is common to change course to once-every-other-week or once-a-month when the symptoms have been reduced and you have entered the "maintenance" period of treatment.

...typically **lasts for between 12 and 16 sessions**. Depending on the problem, it may take more or less. This is not a treatment that is meant to last for significant amounts of time.

...is **structured**. This is not the style of therapy in which one comes into the session only to "vent" or have someone with whom to talk. The treatment is focused specifically on treatment aims, which usually include reducing the impact of depression on our lives and feeling better, by learning skills and techniques to respond to depression when it arises.

...has a **variety of skills**. As you will see as you dig in to this manual, there are different angles from which to address your depression. Most people find it helpful to use a variety of skills, instead of searching for just one "silver bullet." *There is most likely not just one answer to your depression.* However, depression can usually be managed well if one practices *multiple skills* repetitively over time and incorporates them into the flow of daily life.

...requires **practice**. Call it homework, daily practice, or whatever you choose. Regardless, it takes daily repetition to learn skills and retrain our depression-influenced habits. A rule of thumb is to expect to spend **about one hour a day** practicing CBT in-between sessions. We want you to feel better outside of sessions and maintain this after you finish treatment, not just while you are at our clinic.

...**depends on follow-through**. The most important factor in whether or not treatment works is the amount of work you put into it. Consider it an investment in a future with more freedom, enjoyment, and flexibility.

...is **collaborative**. Individual and group CBT are structured, but are also centered around *your* life aims. The patient and therapist work together to define treatment targets, adapt skills to the patient's unique circumstances, and troubleshoot as barriers arise. If certain skills do not work, it is common to try others. If something does not seem to be working, one can discuss this with the therapist or group leader. Communication is an important part of CBT.

...is **evidence-based**. This means that the concepts and skills are based on scientifically-validated concepts, and the interventions have been tested to be sure they are helpful.

What does CBT for depression look like?

How we think and act can greatly influence how we feel. The better we understand (and challenge) thoughts and behaviors that are influenced by and contribute to depression, the more skillful and in control we feel. We learn to move away from being on “automatic pilot” and letting our depression make choices for us.



Below are the various components of CBT and how they are designed to treat the depression.

What we'll learn:

- **About depression** (“psychoeducation”)
 - What people experience
 - What causes it
- **Self-care** (sleep, diet, exercise, etc.)
- **Mindfulness**
- **“Cognitive” (thought) restructuring**
- **Behavioral Activation:**
 - Values, pleasure and mastery
 - Activity monitoring and scheduling
 - Pleasure predicting
 - Goal setting
 - Motivational strategies
 - Managing barriers to activation



What they target:

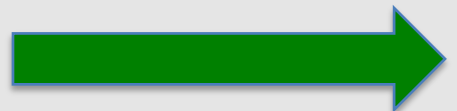
- Social isolation
- Decreased physical activity
- Avoidance
- Motivation problems
- Negative thinking
- Hopelessness
- Difficulties enjoying things
- Poor self-esteem
- Worried thoughts
- Sleep problems
- Problems with appetite and eating
- Fatigue

The Path Through Psychotherapy...

There is a great deal of scientific research on psychotherapy, and we know a lot about what can be helpful for people. We continue to learn more and more about how to use psychotherapy to help as many people as possible.

However, because everyone is different, and our brains and lives are very complex, right now it is often hard to know exactly what it is that will help a particular person feel better.

On the next page, follow the path from the bottom of the page upward for some tips to make your "path through psychotherapy" more helpful and rewarding.





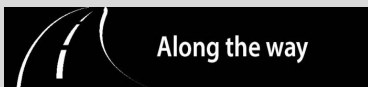
See this as **just one piece of the puzzle** in your process of better understanding yourself and moving toward what you want in your life. Get all you can out of it and then make efforts to find out what other types of work could be helpful. For example, maybe you did a great deal of work on managing your depression with cognitive and behavioral skills. Now you believe that you want to improve your relationships to achieve more in that area of your life.

Manage barriers to showing up regularly to treatment and practicing skills: improvement depends primarily on follow-through and the amount of work you put into your therapy.

Address depression from different angles. There is no one “silver bullet” that will change depression all by itself. Usually a combination treatment, or mixed approach is what works best to make depression better. This also means putting in some effort to understand the different ways to manage your depression.

Practice skills over, and over, and over. It usually takes time for changes in our behavior and thinking to lead to feeling better. Like learning an instrument, we are practicing new ways of doing things that will feel “clunky” at first, and become more comfortable over time.

Take small steps toward change each day. Try not to wait for “light bulb moments,” “epiphanies,” or for something to take it all away instantly.



Expect **ups and downs** during the process. Think of it as “2 steps forward, 1 step back.” Try not to get too discouraged or give up when things seem to move backward or stagnate.

Make it about you: engage in your treatment because **you** want to improve your life, take responsibility for achieving your aims, and feeling better, not because others are telling you to do so. Remember that even if you are being pushed to engage in therapy by someone else, that relationship must be important enough for you to consider this option!



Maintain an **open mind about the possibility of change**, while being realistic about **how fast** this change can happen.

Especially at first, gauge **success according to how you change your responses** to stress, uncomfortable emotions, and body sensations, not whether or not these things exist or continue to occur. Focus on **valued action**, even more than just “feeling better.”

“Credibility:” Make sure the treatment in which you are engaging makes sense to you and seems to be addressing your problem. There are different paths to the same goal. If this type of therapy is not working for you, you are confused about what you are doing, or you have any other concerns, talk to your clinician right away. Clinicians are trained to have these discussions with their patients!

Make sure **your definition of the “problem”** is the same as the clinicians with whom you are working. Maybe they think it is “depression” and you think it is something else. Try to clarify this with your clinicians.



CBT Groups for Depression Rules of the Road

- Please be respectful to other group members. Try to not interrupt others or offer advice.
- Please direct personal issues to your individual provider.
- Confidentiality: Please keep the information shared in our group private.
- If you need to speak with your group leader in between sessions, please call (734) 764-0231. You may call if you are having problems with your homework or want to discuss any issues related to group or your course in therapy.
- If you have a psychiatric emergency, contact Psychiatric Emergency Services at 734-936-5900 (24/7).
- We want to help you figure out the next steps of your treatment, so please be proactive in asking questions or contacting us if you are confused about the course of your treatment.



Notes

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Chapter 1: Depression 101

In this chapter we'll learn...

...what depression is and what we think causes it



...how the depression "Downward Spiral" works and how it can make depression worse

...how negative life events and depression can be related

...how our own relationship with our emotions can make depression worse

...three main ways to deal with negative events



...how depression may be impacting your life and how to start becoming more motivated to treat it

...the components of CBT that are used to treat depression



Depression is...

...how you act:

- Tendency to isolate socially
- Decreased physical activity
- Not engaging in things that were once fun/enjoyable or interesting.
- Argumentative
- Avoidant/overly protective

...how your body reacts:

- Difficulty falling or staying asleep
- Poor or excessive appetite
- Fatigue

...how you think:

- Hopelessness
- Persistent negative thoughts about yourself, the world, or your future
- Low "self-esteem"
- Pessimism
- Suicidal thinking
- Worried thoughts

...how you feel:

- Sad
- Guilt/shame
- Low motivation
- Numb or that "nothing matters"
- Anxious/worried
- Irritable
- Lack of ability to enjoy things ("anhedonia")



Everyone feels blue or sad sometimes. In fact, it's normal to have a bad day every once in a while, shed tears after a sad movie, or feel nervous before a big day and lose sleep. These are common human experiences that are a healthy and normal part of life.

However, when the elements listed above last for days, weeks, or longer, we may be suffering from an episode of **Major Depressive Disorder**, also called "**depression.**" A person is typically diagnosed with depression when they experience periods of two weeks or more at a time where they feel low mood, lack of enjoyment or pleasure, poor self-esteem (feelings of worthlessness and/or guilt), changes in sleep and appetite, and social isolation.

What causes depression?

Do I have a “chemical imbalance?”



Doctors and psychologists (as well as therapists, philosophers, and theologians, among others) have been making efforts to understand the underlying causes of depression since ancient times. Since the middle of the 20th century, we have made many important advances in understanding depression, one of which was the discovery that certain important brain chemicals are “out of balance” for those people that are depressed. This led to one very important advance in depression treatment, the advent of antidepressant medications such as Prozac. It was common for patients in the 1980’s to be told that they had a “chemical imbalance” that was causing their depression.

While this is true to some extent, since then we have learned through further research that the “cause” of depression is more complicated, involving many elements, influenced by both “nature” and “nurture.” Some of those factors are listed below.

Nature



Genetics: Inherited vulnerability to physical and/or mental illness.

Chemical imbalance: Imbalance of important brain chemicals called “neurotransmitters.”

Hormones: Imbalances due to puberty, pregnancy/postpartum, menopause, adrenal, thyroid, and pituitary disorders.

and

Nurture



Early life experiences: Patterns of attachment with parents, early life stress, and trauma.

Modeling from important elders/authority figures: Learned behaviors from others in your life that might have been depressed or anxious. Learned thoughts about the world and self.

Major life changes: Moving a lot growing up, stressful jobs, change in health status, divorce, and loss of family members or significant people.

The Depression “Downward Spiral”

Regardless of the “cause” of depression for you (see the previous section: “What causes depression?”), once it starts, it often causes a “downward spiral” that leads to increasingly bad feelings and further negative events.

For example, isolating socially may cause others to stop reaching out to us and relationships may dissolve. Or, our poor view of ourselves may come across to others as low confidence and people may stop respecting us or treat us poorly.



This cycle may take many forms. Use the next page to better understand your own depression “downward spiral.”

My Depression "Downward Spiral"

List some of the factors in each category below and think about how one factor may influence the others.

Stressors/traumatic events/life challenges

Long-term stressors in relationships

Negative thoughts about ourselves, others, or the world

Depressive feelings (low motivation, fatigue, overwhelming sadness or guilt, etc.)

Further negative experiences (people stop contacting us, we are treated poorly, etc.)

Avoidant, passive, or isolative behaviors



Deeper and deeper depression and "giving up?"

When bad things happen...

There are many causes of depression. One has to do with the ways that difficult life circumstances can lead naturally to feelings of hopelessness. In some situations we may be stuck—it is authentically bad, we don't have much help from others, we can't change the painful situation, and it is difficult to accept the situation as it is.

The combination of stressful life events (especially being neglected or harmed by caregivers and other important people)—lack of social support, and inability to influence a situation to change it— leads to an understandable "giving up." After all, why continue to try to do something if it isn't working? Our bodies have a protective device that helps us "shut down" and conserve energy when our efforts are continually met with failure. This is especially important in early life relationships where it is necessary for our survival to be protected and loved by caregivers.

Then...

Stressful events
(for example: being criticized by important persons over and over)

Little to no help from others to solve problem or get support around the stressor

Effort to fix problem on own with no effect

Strong emotions that cannot be handled on own

If this happens over and over, this pattern becomes "well-practiced," making it more likely to happen automatically in the future.

"Shutting down" response (body goes into a state of low energy usage/efficiency)

Necessary and adaptive, yet harmful coping behaviors (repetitive behaviors, self-harm, avoidance, etc.)

Self-critical thoughts about our inability to be competent in this "lose-lose" situation

Now...

When current experiences remind us of those earlier ones, our bodies go right to *all* the old patterns and feelings automatically, until we can change our own responses to these "triggers" over time.

Current event
(that reminds us of past event)

Strong emotions that are similar to those originally experienced

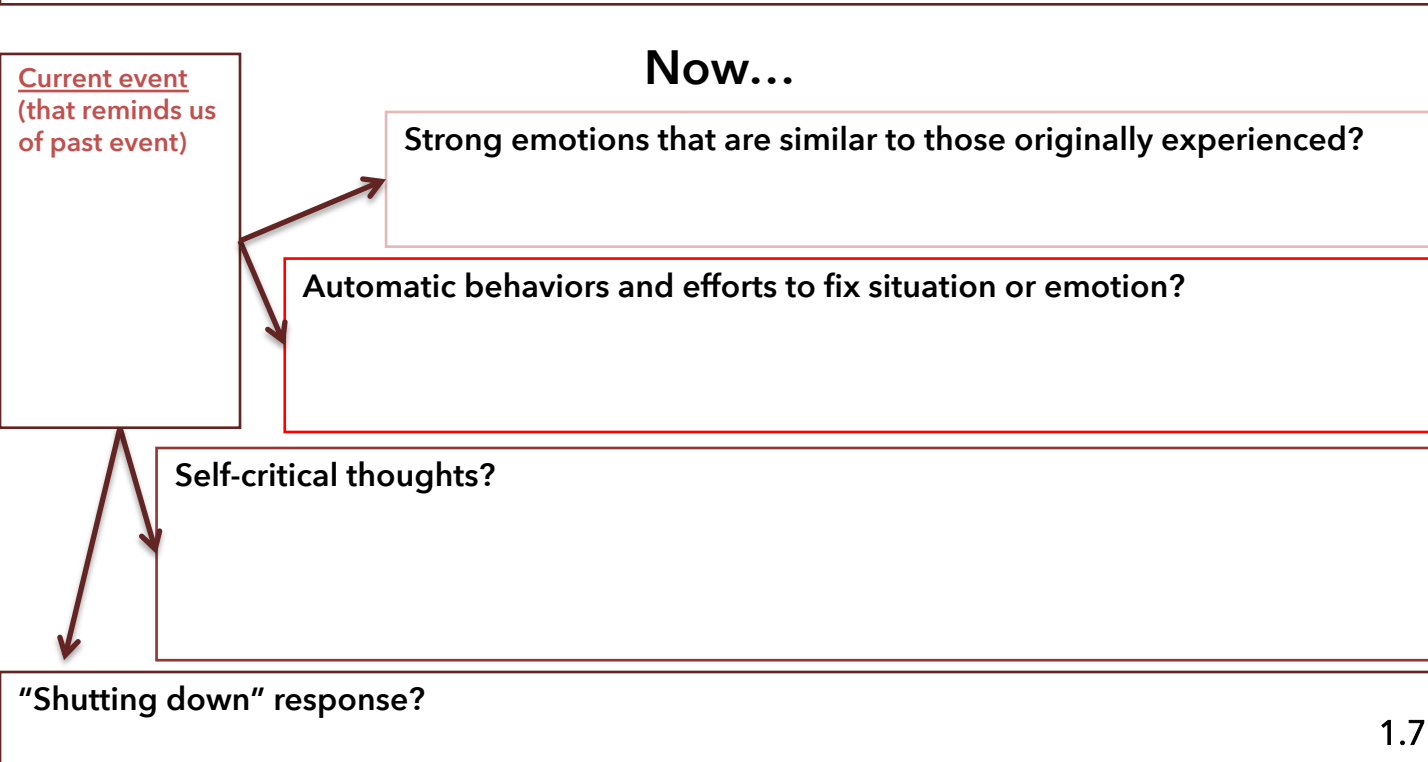
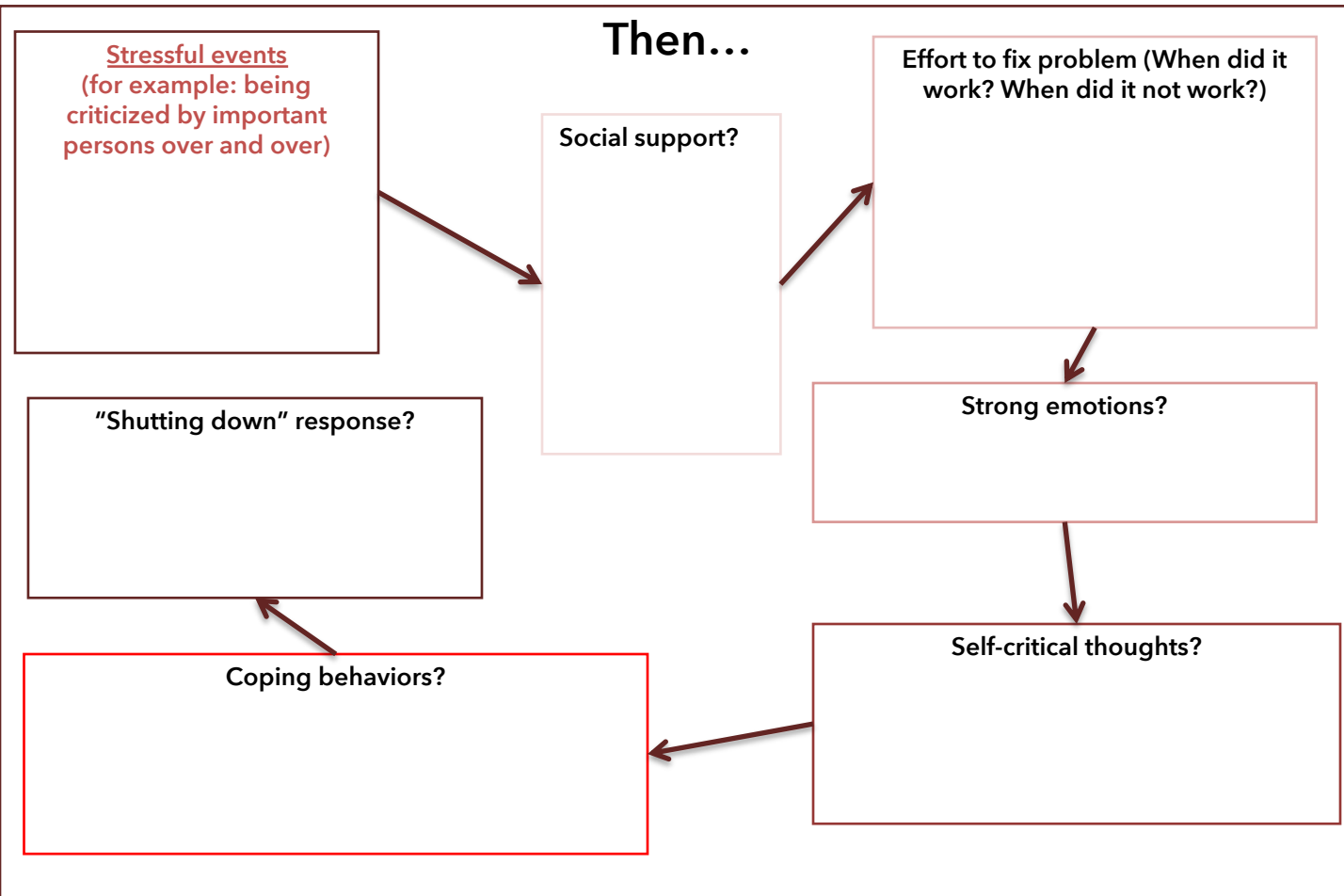
Automatic reliance on repetitive behaviors that worked for us before; effort to fix problem or emotions this way, with or without success

Thoughts about our our incompetence (related to original thoughts of being able to be competent in the earlier "lose-lose" situation).

"Shutting down" response (body goes into a state of low energy usage/efficiency)

When bad things happened to me...

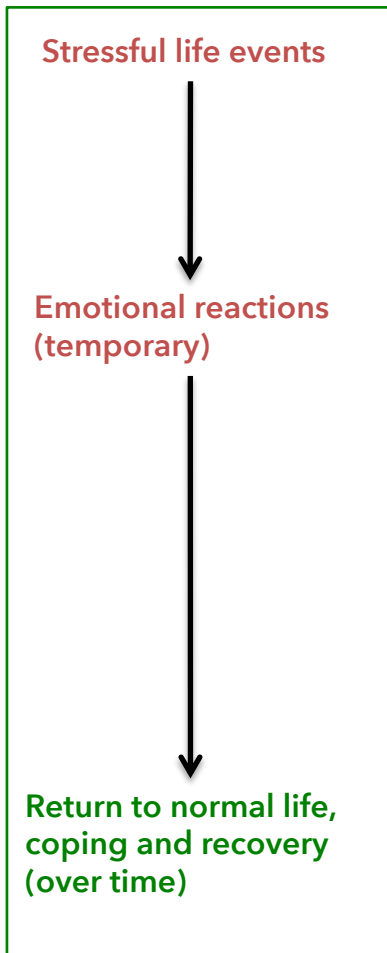
Use the model from the previous page to understand how events may have shaped your thoughts, emotions, and behaviors.



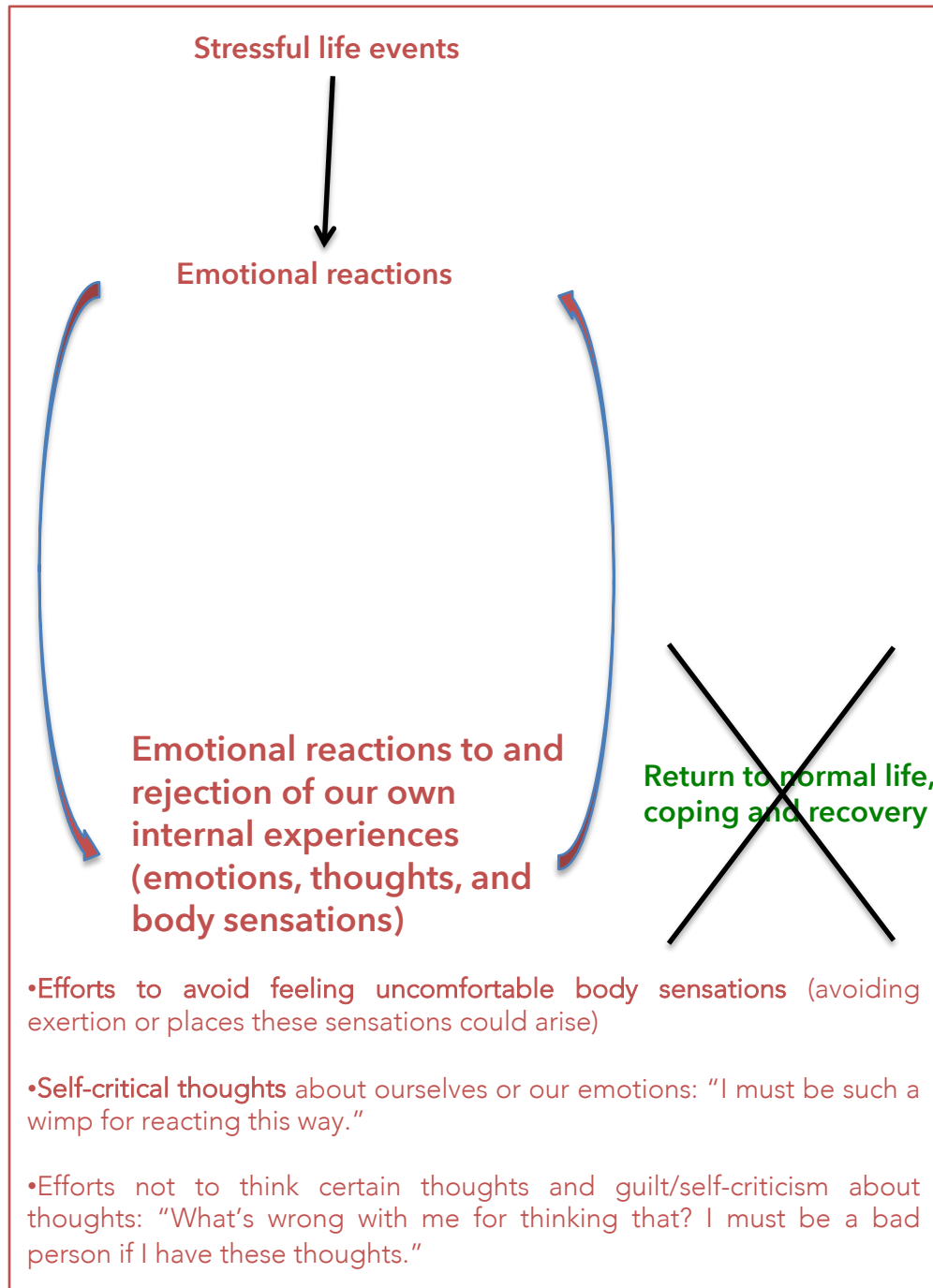
The Internal Cycle

One piece of the “downward spiral” that we can influence is our response to our own internal experiences. Because these internal experiences (emotions, thoughts, and body sensations) are so distressing, we tend to do all we can to keep from experiencing them. This can take many forms. Below are some of the ways that we respond to our own internal experiences.

The problem with this pattern is that our bodies are programmed to give us strong emotions when it perceives something as dangerous. But what if our body perceives our own emotions, thoughts, or sensations as dangerous? It tends to create a “feedback loop” where the body fights itself: it is trying to **protect itself from its own protective response**. We then get caught in a pattern of trying to fix the feeling, which ultimately just makes it worse and worse, and takes us away from the important things in our lives.



Above is the typical course of emotions when we do not reject internal experiences. They tend to come and go, and return to normal. On the right is the loop that occurs when we reject (consciously or unconsciously) internal experiences. This is common, and it takes time to undo these patterns with CBT practice.



The Noble Three Pathways: Dealing with Negative Events

Coping with stressful events is hard. All situations and lives are different, so it is very hard to make sweeping statements about how to feel better. However, we know from research that there are options for dealing with negative events that can limit the amount of pain we feel. Below are three options that can help a person cope with a negative event.

Stressful life event (social rejection, mistreatment, loss, accident, etc.)

Option One: Understand the truth

To the best of our ability, we can understand the detailed truth about a situation.

We may learn that it is not as bad as we thought it was, or we might learn that things really are very challenging and need a solution.

We may learn that we feel bad because we lost something, or could lose something.

“Understanding the truth” is often the first step to making things better. This way we learn what we can control, and what we might have to learn to accept.

Option Two: Solve the problem

Once we understand the truth about a difficult situation, the best thing that we can do is change the situation, if this is possible.

However, one primary reason that people end up feeling depressed is that they continue to try to fix a problem that cannot actually be fixed. This reinforces a loop of failure, and teaches a person to feel incompetent. Of course, the only reason they feel incompetent is that the problem can't be fixed in the first place.

Later we'll talk more about how to strategically solve problems. If problems cannot be solved, we move to the next option: acceptance.

Option Three: Accept what cannot be controlled

“Acceptance” is often thought of as “being OK” with bad events. This isn't entirely true. If we can solve a problem, we should. Acceptance becomes our ally when there is no solution to the problem at hand. This often happens in a “double-bind” or “lose-lose” situation, where no matter what solution you come up with the results seem unacceptable.

Acceptance can lead to more self-compassion and less depressive symptoms, because we realize that it is not our fault that we are not successful in solving a problem—it's just an unsolvable problem. Then we can decide what the next “best-case scenario” could be to continue to move toward our aims.

When enduring an important loss, sometimes “acceptance” takes the form of grieving what was lost.

Depression Inconvenience Review Worksheet

Some people ask themselves "is it worth it to put in some hard work to get my depression under control?" This is a personal choice, and everyone has different reasons for working on their depression. One way to help answer this question is to examine different parts of your life and how the depression impacts them.

First, let's make a list of the different parts of your life that are important to you. Some examples are below.



<u>Areas of my life that are important to me are:</u>	<u>How important (0-10)</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Sample important life areas:

Family
Friends
Social life
Work/career
School
Leisure
Hobbies
Spirituality/religion
Volunteering/giving back
Physical health
Mental health
Free time

Others...

<u>Life area:</u>	<u>How depression interferes with my goals in this area:</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Tear out this page and take it with you to remind yourself of the reasons to work actively on your depression.

Blank page

Remember to tear out this page after you have filled out the "Depression Inconvenience Review Form" and put it somewhere you can see it easily as you go through your day.

Notes

Notes

Chapter 2: Self-Care



Did you know that scientific studies have shown that exercise is just as powerful as an antidepressant medication for treating depression, when it is practiced regularly?

How are you sleeping? Depression sometimes affects sleep; we may sleep too much, or too little. Improving our sleep can be an important element of depression treatment.



Believe it or not, how we eat also can affect our mood for the better, or worse.

In this section we talk in more detail about how taking care of your body can help you manage your depression.

"Self-care:" An Important Part of Managing Depression

Battling depression requires a multifaceted strategy; we have to "unite our forces" to keep depression from interfering with our life aims. CBT supplies us with some of the ammunition to wage this battle, but other lifestyle factors are important, as well. Below we discuss some of these factors; consider them when assessing your challenges with depression. Consider trying out some changes to see if they help.

Moderate and Balance Coping Skills

Address depression from a variety of different angles by confronting situations, problem solving, accepting that which cannot be controlled, and modifying thinking when necessary. Take care of the body and mind, addressing the important elements of self-care listed below. Remember that "diversity" is the cardinal rule when it comes to coping with challenges; the more skills and coping methods we have, the more flexible we can be when challenges arise.

Treat Mental Illness

Learn to manage depression using CBT skills. Treat other forms of mental illness if they interfere with your life. If the therapy you try does not seem to be working, try another therapy style or therapist. Consider a "combination therapy," which combines an assortment of therapy skills, medication, and self-care.

Diet

Eating a balanced diet helps us maintain health, improves energy, and contributes to good mood. Be aware of the quality of your food, as well as how much you eat; eating either too much or too little can affect how you feel on a daily basis.

Avoid or limit

use of "mind altering drugs"

Be aware that all drugs that alter state of mind such as alcohol, caffeine, nicotine, marijuana, other illicit drugs, can exacerbate depression in both the short and long term. Discuss your use of these substances openly with a prescribing clinician to understand better your own risk factors.



Confront Conflict

Do not allow interpersonal conflicts to fester; learn assertive-ness and other communication skills and address conflict pro-actively and diplomatically.

Goal Setting

Set realistic goals in line with your life aims. Strive for balance of meaningful work, interpersonal (family and friends), and enjoyment-oriented goals. Remember to take one small step at a time to reach larger goals.

Sleep

Research has shown that most people need an average of about 7 hours of sleep per night. Sleeping well is an important aspect of managing depression. Talk to your doctor or therapist about a referral for a consultation with a sleep expert if you suffer from insomnia or sleep apnea.

Exercise

Regular exercise has been shown to be as good as antidepressant medication for treating depression and increases our resistance to debilitating anxiety. Try to get a minimum of 20 minutes of vigorous cardiovascular exercise at least three times a week. Of course, be sure to ask your doctor if you are healthy enough for more intensive exercise.

Treat Physical Illness

Scientific research shows a connection between physical health, mood, and anxiety. Learn about your family medical history, go to the doctor as needed, and take prescribed medications.

"Slow down"

Ask yourself: "Has there been a day this week in which I did not "rush" at all? Keeping a constant fast pace in activity, whether walking, working, or even planning leisure activities, communicates a sense of urgency to the brain, raising blood pressure and tension in the body. This has an impact on our mood from day-to-day. Practice "slowing down" your pace of life consciously to reduce this sense of urgency.

Time Management

Set realistic goals about what can be accomplished in a certain amount of time. Avoid multi-tasking excessively. Plan your day with enough time left over to sleep enough, exercise, and enjoy a leisure activity. If you feel that you have trouble managing your time, discuss it with a therapist or life coach.

Social Support

When we feel supported by others, we feel more safe, secure, and happy. One important approach to treating depression is to reduce symptoms; another way is to increase positive experiences, especially with people that help us feel good about ourselves.

Sleep Hygiene

“Sleep hygiene” is a fancy way to refer to good sleeping habits. We often underestimate how much sleep impacts our mood and functioning. Lack of sleep or poor quality of sleep is sometimes caused by engaging in certain behaviors (often just out of habit) that are problematic in helping our body relax and fall asleep.

How are your sleeping habits?

Check the statements that apply to you:

- I look at my cell phone, work on my computer, or watch TV before bed
- I clean my house or do other physically stimulating activities before bed
- I drink caffeinated beverages (coffee, tea, soda, energy drinks, hot chocolate) after dinner time
- My room is hot
- I sleep with lights on
- I do work in bed
- I go to sleep at different times every night
- I take naps
- Sometimes I stay in bed awake for hours just trying to fall asleep
- I drink alcohol to help me sleep
- Worries often keep me up



How to improve your sleep...

If you're having trouble sleeping and checked one or more of the boxes from the previous page, chances are you could benefit from working on better sleep hygiene.

Here are some suggestions:

- Get regular exercise (we will talk about this later).
- Plan to get to sleep at the same time every night.
- Avoid naps. This will help your body get into a natural sleep cycle.
- Designate your bed for sleep (and sexual activity) only. When we work and do other activities in bed our brain gets confused about what to do when it's bed time.
- Avoid stimulating physical activity too close to bedtime (3-4 hours before bed).
- Avoid alcohol and sugar before bed.
- Keep your room cool (about 65 degrees) and very dark.
- If worry is a problem before bed, "schedule" worrying earlier in the day.
- Take a warm bath or drink warm milk.
- Listen to relaxing or ambient music before bed.
- Do breathing exercises or progressive muscle relaxation.



Exercise

You've probably heard that exercise is as good for your mind as it is for your body. Current mental health research shows that exercise is just as powerful as an antidepressant medication when it is practiced as a program.



To be even more scientifically specific, exercise is thought to stimulate the neurotransmitter (brain chemical) serotonin which plays a role in experiencing positive emotions. This is the same neurotransmitter that is targeted with SSRI antidepressant medications. It can also help regulate sleep (as mentioned earlier) which is an important factor in caring for your depression.

So how much will I need?



The Department of Health and Human Services suggests 150 minutes of moderately intense exercise per week. Current literature on depression suggests that when using exercise as a tool to treat your mood, individuals should exercise at moderate intensity for 25 minutes 3-5 days per week.

What is "moderate" intensity? Basically, it's physical exercise that brings your heart rate up. For example, walking at a fast pace, climbing stairs, and riding a stationary bike.



If you are interested in pursuing exercise as a primary tool for your depression, be sure to talk to your doctor first to review your physical health. Talk to your individual therapist about this so that you can work on this goal together in your CBT treatment.

Food for Your Mood?

How we eat can impact our mood. Here are some tips for improving your mood by paying attention to how you eat.

Stay away from foods that make you feel overly emotional, such as **sugar** or other foods that increase appetite.

Avoid eating **too little or too much**, as this can also influence your mood.

Avoid excessive **caffeine or energy drinks**, as these often negatively impact anxiety and sleep.

Alcohol, even in moderation, can interfere with depression recovery. Because alcohol is a *depressant* (drug type), it can make depression worse and interfere with sleep, which indirectly impacts your mood.

If you are having trouble cutting back or eliminating drinking altogether, we encourage you to talk to your provider about this.

Fat for brain health!

Research suggests that eating foods rich in **Omega-3 fatty acids** can help fight depression. Walnuts, flax seeds, salmon, and sardines are all foods that are naturally high in Omega-3's; however, it is difficult to get enough through diet alone when using as an alternate to antidepressant medication. Omega-3 supplements have been shown to be helpful in improving mood; it is important that the supplement to have two fatty acids: EPA and DHA (both have been shown to improve mood in scientific studies). According to current literature depressed individuals should take 1 gram of EPA per day for optimal results. If you have questions about types of Omega-3 supplements, we encourage you talk to your provider.



My Self-Care Plan

Use the following worksheet and design your own self-care plan. Review the previous pages to get ideas.

My Self-Care Plan
(how I plan to incorporate self-care into my daily life)

Sleep: _____

Diet: _____

Exercise: _____

Time management: _____

Treat physical illness: _____

Social Support: _____

Others? _____

Notes

Notes

Chapter 3: Mindfulness

Mindfulness is a core skill that is used in many different types of therapy, including Cognitive-Behavioral Therapy. Mindfulness has gotten a lot of attention in recent years, but it is actually a centuries old practice that is now studied and practiced all over the world.

In short, mindfulness is the practice of being present and aware.

When people are depressed or anxious, it is common to have difficulty with concentration or focus. Even when we are not depressed or anxious, it is not uncommon to “zone out” in everyday tasks. How many times have you misplaced your keys or parked your car and forgot where it was?



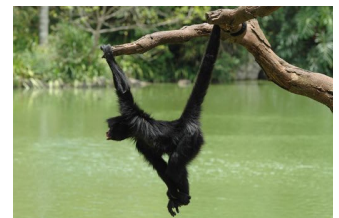
Most of us struggle to maintain a mindful state. When we are not mindful we are often focused on the future or ruminating about something that happened in the past. This makes us less aware of what is going on in the present, which contributes to depression and anxiety. In fact, research has shown that people that tend to be more able to live in the present moment perceive themselves to be happier.

One goal of mindfulness is to describe our experiences *objectively* and *non-judgmentally*, focusing on the variety of things that are happening in the present moment. **It is not an attempt to feel “good” or “relaxed.”** It is a state of being aware of whatever we are experiencing, with an attitude of acceptance.

Another element of mindfulness is developing an awareness of the *changing* nature of all experiences, including emotions and thoughts.

“Monkey Mind”

Does it ever feel like you are at the mercy of your thoughts? Many of us feel like our minds are constantly going from thought-to-thought like a monkey swinging from tree-to-tree.



This is a very common experience! The good news is: when you notice that this is happening you are taking the first step towards being mindful. You can learn to notice your distractions and come back to the present moment. We practice this over, and over, and over again. This is one way to practice mindfulness.

Slow down the mind...

Our Western culture is a fast one: more and more things to do, places to go, things to have, and people to please. We may feel overwhelmed and start to multi-task just to get by. This is a symptom of our culture—it's no one's fault! However, research has shown that multi-tasking and rushing through daily life actually makes us *less* efficient, and definitely less happy.

Mindfulness helps us slow down to experience life as it is. This is important, as tasks are best completed one at a time with care and attention. Also, present-tense awareness is necessary to experience enjoyment, meaning and value. Studies show that when we are more mindful and learn to do things one at a time, we actually tend to be more efficient, productive, and satisfied with life.



! *Wait! If I slow down, won't I feel worse?!*

People often hesitate to move forward with mindfulness because they fear that building their awareness may make them more aware of their emotions and experience them more intensely.

While mindfulness may indeed bring to light some things you are avoiding or painful emotions you would rather not experience, if you practice mindfulness regularly, this will become much easier to manage. It is common for it to feel worse, before it feels better.

Through research and clinical experience, we have found that the long-term benefits of mindfulness outweigh the initial risk of feeling more uncomfortable and actually help people to better cope with future depressive episodes.

Through mindfulness, you will also begin to experience your life in more rich and interesting ways.

"I can't control my mind!"

We often find that our minds wander. This may seem to be the opposite of what should happen while meditating or trying to complete a task. We go into something expecting to have "control" of our minds.

We know from research that we cannot completely "control" our minds, no matter how hard we try, especially when we are feeling depressed and anxious. Why do you think this is true?

One way to understand this is by understanding the biological purpose of emotions. Emotions and related thoughts are the way the body gets your attention so that you can protect yourself or stay safe. It tries to alert us to the possibility that something is dangerous, either "out there" in the environment or inside our bodies. So if we are paying attention to something that is not "dangerous," the mind tries to distract us, making it very difficult to "control." In fact, you may find that the more you try to control it, the more the mind tries to distract you!



Having trouble getting "mindful?"

Try this: pretend your mind is like a movie screen. You are sitting in the movie theater, observing what is projected on the screen, but you are not in control; you just watch and follow what you see.

Try closing your eyes and just notice what images, thoughts, or memories get projected on that screen. They may be related or not—whatever gets projected is fair game! If you start feeling attached to the content of the "movie," just notice that attachment and then let the movie continue to something else.



"Why should I practice mindfulness?"

Mindfulness techniques are an important part of CBT for the following reasons:

- Trying to "control" the mind is a futile endeavor. In fact, trying to control the mind often makes us feel worse, because we keep failing at it! The first step to any CBT intervention is to stop trying to control the mind through force; only after we do this are we prepared to influence the mind using CBT skills.

- Mindfulness helps us practice observing but not reacting to our emotions. We learn to accept or tolerate these emotions, rather than trying to eradicate them.

- Mindfulness helps to retrain the brain; by experiencing emotions and not trying to fix them, we communicate to the emotional centers in the brain that they are not dangerous.

- When we stop and pay attention to the present moment, we listen to our emotional "alarms." If we give it time and keep from "fueling" the emotions, the body can eventually learn that it does not need this alarm any longer, so it can turn it off.

Mindfulness is a practice that can be helpful in calming the mind by reducing our tendency to try to control it, which often makes our emotions worse. Mindfulness techniques focus on facts and objective information about current experiences, including emotions, thoughts, memories, and sensations. Our aim is to notice these experiences without judgment or any attempt to change them; we simply observe them, like clouds in the sky or the images on a movie screen. Mindfulness techniques are not likely to cure depression all by themselves, but they can be helpful if used with other CBT skills, and can provide a foundation upon which to develop these skills.

Being more nonjudgmental...



Humans are judgmental by nature. Like many other mammals, our brains help us quickly scan our environment and alert us to danger or potential harm. As an evolved species our brains have also developed a sense of what we like and don't like. This can be useful in a variety of situations.

AND...

Judgment, because it typically aims to focus on potentially negative information, can create more suffering in our lives.

With mindfulness, we practice the art of “non-judgment” and “non-reactivity.” This is typically not very easy, especially when the judgment is directed toward ourselves. As you will see in the Mindfulness Exercises ahead, much of mindfulness practice has to do with viewing experiences neutrally, as they are, without judgment.

For example, let's say you are struggling with a big project or assignment. You find yourself overwhelmed and frustrated. Because you are feeling overwhelmed and anxious, you might find judgmental thoughts pop into your head such as: “other people are probably having an easier time with this” or “I'm such an idiot because this is confusing to me.”

What started as one problem is now two problems, the difficult assignment AND feeling terrible about yourself— essentially kicking yourself while you are down.

Being less judgmental starts with just noticing these judgmental thoughts, not trying to push them away, but also not taking their message as ultimate truth. We are careful not to “judge” our “judgmental thoughts.” This can keep us from “fueling the fire” of our emotions by getting caught either battling or agreeing with these thoughts. It also could help us better manage the situation.

Consider: what are some non-judgmental ways to describe the same situation?

TRY THIS EXPERIMENT:

Use a golf counter or other device to keep track of judgmental thoughts. Keep a log each day of how many judgmental thoughts came up. Over time, your judgmental thoughts may go down just by increasing your awareness.

Mindfulness Exercises

Strengthening mindfulness takes practice. On the following pages are exercises to help you start your mindfulness practice.

Mindfulness Exercise #1: Observing and Describing

Step 1: "Observe"

Be aware of the tendency to start thinking, and bring yourself into the room. For about 10 seconds, just notice what is going on around you.

Step 2: "Describe"

Now put words to your experience. Focus on simple things, especially what you are experiencing in your senses. Do this for about 5 minutes. Notice how you feel afterward.

Examples: *"The room is cold."*
"My chest feels heavy."
"The coffee is bitter."
"This apple is sweet."
"I'm having judgmental thoughts about this meeting."
"I'm feeling excited."



Mindfulness Exercise #2: "Awareness" Mind and "Thinking" Mind

Take a moment to observe the photo to the right and then try this exercise:



"Awareness" mind: Just describe what you see in completely *objective* terms. Just notice colors, shapes, shades, etc. Write what you see here:

"Thinking" mind: Now notice the memories and thoughts that come up when you look at this picture. Allow your mind to wander as it will, and write down what "pops" into your mind as it comes up. Take 1-2 minutes to do this. Notice and write down how you perceive the difference between the two states of mind.

Mindfulness Exercise #3: Slow Diaphragmatic Breathing

You may have been told in the past to “take a few deep breaths” when you were feeling worried or upset about something. On one hand this is helpful to just slow down and cool off. However, altering the speed of our breath actually can slightly change our body’s emotional responses. **Slow diaphragmatic breathing** is a developed technique that involves slowing down the breath to communicate “safety” to the brain.

While we do not recommend that you use breathing techniques to try to eliminate emotions when you are feeling bad, it can be a way to get through a tough situation and calm the body some so that we can make a good decision about what to do next. Try the following exercise:

“Slow Diaphragmatic Breathing”

1. Sit comfortably in a chair with your feet on the floor. You can lie down if you wish.
2. Fold your hands on your belly.
3. Breathe in slowly and calmly. Fill up the belly with a *normal* breath. Try not to breathe in too heavily. The hands should move up when you breathe in, as if you are filling up a balloon. Avoid lifting the shoulders as you inhale; rather, breathe into the stomach.
4. Breathe out slowly to the count of “5.” Try to slow down the rate of the exhale. After the exhale, hold for 2-3 seconds before inhaling again.
5. Work to continue to slow down the pace of the breath.
6. Practice this for about 10 minutes.
7. This works best if you practice this two times each day for 10 minutes each time. Try to find a regular time to practice this each day.



Slow Diaphragmatic Breathing Tips:

1. The speed of the breath is more important than the depth of the breath. Avoid trying to “catch” your breath by taking really deep breaths.
2. Don’t use breathing exercises to “get rid of” bad emotions; use the breath to help get you through a tough situation, or practice it daily to “train in” a slower, calmer breathing style over time.
3. Practice! It takes time to learn how to calm the body using the breath.



Take home points:

Slow diaphragmatic breathing is one relaxation skill used in CBT. It is best used as a daily practice, like exercise, or as a way to get through a tough situation without leaving or making things worse. For best results, practice slow breathing twice a day for around 10 minutes each time.

Mindfulness Exercise #4: Mindfulness of the breath and “thinking” mind

1. Sit quietly with your feet on the floor, or lie down, and relax your body. Begin with some slow breathing into your belly. Focus your mind on your breath as it flows in and out of your nostrils. Continue to follow your breath to whatever extent you can.
2. As you breathe, notice the tendency of the mind to wander. Instead of trying to focus just on the breath, *just notice what the mind does*. It may wander to a worry, or a memory, or to what you plan to do later today. You may notice sensations in your body, such as a pain or itch. You may hear or smell things. Just notice whatever happens and then gently bring yourself back to your breath. You can remind yourself that you will tend to these other things later, and for now you will just spend time paying attention to your breath and to your mind.
3. Allow the mind to wander as it will, time after time. Avoid the tendency to try hard to focus on something. Simply allow your mind to wander and then bring yourself back to your breath. Notice the tendency of your experience to *change*. Imagine that each thought, sensation, emotion—anything—is like a cloud floating through the sky, soon to be replaced by another one.
4. Continue to practice this for about 10 minutes. Depending on your schedule you can add time to your practice if you want. Practice once or twice a day.
5. Remember that there is no “right” way to do this, other than to just notice whatever comes into your consciousness. It is impossible to “fail” at mindfulness—just let your mind wander!

Mindfulness Exercise #5: Mindfulness to Increase Pleasure

Being mindful of positive experience has a powerful effect on mood and anxiety.

Every time we slow down to really appreciate something that we are doing, we generate positive emotions. Though positive experiences on their own do not change depressed mood in a one-time transaction, the accumulation of positive experiences (because of being present in the moment) can drastically change how we feel over time.

1. Find something simple that you enjoy, such as a pleasant image, smell, sound, taste, or physical feeling.
2. Whatever you choose, spend 2 minutes experiencing it fully. If it is a picture, take in the beauty or interest of the picture, studying its detail. If it is a taste, smell, physical feeling, or sound, spend time experiencing it fully.
3. Notice how you feel emotionally when you spend time in this space.

Mindfulness Exercise #6: Mindfulness of Activities

Listening to music: Pay attention to the words and the sounds of musical instruments. Mindfully notice the emotions that arise as you listen.

Cooking: Pay attention to the steps involved in cooking. Slow down and appreciate the smells, physical textures, and movements as you put together your meal.

Eating: Slow down. Notice the textures, taste, and temperature of your food.

Drinking a beverage: Notice the temperature, taste, and physical appearance. If you are making tea, notice the color of the tea as it steeps into the hot water.

Taking a walk: Notice what it feels like while walking. If you are outside mindfully scan your environment for the sounds and smells of nature. Notice the temperature or any physical sensations.

Mindfulness Tip: When your mind drifts to any thoughts or images of the past or the future (or anything else), just notice it and bring yourself back to the present moment. Most of all, notice your judgments of your mind for wandering! This is normal, and we can practice bringing it back again, and again, and again....

Mindfulness Exercise #7: Mindfulness of Internal Experiences

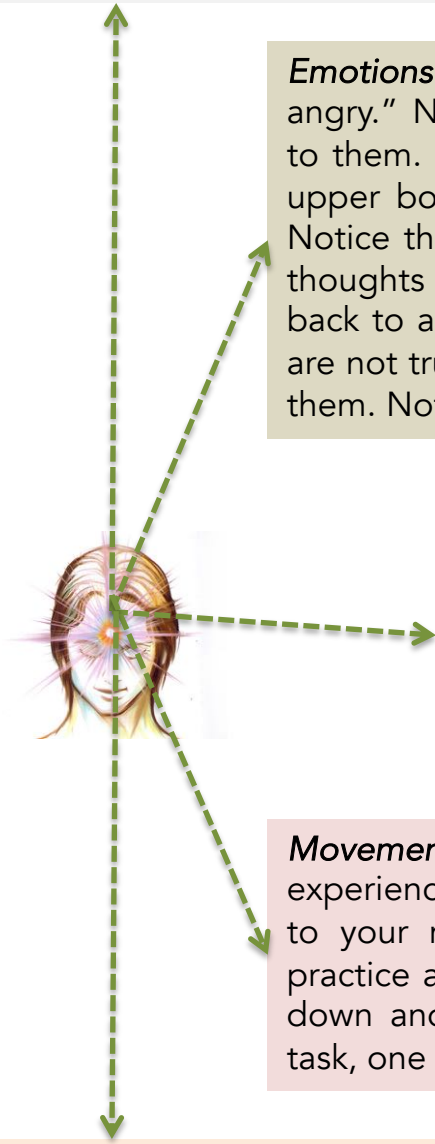
Thoughts: Just notice the activity of your “thinking,” “problem-solving” mind. Notice how it moves from one thought to the next, or spins on one thought for long periods of time. Don’t try to stop it; just notice it, as if you were watching a movie of your thoughts, one being replaced by another, over and over. Be curious and non-judgmental about the thoughts, remembering that they are just thoughts, not truth.

Emotions: Notice and try to label your emotions: “I am sad” or “I am angry.” Notice how the feelings actually have a *physical* component to them. For example, anger could feel like tension in the head and upper body. Sadness could feel like a welling up behind the eyes. Notice these physical feelings for what they are: feelings. Notice the thoughts and ideas attached to these feelings, then bring yourself back to awareness of the physical feelings. Remember that emotions are not truth, but temporary states of feeling that will change if we let them. Notice one feeling leading into the next.

5-sense perceptions: Notice sounds, smells, images, tastes, and the feeling of things. Notice each sense separately, and then focus on one at a time. If a perception is pleasant, savor the moment, experiencing the pleasure while it lasts. If the perceptions are unpleasant, notice the unpleasant perceptions without trying to change them.

Movements: Be aware of your movements. Slow them down and experience the feeling of your muscles as you move. Paying attention to your movements as you walk, Tai Chi, and yoga are ways to practice awareness of movements. As you are making breakfast, slow down and pay attention to each movement as you complete each task, one thing at a time.

Internal Body Sensations: Breathe and pay attention to internal sensations, such as pain, tension, internal movements (digestion, etc.) and other sensations. Notice how the body continues to do the work of keeping you alive. Notice pain and other sensations as signals from your body to you to listen to what it needs. Don’t react to these signals—just hear them and continue to notice as the sensations move from one to another. If one sensation stays for long periods of time, put your focus directly on that sensation, like a laser focused on a target. Breathe and just notice what happens, without expectation or judgment.



Notes

Notes

Chapter 4: Cognitive Therapy Skills

*"The ancestor of every action is a thought."
~Ralph Waldo Emerson*

In this module, we explore our **thoughts** and explain how they are closely linked to our emotions. We discuss how to identify, understand, and respond to our thoughts as a way to help us feel better.



We will help you **identify** the thoughts that are troubling to you and understand them as well as possible. We then discuss the basic techniques that we use to begin to respond to and modify these thoughts. Like a detective, we respond to thoughts by gathering facts, or "**evidence**," to see a situation as realistically and in as detailed a way as possible.

Join us as we learn to change our relationship with our thoughts with Cognitive Therapy Skills!

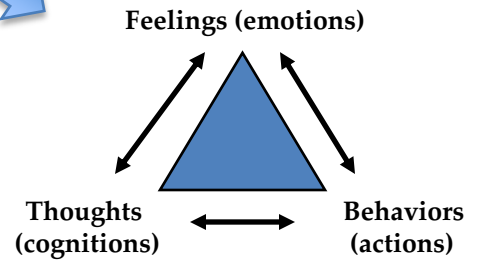


What are Cognitive Therapy Skills?

You may remember from earlier that thoughts, behaviors, and emotions influence one another.

Cognitive is a technical word used to describe anything related to *thoughts*. In this module, we explore how it is that our thoughts can lead to negative emotions, and what we can do about it.

Cognitive Therapy Skills involve responding to and modifying the **content** of thoughts—to help us cope better in our daily lives and feel less depressed.



How do Cognitive Therapy Skills work?



The main goal of cognitive skills is to **gather evidence**. Like a detective, we look to uncover **facts** about ourselves, the world, and our futures.

By examining our thoughts, beliefs, and basic assumptions in detail, we can learn to make informed choices about issues that impact us. For example, we may find that **a thought is not completely true**; this helps us decrease our efforts to fix things and makes us less likely to become depressed. Another option is to take these facts and do something with them—to **problem solve**. Finally, these facts may help us understand that nothing can be done to change a situation; we work to **accept** this and let go of our efforts to control. In order to choose one of these options we use cognitive skills to understand thoughts and situations as well as possible.



Examining the Evidence

Scientists and detectives are good at asking the right questions to better understand a situation. With cognitive skills we learn which questions to ask to best understand ourselves, the world, and our futures. For example:

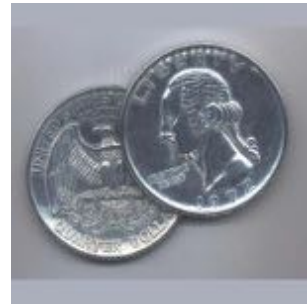
1. *What is the likelihood that this thought is absolutely true?*
2. *If a negative event were to happen, how bad would it be? Would it be tragic?*
3. *What would I do if something bad happened? How would I handle it?*
4. *Is there any other explanation to account for what has happened?*
5. *Do I know all of the facts about this situation?*



Put on your "happy face?" 😊

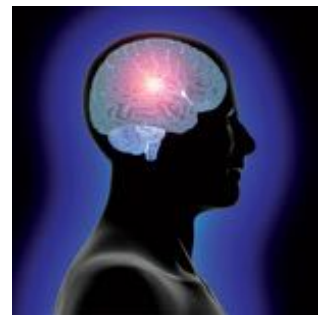
Cognitive Therapy Skills are not just about "thinking positively." While being aware of positives is a part of CBT, we want to gather all evidence, good and bad, to understand best how to cope with a situation.

For example, we know that driving on the highway has some risks associated with it. However, for most of us driving on the highway is a necessary part of everyday life. We are willing to take this risk because if we didn't our lives would be limited. A **positive** aspect of driving on the highway is that it helps us achieve our goals. A **negative** one is that under some circumstances it can be dangerous. When we examine the evidence, we find it's true that there are "two sides to every coin."



Practice makes... the brain change?

When we modify thoughts, we actually change the brain! Practicing different types of thought patterns over and over actually rewires our brain so that new, more realistic and helpful patterns of thought can become more natural. This does not mean that our brains are permanently changed by thinking something new just once. It takes consistent practice to keep the brain functioning well, just like it takes consistent exercise to keep the body healthy. Cognitive skills can help us keep our brains healthy, if we are willing to stay well-practiced at it.





Depression “Fuel”

Thoughts, just like behaviors, can act as “fuel” for our depression. When negative thoughts and problematic behaviors mix, a snowball effect begins to happen with our mood.

Sam recently lost her job. She would like to get a new job and maybe even change career paths, but she is often bombarded by her own negative thoughts. These thoughts stop her from applying for jobs and investigating things further.

“I’m not very good at anything; if I was, I wouldn’t have lost my job.”

“I’m terrible at interviews.”

“I’m probably not even capable of learning something new.”

“No one will want to hire me.”

“My resume looks stupid”



Most of us can relate to Sam’s dilemma; negative thoughts worsen her mood and make her want to avoid applying for jobs altogether.

When we look at our thoughts realistically and in a detailed way, we “throw water on our depression fire.” Responding to and modifying these negative thoughts so they are more realistic can help to keep us from making the depression “snowball” bigger. Most importantly, *they can help to keep us from avoiding things that are important to us.* For example, the longer Sam waits to apply for jobs, the higher chances of financial hardship and bigger gaps in her resume.

When should I use Cognitive Therapy Skills?



Cognitive skills can help us with changing our mood. They work best when...

... we can identify negative thoughts that make us feel worse in certain situations.

...depressive episodes are triggered by negative thoughts about the future and/or negative thoughts about ourselves.

Unifying Our Forces...

Working with thoughts is just one tool in our defense against depression; learning to think differently can be very helpful. However, we can’t underestimate the importance of behavior in maintaining depression. For example, if we continue to *avoid* important things in our lives such as taking care of sleep, attending to relationships, self-care, and pleasure, we will still likely be depressed regardless of how we’ve changed our thinking. Thus, we work to “unify our forces:” combining our cognitive work with behavioral techniques to manage depression.

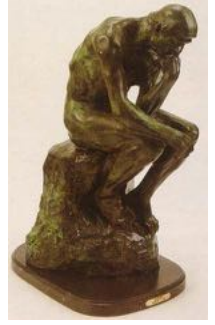
Take home points:

Cognitive skills are one set of skills used in CBT. Our goal is to examine the evidence and uncover the facts, both positive and negative, about a situation or a thought. By understanding a situation better, we can learn to think realistically about it and often times improve our mood.

Negative Automatic Thoughts

"I might lose my job and my home."

We all have them. Sometimes they pop into our heads uninvited. Sometimes they stick in our heads for hours. **Negative automatic thoughts** are negative thoughts that come automatically to us when we are feeling depressed, anxious, angry, or frustrated; they can come any time we have a negative emotion.



"One day I am just going to 'snap.'"

There are different types of negative automatic thoughts. They usually take the form of repetitive intrusions about ourselves, the world (and other people), and our futures.

"I am an idiot."

Worry is related to fear that something bad might happen in the future. Most troubles with anxiety have some sort of worry attached. For example, the thought in the upper left corner of this page is a worry about what might happen if this person loses his or her job. **Rumination** means to "chew" on a thought over and over, such as repetitively reviewing a past failure.

"If I have a panic attack it could lead to a heart attack!"

Another type of negative automatic thought is a negative statement about ourselves, other people, or the world at large. "I am an idiot" is a good example. This is a blanket, declarative statement that seems to define all of who we are. Often people with depression have these types of thoughts. Cognitive skills can work on these thoughts, too.

"If I look nervous they won't like me."

"If am not anxious I may be more at risk for something bad to happen."

"If that happened I would not be able to tolerate it."

Why do I have all of these negative thoughts?

You may ask "Why do I think so many negative thoughts when I am depressed or anxious? When I am feeling relaxed I don't have these thoughts much at all."

When we are depressed and anxious, the brain wants us to think about potentially dangerous things in our environment, in order to keep us safe. We want our "radar" to be sensitive if there is actual danger out there. When we are depressed and isolative, these thoughts actually are about protection; we've learned when we've tried something over and over again that it is best not to get our hopes up. Sometimes we beat others to the punch (for example, "I'm just a loser"), so that it would be less painful if someone really thought that. While it could soften the blow a little bit, it often turns into a pattern of thinking that beats us down more and more.



Imagine what would happen if we did not have negative thoughts when bad things happened or we were in danger. We probably wouldn't try to protect ourselves! If we really are in danger, it is helpful to have negative thoughts because we are more likely to try to stay safe if we think something is dangerous. The trouble is, sometimes we know that things are not dangerous, yet we have these thoughts anyway. Or the thoughts are not helpful to us. That is why we use cognitive skills to help our brains get a more balanced view of ourselves, the world, and our future.

Types of Negative Automatic Thoughts

Depression and anxiety cause people to assume the worst. There are many different types of anxiety producing thoughts, and it is helpful to be aware of some of the kinds of thoughts that people with depression experience.

1. Overestimating the likelihood of negative events happening: One of the most common tendencies when we are anxious or depressed is to predict that dangerous things will happen in the future. We often imagine that something may happen, even when logically we know that it is not likely to happen. For example, Bill may predict that “everyone will think I am stupid if I make one mistake during my presentation.”

2. Catastrophizing: This is a fancy way of saying that we predict things would be “horrible” or “awful” if something bad actually were to happen. We may predict that we would not be able to cope, and we may try to find ways to prevent it from happening to avoid catastrophe.

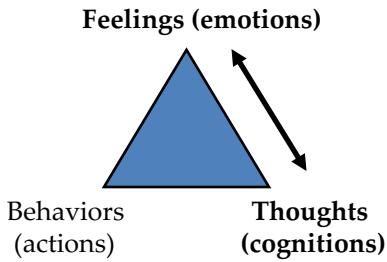
3. Beliefs that emotions are dangerous: We often have negative thoughts about the emotions themselves. We may predict that we will “go crazy,” “lose control,” or not be able to function when emotions get extreme.

4. Belief that one cannot tolerate discomfort, pain, or negative events: We question our ability to cope with future events: “If I can’t tolerate this, what will happen if something really bad happens?” We tell ourselves “I cannot take this” when we experience discomfort and/or pain.

5. Positive beliefs about worry and rumination: Anxiety and worry often seem to have a protective function. We may say to ourselves “If I don’t worry about this it may actually happen.” Sometimes anxiety helps us get things done that we might otherwise avoid; we rely on it for motivation, even if it is uncomfortable at the same time.

6. Negative thoughts about ourselves, the world, and the future: We make negative assumptions and blanket statements such as “I am a loser,” “Nobody will ever like me,” or “The world is a dangerous place.” These types of statements can make us feel more depressed and anxious.

Thoughts and Emotions



An important step in moving out of depression is learning to recognize and experience what we are feeling and the thoughts or interpretations of events that led us to those feelings. Thoughts and feelings are related, but are very different.

Sometimes it is hard to know the difference between thoughts and emotions. Here's how to tell:

Thoughts: can often be fact-checked; generally require more than one word to articulate.

Examples: "I'm a loser," "I'll never feel better"

Emotions: are often experienced in the mind and the body, and can typically be described in one word. We can't argue with a feeling!

Examples: "sad," "disappointed," "frustrated"

Note: In the English language, we often say "I feel" when we are describing a thought or interpretation. For instance, "I feel unappreciated" is really a thought about how someone else is reacting. A person who says that may actually be feeling sad or angry.



Emotions are helpful?

There is no such thing as a "bad" feeling! We might like certain emotions a lot less than others, but our emotions carry a lot of information that we can use. For example:

- Emotions can be motivating
- Emotions can help us communicate with and influence others
- Emotions alert us of real danger or real problems
- Emotions help us understand how we are interpreting events



Emotions	Types of Thoughts that Lead to this Emotion	Example
Sadness	Thoughts of a loss, rejection, or failure	"They don't like me." "I'll never be good enough."
Guilt; Shame	Thoughts that you have failed to live up to certain standards: yours, someone else's, or your culture's. Guilt results from self-condemnation, and shame fears the reaction of others.	"I shouldn't have done that." "I should have studied more." "I'm not what my family wants."
Anger; Irritation; Annoyance	You believe that someone is treating you unfairly or trying to take advantage of you. You make assumptions about the intentions of others.	"The shouldn't do that!" "Nobody has any manners."
Frustration	Thoughts that life is not meeting your expectations and should be different.	"Why does traffic always slow down when I'm in a hurry?" "He should have been on time." "I shouldn't have done that."
Anxiety; Worry; Fear; Panic	Thoughts that you are in danger because something bad is going to happen.	"What if my mind goes blank when I give this presentation?" "They're not going to like me." "What if I'm sick?"
Inferiority; Inadequacy	Thinking about how you compare to someone else	"There's nothing special about me." "All the guys like her and nobody likes me."
Hopelessness; Discouragement	Thoughts that your problems are indefinite and things will never be better	"I'll never find a good job." "I'll be alone forever."

Identifying Negative Automatic Thoughts

The first step to begin “restructuring” or responding to negative thoughts is to identify the thoughts that give us trouble. It’s as if we are putting a magnifying glass to our minds to learn more about how we think. Use the following tips to identify the thoughts you’ll start working on using cognitive skills. Once you have identified a thought, write these thoughts down using the **Daily Thought Record Worksheet**.



How to Identify Negative Automatic Thoughts

1. In the course of daily life, write down thoughts that come up when you are feeling depressed or anxious.
2. Sit quietly and try to imagine going into a stressful situation: what thoughts come up?
3. Recall an event from the past that was difficult. What thoughts were going through your mind?
4. Role play an difficult event with a friend, family member, or therapist. Write down thoughts that come up during this exercise.

When Identifying Thoughts...

...phrase the thoughts in **the form of a statement**, and avoid “what if’s” and questions. For example, if the thought is “What if I lose my job?” it would be better to phrase it “I will lose my job.”

...**be specific**. It is better to break more general thoughts up into more manageable pieces. If the thought is “I feel like something bad is going to happen,” make a list of the specific things that you worry might happen. Write down the first negative automatic thoughts that come into your head.

...**notice the thoughts that seem to come up often** or are more impairing than others. You may want to begin with these when you start working on the thoughts.

The Downward Arrow Technique

The downward arrow technique is a way to “drill down” to try to identify and better understand some of our worst fears and silent, underlying assumptions or beliefs.

How: “Buy into” the negative thought to see where it leads you!

1. Identify the negative thought that is upsetting you.
2. Write down the thought and draw an arrow underneath. The arrow represents asking yourself the question: *“If this thought were true, why would it be upsetting to me? What would it mean to me?”*
3. Write the second negative thought that answers that question.
4. Repeat several times.
5. After several thoughts have been generated (as many as you can), review what you’ve written and ask yourself the following questions:



What do these negative thoughts tell me about my value system?

What are my basic assumptions about the basis of my worth, lovability, adequacy, or helplessness?

6. Once the silent assumption (core belief) is identified, use a tool to help understand the helpfulness and reality of this belief. We’ll go into more detail on these later.

Cost benefit analysis: is it to my advantage to believe this?

Thought Record: is this belief grounded in reality? What is the evidence?

Life Goals Analysis: how does this belief affect the parts of my life that are most important to me?

On the next page we’ll show you an example of the Downward Arrow Technique in action!



“Downward Arrow Technique” Example

Automatic Thought:

“If I don’t study harder, I’m going to blow this exam.”



If this were true, what would it mean to me? Why would it be upsetting?

“If I blow this exam, I may fail the course.”



And if I failed, why would that be upsetting to me? So what?

“That would mean I was a failure and people would think less of me.”



And if it were true that I was a “failure” and if people really did think less of me, what then? Why would that be upsetting?

“Then I’d feel terrible, because I need people’s approval to feel happy and to be worthwhile.”

"Downward Arrow Technique" Worksheet

Automatic Thought:



If this were true, what would it mean to me? Why would it be upsetting?



And if this were true, why would that be upsetting to me? So what? What would that say about me/other people/the world?



And if that were true, what then? Why would that be upsetting?

Cognitive Distortions

Have you ever seen one of those “fun-house” mirrors? While we know how we really look, what we see in the mirror looks different than what is real.

When we are depressed, the facts of a situation can become distorted, too. **Cognitive distortions** are patterns of thinking that are heavily influenced by our emotions. As you will see when you review the list of cognitive distortions on the next page, these distortions tend to follow certain patterns, and many of them overlap with others. Here are some “fun facts” about cognitive distortions:



1. Cognitive distortions tend to be extreme: there is often a “black-and-white” or “all-or-nothing” quality to these thoughts.
2. They tend to emphasize negatives at the expense of positives. As we mentioned earlier, we are programmed to think of negatives first when we feel strong emotions, because our bodies are trying to protect us.
3. They tend to be general instead of specific.

Why is it important to understand cognitive distortions?



Understanding cognitive distortions is an important part of understanding our thoughts and preparing to work on them using cognitive therapy skills. By understanding some **common patterns of thinking**, it is easier for us to notice our own patterns during the course of our daily lives. The more we notice these patterns, the more likely we are to be able to modify these thoughts and start feeling better.



What do I do when my negative automatic thoughts do not seem to be distorted?

Sometimes depressive thoughts are not completely distorted. In fact, there is some truth to almost all of our thoughts. The worry “I am going to lose my job” may have some truth: it is always possible that one could lose their job. If one has determined that it is, in fact, likely that they will lose their job, we would say that this thought is *not* distorted.

But depressive thoughts are often black-and-white thoughts about who we are (“I am an idiot”), how the world is (“No one likes me” or “All people are mean”, or our futures (“Nothing is ever going to change”). While these thoughts may have some truth in them, the black-and-white nature of them pushes it to the extreme; it seems as if there is absolutely nothing positive in the world at all. At least it is worth looking at a situation to see if the situation has any “gray zone” at all.

So, when we are trying to understand our thought patterns, it is helpful to try to see the **possible** distortion for each thought, even if you are convinced that the thought is not distorted.

So here they are!
Read through the list of cognitive distortions on the next page, and circle the numbers of those that you suspect may apply to you.



Examples of Cognitive Distortions



1. **Black-and-White Thinking**: We see things, events, and people as perfect or terrible, all good or all bad. We say "always" or "never" often, not seeing the "gray zone" that is almost always there.
2. **Catastrophizing**: We react to a disappointment or failure as though it means the end of the world.
3. **Jumping to Conclusions**: We assume the worst without checking the evidence. We decide that someone dislikes us, but we don't check it out; or we predict that terrible things will happen even when there is no evidence for this.
4. **Ignoring the Positives**: We don't pay attention to positive experiences, or we reject them or say they somehow "don't count."
5. **"My Fault!"**: We take blame or responsibility for things outside of our control, or are not our job.
6. **Should's**: We criticize ourselves or other people with ideas about what absolutely "should" be done without considering where we get this idea. We ignore the reasons we might have done what we did, or think we could have had knowledge we couldn't have actually had. "Should's" sometimes leave us feeling inadequate despite our attempts to be self-motivating.
7. **Magnifying and minimizing**: We define ourselves by our shortcomings and minimize our strengths.
8. **Labels**: Instead of focusing on peoples' behaviors, we make blanket statements: "I am such an idiot" or "He's just a jerk."
9. **Perfectionism**: We believe that all mistakes are bad and to be avoided. Because of this, we don't take the necessary risks to be successful. We may also try to control all circumstances and make them fit what we think is right.
10. **Reasoning from our emotions**: We believe that because we feel a certain way, that indicates the truth about a situation, and we may act accordingly even if it hurts us in the long run.

Thought Record "Plus"

Use the following worksheet to record thoughts and the situations, emotions, and potential distortions related to them.

<u>Situation</u> (what were you doing? What was happening? What were you thinking about?)	<u>Emotions</u> (rate 1-10 by intensity, 1 being very low, 10 being the most intense)	<u>Thoughts</u> (What went through your mind? What were you thinking about the situation?)	<u>Distortions</u> (Was my thought distorted? Which distortion?)
Got test back, got a bad grade	Anxious (9) Sad (6) Angry (10)	I should have studied more I am a bad student I'll never get a good job	"should" statements Labeling Fortune telling

Examining the Evidence

“Restructuring” negative automatic thoughts



Imagine you are a scientist studying the causes of pollution in a local river. How would you approach this? What types of questions would you ask to uncover the truth? You might look at local industry, plant populations, or invasive species as potential causes. You might look closely at samples of the water to determine what types of pollutants are in the water. You’d want to get as much information as you could to be sure you were right about what you find.

Scientists know that there are many possible explanations for an event or phenomenon. They spend countless hours trying to prove or disprove their hypotheses about what is happening and why it happens. To do this, they set up experiments; ultimately the goal is to find the best possible explanation for something. They might ask questions like: “What are all the possible explanations for this event? Are there any other possibilities?”

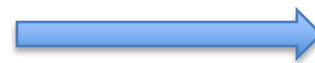
Now imagine this scenario: you are walking down the street or hallway and you see someone you know fairly well. You look at them to say hello and they look away and say nothing in return. What types of interpretations might you have about this event? Perhaps you might think “They must not like me-- if they did they would have said hello to me,” or “They must be mad at me.”

What if we replaced these knee-jerk reactions with a more scientific approach? We could look for other explanations, just like the scientist. What are some other explanations to why this person did not look at you and say hello? List some here:

1. _____
2. _____
3. _____

What you just did is a simple example of **examining the evidence**, the most important element of **cognitive restructuring**, a common cognitive therapy skill. “Restructuring” a thought means gathering evidence to see a situation more completely and realistically, which can help us feel better.

On the next page are some questions you can ask to better understand the truth behind your thoughts.



Examining the Evidence

Questions to Develop Alternative Responses

Identify some of your negative automatic thoughts; then ask some of these questions to better understand them.



- What is the evidence that the automatic thought is true? Not true?
- Are there any other possible explanations? Any other way of looking at the situation?
- Are my judgments based on how I felt rather than what I did or what really happened?
- Am I forgetting any relevant facts or focusing too much on facts that are irrelevant?
- Is thinking this way helpful to me?
- What is the effect of believing this thought? What might be the effect of changing my thought?

- Am I being judgmental or overly critical?
- What are the advantages and disadvantages of thinking this way?
- What's the worst that could happen? Could I live through it? How? What would I do?
- Do I know for sure that the bad consequence will happen?
- What is the best that could happen?
- What is the most likely/realistic outcome? Am I confusing a low probability event with one of high probability?



•If _____(friend's name) was in the situation and had this thought, what would I tell him/her?

•How would someone else think about the situation?

•Am I setting for myself an unrealistic or unobtainable standard?

•Is this thought distorted? Am I over-generalizing? Am I thinking in all/nothing terms?

•Am I overestimating how much control and responsibility I have in this situation?

•How will this situation look or seem months from now? Years from now?

•Is what happened really so important that my entire future resides with its outcome?



•Am I choosing to stay miserable instead of letting go?

•Is there something I can do about this situation? Can I change it? Can I accept it?

•How much money would I bet that this feared event will happen?

•How many times have I predicted this would happen? How many times have I been correct?

•Where would this event fall on the catastrophe scale?

•What's the effect of my believing the automatic thought? What could be the effect of changing my thinking?

•Is there anything I can do about this?



Examining the Evidence: Written Methods

Once we know which questions about our thoughts to ask, we must start to **record our evidence** to build a strong, realistic argument. When we are beginning to use cognitive restructuring, it is helpful to **write down** our thoughts, distortions, and evidence until we get the hang of it. Here is one method we use to do this is.

You will notice in the example below that this approach uses the skills of identifying thoughts and thought distortions that we practiced on previous pages. We add the "rational response" in the third column. The evidence we gather there is what we will use to remind ourselves of the truth about the situation when we are feeling anxious.



Get out that pen and paper!

Research shows that people who write things down as part of CBT practice do better than those that try to do it all in their heads. While it does involve more work (and may seem like going back to school), we hope you will give it a try at first, until the skills become more natural.

Take thoughts identified and write them here.

Use what you learned from the section on "Cognitive Distortions" to identify any of those.

Gather evidence for and against your negative automatic thoughts using the questions on the previous pages.

Thought	Possible Distortion	Rational Response
<i>She didn't say much of a hello. She must hate me.</i>	<i>Mind reading</i>	<i>It is possible he was thinking about other things and does not hate me. In fact he did ask me to lunch last week... etc.</i>
<i>I have no friends. No one likes me.</i>	<i>All or nothing thinking</i>	<i>Not true! Jim is my friend. John and Joe talk to me a lot, they seem to like me. I could join the company team and make more friends, etc.</i>
<i>I'll never find a wife. I'll always be alone.</i>	<i>Fortune telling All-or-nothing thinking</i>	<i>Wait! I am not alone now; I have some friends. I would like more dates; maybe I could join a dating service, etc.</i>
<i>I better not ask her out because she will say no.</i>	<i>Mind reading</i>	<i>True, she may say no but she may say yes. I will miss out for sure if I do not try, etc.</i>
<i>If she says no it will be awful!!</i>	<i>Magnification</i>	<i>Sure, it would hurt but probably not forever. If I practice getting rejected it may help me worry less about it, etc.</i>



Important: Gather lots of evidence!

You may have noticed the "etc." after each rational response in the examples above. What we are trying to communicate is the importance of gathering as *much detailed evidence as possible*. For each negative automatic thought, we may have as many as 7 to 10 facts listed. We use multiple lines of evidence to do this. Each "**line of evidence**" aims to help us illuminate a certain aspect of a situation. For example, one common line of evidence is one's own personal experience, examined in detail. Another might be the perspective of friends and family.

Examining Thoughts Worksheet

Take one thought identified using the Daily Thought Record Worksheet and write it here.

Use what you learned about "Cognitive Distortions" to identify any possible patterns in your thinking.

Gather evidence about your negative automatic thoughts and write it here.

↓ Thought	↓ Possible Distortion(s)	↓ Rational Responses
		<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8. 9.


Thought	Possible Distortion(s)	Rational Responses
		<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8. 9.

Tips:

- Remember to phrase each thought in the form of a statement.
- You should have between 7 and 10 facts in the "rational response" column for each thought.
- Copy this page to use for other thoughts (some extra pages are included at the end of the manual).
- Carry it with you and bring it out each time you have the thought, to remind yourself of the facts.

Examining the Evidence:

A More Detailed Method

These two pages describe an even more detailed version of the Cognitive Restructuring methods on the last two pages. In this case, we include a detailed account of situations, feelings, thoughts, and evidence. Use the following directions to practice filling out the worksheet on the next page. 

1. Identify the situation or trigger. Briefly describe the situation that led to your unpleasant feelings. What were you doing? What were you thinking about?

For example, "a work presentation".

2. Feelings: What do you feel? How intensely? Use a 1-10 scale, if 10 is the most intense you've ever felt this emotion, and 1 the least.

For example, "Anxiety (8), guilt (5), doubt (4), fear (7)."

3. Unhelpful thoughts/images: Identify the negative thinking behind your feelings. What went through your mind?

For example, "My presentation is going to go horrible and my boss is going to think that I'm bad at my job. I'm a failure and will get fired."

4. Look at the facts that support the thought or that led you to your initial conclusion.

For example, "My boss has told me in the past that she wants me to improve oh my presentation skills." and "I spent Saturday with friends instead of preparing."

5. Look at facts that don't support the thought or provide evidence against your unhelpful thought.

For example, "I have worked on my presentation skills since my poor review and I have improved." and "I'm not a failure and I'm doing my best." and "Everyone has bad days at work."

6. Develop an alternative thought. Now that you've considered the facts, write down a more balanced way of thinking that takes into account the whole picture. Are there any actions you can take to improve the situation now or in the future?

For example, "While I have struggled with presentations before, I've practiced and prepared for this presentation and have no proof that this will not go well."

7. Re-rate how you feel now.

"anxious (3)" "calm (5)" "reassured (6)"

Core Beliefs

A schema, or core belief, is a general way of viewing ourselves, other people, the world in general, or the future. These beliefs are often silent assumptions that dictate our thought patterns and decisions. Some schemas are healthy and helpful; others get in the way. These beliefs usually develop in the context of our family dynamics, culture, religion, and life experiences, both good and bad.



Instructions: Use this checklist to identify possible underlying beliefs you might have.

This list is not exhaustive! You might have variations of some of the beliefs here, or your beliefs might be completely different. Use this list to guide you as you think about your own beliefs.

Healthy Beliefs

- If you work hard enough you can do anything
- I'm doing the best I can
- People are worth caring about
- I can ask for what I want
- I have worth no matter what
- I can figure things out
- Mistakes are how we learn and grow
- Everybody makes mistakes
- I'm a good person/parent/child/friend/partner/etc.
- The world is a beautiful place
- Everyone deserves to be happy
- I am likable
- I am in charge of my own happiness
- I have the right to say no
- I am not responsible for the behavior of other adults
- Everyone is unique

Unhealthy Beliefs

- People can't be trusted
- I have to be perfect to be accepted
- I'm only worthwhile if I can contribute financially
- My worth is conditional
- I'm unlovable
- I'm damaged/broken
- I am alone
- The world is a bad place
- Do something right or not at all.
- I don't matter
- I should always try to please others.
- I'm a failure
- Real men don't show emotion.
- People should be able to take care of themselves.
- I'm worthless
- Other's opinions of me define me

Core beliefs are different than “negative automatic thoughts.” Core beliefs (also called “core schemas”) are general rules about ourselves or the world that can influence how we interpret events.

For example, if I have the core belief “All people are untrustworthy,” I may be more likely to notice the particulars of a situation that reflects this. If a person were to say “I’m going to be late,” our minds may interpret this as a statement about whether or not they can be trusted at large.

Negative core beliefs have different types. One type is a “core belief” about ourselves, others, or the world. Early in life, we develop the sense of who we are and how we fit in with others. Research has shown that these usually fit into three general themes: “helplessness,” “unlovability,” and “worthlessness.”

There are also rules, attitudes, and assumptions about “how things work” in the world. Researchers that study core beliefs call these “intermediate beliefs.”

Examples of both are illustrated below.

Core beliefs

(global ideas about oneself, others, or the world)

Helplessness:

“I am incompetent.”

“I am ineffective.”

“I can’t do anything right.”

“I am needy.”

“I am trapped.”

Unlovability:

“I am unlikeable.”

“I am not good enough (to be loved by others).”

“I am bound to be alone.”

Worthlessness:

“I am unacceptable.”

“I am bad.”

“I am a waste of space.”

“I am worthless.”

I don’t deserve to live.”

“That’s just the way it is...”

One thing that may be hard to accept at first is that core beliefs are “thoughts” or “ideas,” but not “truth.” We may take for granted these thoughts or assumptions about ourselves or the world because they have been there for so long. We may not even remember how we learned them. When we do “core belief” work in CBT, we step back and question some of these beliefs. Why? Because 1) They may be assumptions that made sense a one time but no longer apply or 2) They may not be working for us!

Intermediate beliefs

(rules, attitudes, or assumptions)

“It’s terrible to be incompetent.”

“The most important thing in life is to work hard.”

“Asking for help is a sign of weakness.”

“Anything less than 100% right simply isn’t acceptable.”

“It is important to please people all you can.”

Challenging Core Beliefs

Core beliefs are the factories that produce our automatic negative thoughts. They have taken a lifetime to develop and, for this reason, they can be difficult to change.



Some strategies to try to challenge these beliefs include:

- Cost/Benefit analysis:** how helpful is my belief
- Life Goals Analysis:** check out how this belief is impacting the things that are most important to me
- Values and Priorities:** thinking about what I really care about and how I want to be remembered by the people I love
- Gathering evidence** that supports or disconfirms the belief

DEVELOPING A NEW BELIEF:



If we find out that our belief is not accurate, is not helping us, or doesn't represent our values, we can develop a new belief that gives us the benefits of our old belief without the painful consequences. Often our new beliefs are more refined and less "black-or-white." When we notice our old belief showing up, we can remind ourselves of our new, healthy belief.

For instance, if my old belief is "I have to be successful to be worthwhile," perhaps my new belief might be "I value hard work and self-improvement, but my professional achievement does not define me as a person."

Core Beliefs: Costs and Benefits

One way to understand our core beliefs is to look neutrally at how that belief helps us or hurts us in our daily lives. Identify one of your core beliefs and practice the exercise below. When creating the “more helpful belief,” think about ways that you can keep some of the benefits of the belief and soften it to prevent some of its disadvantages.

My Core Belief:

Advantages of
maintaining this belief

Disadvantages of
maintaining this belief

My Modified, More Helpful Belief:

Core Belief Record:

Recording Evidence That Contradicts My Old Belief

My old belief: _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

Core Belief Record:

Recording Evidence That Confirms or Suggests My New Belief

My new belief: _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

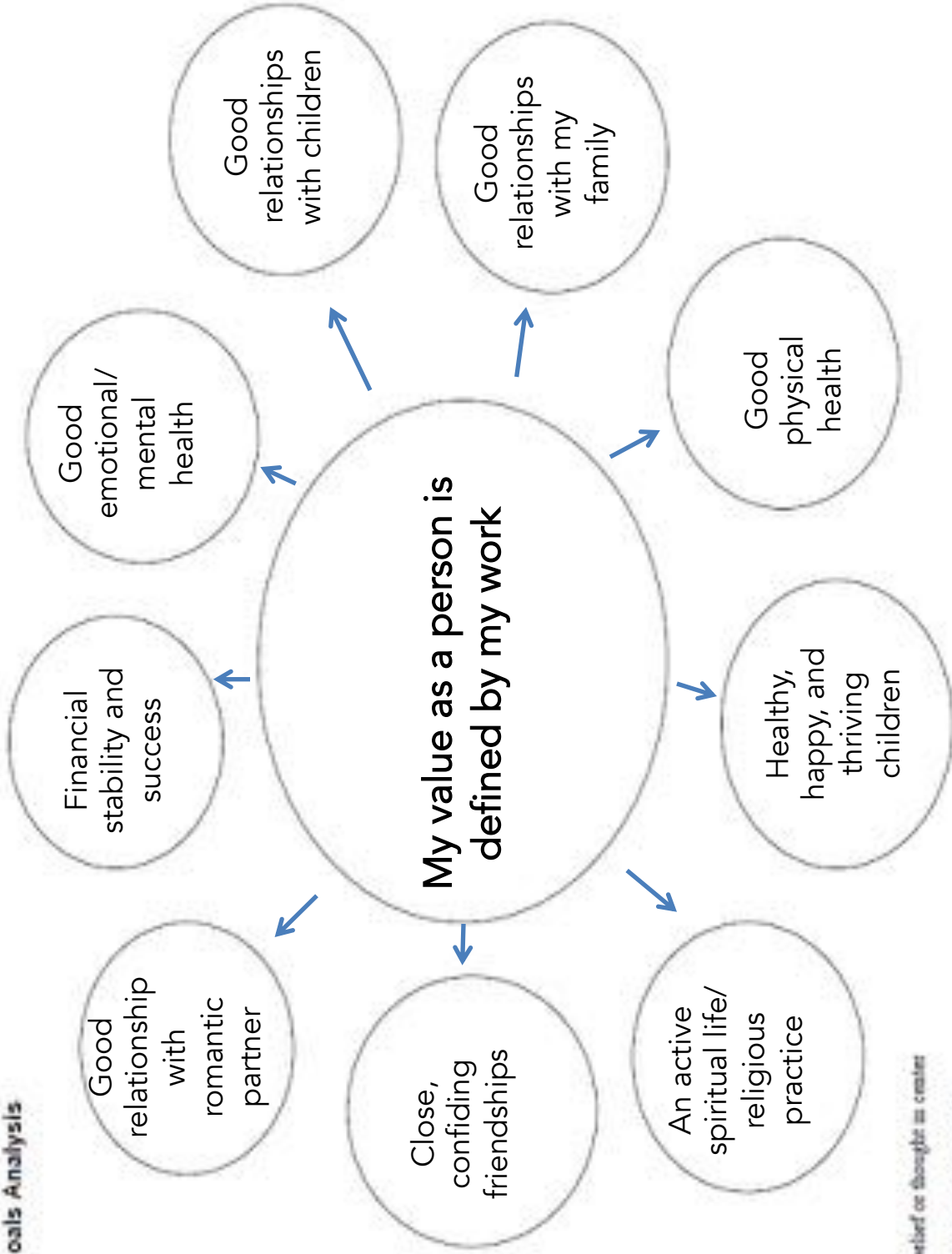
Life Goals Analysis

The Life Goals Analysis is a technique used to evaluate whether your core belief helps or interferes with your ability to reach your life aims. On the next two pages are a Life Goals Analysis example and blank form that you can use to understand your own core beliefs.

How to use the Life Goals Analysis:

1. Identify core beliefs using methods from previous pages.
2. Write down the core belief you want to think about or challenge
3. Identify your life goals and write them in the empty circles
4. Evaluate whether your core belief helps you reach each goal or whether it interferes, then write down "helping" and/or "interfering" along an arrow pointing to each goal. It is possible for your core belief to be both helpful and interfering! However, it might be more one than the other.
5. Review and evaluate overall whether your core belief does more good than harm or more harm than good.
6. If it causes you more harm than good, develop a modified core belief that might help you to better reach your life goals. We can develop this core belief by thinking about a rule that allows us to keep the benefits of our belief, but limits the negative consequences.
7. Work to substitute your old, unhelpful core belief with the new, more helpful core belief when it comes up in your daily life.
8. Write down your new core belief and look for evidence that this is a better, more appropriate belief in your day to day life, and keep this list with you as a reminder.

Life Goals Analysis



-Put core belief or thought in center

-Put life goals in orbiting circles

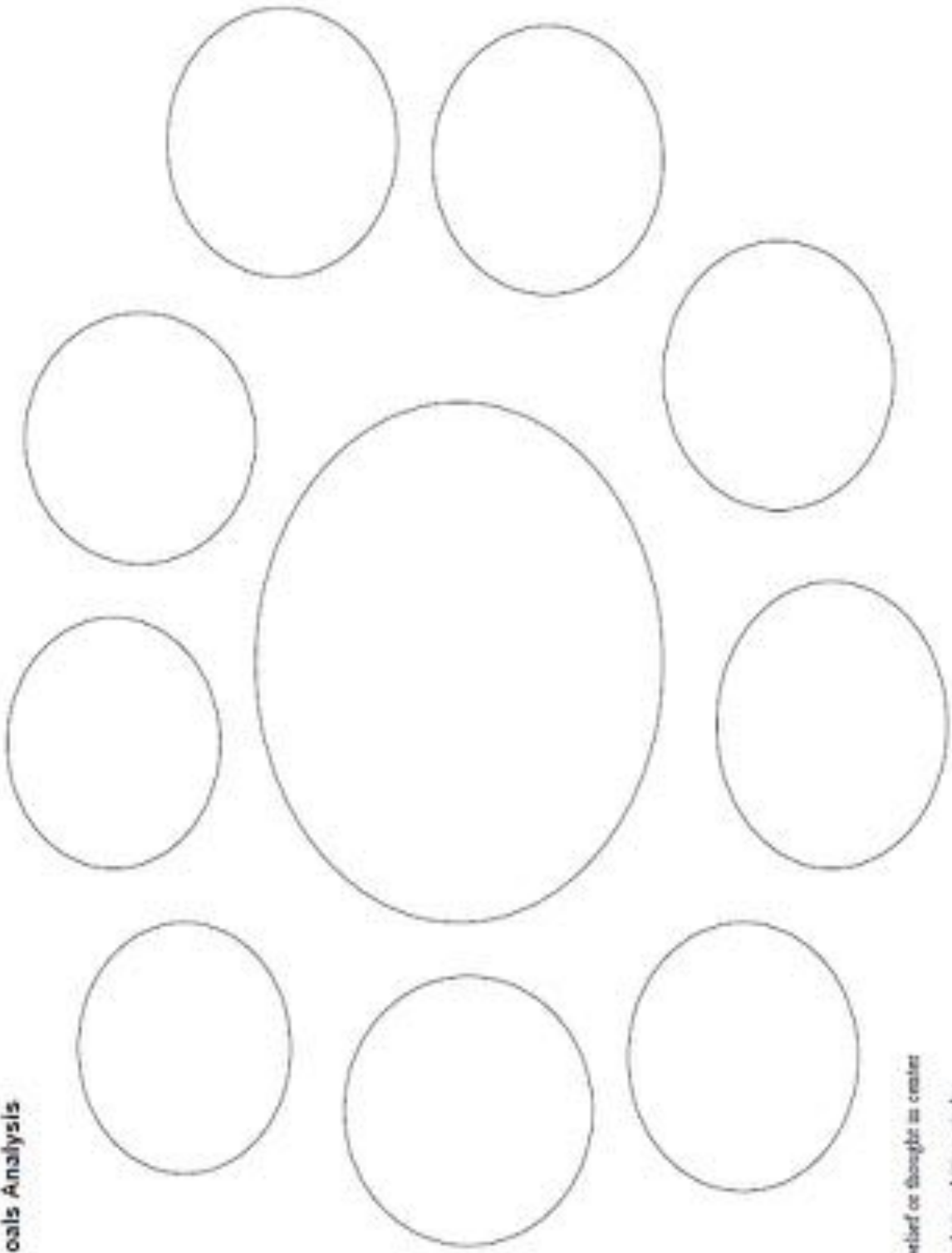
-Code each life goal 1-10 according to importance

-Note whether slight adherence to the core belief or thought assists (A) or interferes (I) with each life goal and by how much (little, moderate, lot)

New modified belief:

My work is important, but other things give my life value too. Making time for important relationships is essential

Life Goals Analysis



- Put core belief or thought in center
- Put life goals in orbiting circles
- Code each life goal 1-10 according to importance
- Note whether right adherence to the core belief or thought assists (A) or interferes (I) with each life goal and by how much (little, moderate, lot)

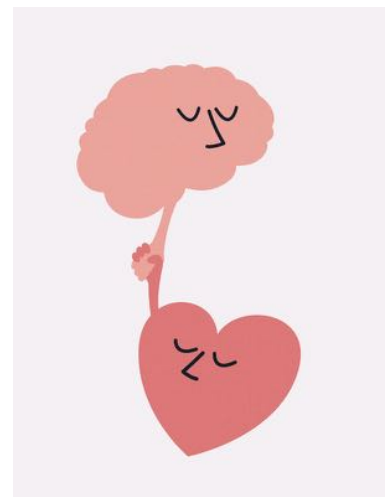
New modified belief:

Self Compassion

Another way to challenge negative thinking is to take a stance of self-compassion.

- **Kindness:** How would you talk to a friend who was talking about themselves that way? Gently, non-judgmentally, patiently.
- **Being present:** Be a friend and companion to yourself. Accompany yourself in your distress. Depression is not an easy thing to go through, and being self-critical only makes things worse.
- **Common humanity:** Recognize and acknowledge that everyone struggles sometimes, even though our struggles may be different. No one is perfect. Embrace your fallibility.

Notes:



Common Thoughts about Depression and its Treatment

The following are common thoughts that many people have about their depression. Some of these thoughts make it hard to move forward to address the problem assertively. Check any of the thoughts below that you may have from time-to-time. If there are others you experience that are not listed below, write them in the provided box below. Part of CBT is looking at these thoughts, so be sure to bring them up to your therapist or group leader as you continue to work on cognitive skills.

Thoughts about depression being outside of one's control

- "My depression just happens, and I have no control over it."
- "I am completely frozen by my depression and can't do anything about it."
- "My depression is different than everyone else's."
- "I can't control my depression."

Pessimistic predictions about treatment

- "This depression will never go away."
- "I haven't gotten better yet, so it won't happen."

Unrealistic expectations about the speed of improvement

- "I want the depression to go away right now. I want a cure."
- "I want this to happen right now."
- "I don't have time to spend on this."

Deficiencies in knowledge

- "I don't understand."
- "I don't even know why it happens."
- "I don't understand how this could be helpful for me."

Emotions are harmful

- "If I start therapy, I'll just end up feeling bad."
- "If I have emotions during treatment I won't be able to handle it."
- "If I open this can of worms, it will never close."
- "It will just be too overwhelming."
- "If I don't control my thoughts and emotions they will take over and never end."
- "If I allow myself to think about my problems it will get out of control."

Positive beliefs about depression

- "At least when I am in bed/isolated/not feeling anything I am safe and not feeling so bad."



Other thoughts about depression or treatment I have, not listed above:

" _____ "

" _____ "

" _____ "

" _____ "

" _____ "

Troubleshooting Cognitive Restructuring

If you still feel just as upset after you have worked through some of your thoughts with cognitive restructuring, ask yourself these questions...



1. Have I correctly identified the upsetting event?

Be as specific as possible! Review the last few days to see if you can identify an event that changed your emotions even slightly.

2. Do I want to change my negative feelings about this situation?

What are the pros and cons of trying to change my feelings? Am I choosing to stay miserable?

3. Have I accurately identified my negative thoughts?

Remember not to put your feelings words or descriptions of the event in the thought column. Automatic negative thoughts are *interpretations* of the facts of a situation, not the situation itself.

4. Are my balanced thoughts convincing and valid statements that consider the whole picture?

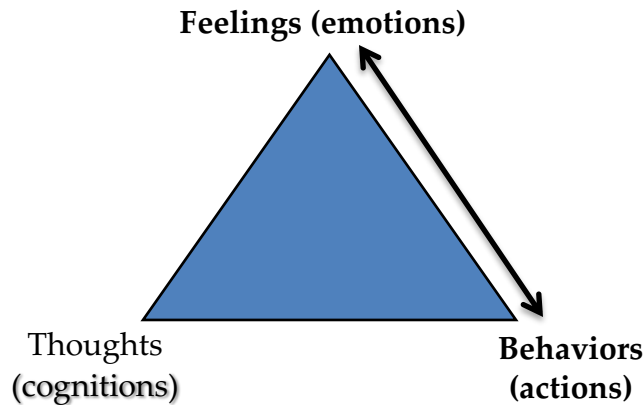
We can't lie to ourselves! Rationalizing doesn't make us feel better. Balanced thoughts must be realistic and believable.

5. What are my options in this situation? If I can't change my thoughts, is there something I can do to try to change the situation or solve the problem?

Notes

Notes

Chapter 5: Behavioral Activation



Have you ever noticed that certain things that you do influence your mood or anxiety? For example: When you listen to sad music do you ever notice feeling sad for longer periods of time? Do you ever feel less motivated to apply for a job or school when you are actively worrying?

Behavioral activation is one of the most important CBT skills used in treating depression. It has to do with the way that behaviors and feelings influence each other.

In this chapter we'll learn how your behavior can directly affect your mood, for better or worse, and how to use skills to put ourselves in situations that will make it most likely to improve our mood.



What is Behavioral Activation?

Behavioral Activation (BA) is a specific CBT skill. It can be a treatment all by itself, or can be used alongside other CBT skills such as cognitive restructuring. Behavioral activation helps us understand how behaviors influence emotions, just like cognitive work helps us understand the connection between thoughts and emotions.



Here are some examples of how BA may be used:

Jim deals with depression and anxiety. He has a hard time figuring out why his mood drastically dips and also finds it difficult to understand why he feels better for short periods of time. While working with his schedule in therapy, he began to discover specific mood triggers (how he spent his time or random events) that he had never noticed before. He was able to become more aware of these triggers and change his approach, ultimately allowing him to change his mood.

Debbie knew that her family history, stress with taking care of her special needs son, and seasonal change contribute to her depression. Though she knows the triggers, she struggles with managing her mood as she often does not feel like doing activities that will help her depression. She often tells herself that she will wait until it warms up outside to exercise and does not feel up to calling her friends who usually cheer her up. With her therapist she began to find strategies to help her motivation by practicing awareness of different avoidance patterns and developing alternative, adaptive behaviors.

Will Behavioral Activation be helpful for me?



Behavioral activation is helpful for many people. If you answer “yes” to any of the following questions, BA could be a good fit for you.

- Do I have a sense of what is triggering my mood or anxiety?
- Do I generally find myself doing very little, with little pleasure or meaning in my life?
- Are there times that I feel better or worse and I’m not sure why?
- Do I have a difficult time working with my negative thoughts, but seem to feel better when I can get myself moving and doing something?
- Do I have a hard time even knowing what I enjoy or find meaning in?

Behavioral Activation is based on the well-researched understanding that depression often keeps us from doing the things that bring enjoyment and meaning to our lives. This “downward spiral” (explained in the first chapter of this manual) causes us to feel even worse. In Behavioral Activation we work to reverse this cycle using our actions and choices.

Behavioral Activation involves:

- Understanding the “vicious cycles” of depression
- Monitoring our daily activities
- Identification of goals and values
- Building an upward spiral of motivation and energy through pleasure and mastery
- Activity Scheduling: purposefully scheduling in enjoyable and meaningful activities
- Problem solving around potential barriers to activation
- Reducing avoidance
- Working as a team to make gradual, systematic, sustained progress. Change doesn’t happen over night!
- Using between-session assignments. Practice changes the brain, little by little!



“But my depression is ‘situational!’”



Yes, it is true that often depression is set in motion by difficult events that happen to us. If you are dealing with a big loss, stressful situation, or change in your life, feelings of depression could be a result. While it is important to address these external events and sometimes to talk about the past, it is also important to find ways to address our current situation, find ways to fulfill on our future life aims, and find time for enjoyment. Behavioral Activation can help with this part of treatment.

Action precedes emotion!?

We often wait to feel better or more motivated before doing something.

Remember that anxiety and depression come from parts of our brain that are really trying to protect us by getting us to avoid or isolate. This means that as long as we are following the lead of the anxiety and depression, we will continue to feel less motivated and want to avoid and isolate.



So why activate first? Firstly, activating changes our brain state and can make us feel better, right away. For example, exercise can produce “good chemicals” in the brain that lift mood while they are in the bloodstream. Secondly, the more that we activate, the more situations we find ourselves in that can give us positive experiences. The technical term for this is “reinforcing positive context contingencies.” Technicalities aside, we need to “get out there” and give ourselves the best chance of feeling better, even if we don’t feel like it at the time.



So, when we are feeling anxious and depressed, we cannot wait on the brain to give us the motivation to get out there and do things. Research has shown that our decision to activate (in other words, to do the opposite of what the depression wants us to do, and do something in line with our values and goals) is necessary for emotions to change.

Note: Behavioral Activation has been shown in research studies to be effective on its own for some people to overcome depression. However, it is often used alongside other therapeutic skills, as it may not address your specific situation all by itself. Consider it just one of many options in your effort to manage depression.

On the next few pages we illustrate the “vicious cycles” of depression, according to the research on depression and Behavioral Activation.



The First Vicious Cycle...

Events often get the depression "ball rolling." This could be something new or a reminder from a past stressful event.

What happened
(stressful life events, triggers from past, etc.)

"I lost my job"
"We had our first child"



The stress of events leads to negative emotions that are distressing and make us want to draw back.

How you feel
(emotions)

Sad
Anxious
Stressed
Shut down
Embarrassed

FIRST VICIOUS CYCLE

What you do
(or don't do)

Stay in bed
Don't engage with family
Don't return calls or texts
Avoid people

Emotions lead to behaviors: we avoid or isolate, which makes us feel worse.

The Second Vicious Cycle

Avoidance, isolation, and other behaviors cause further negative events, making us feel even more depressed.

What happened
(life events, triggers, etc.)

"I lost my job"
"We had our first child"

* Increased odds of more hardships and negative life events

My friends stop calling me because I never return calls or texts



How you feel
(emotions)

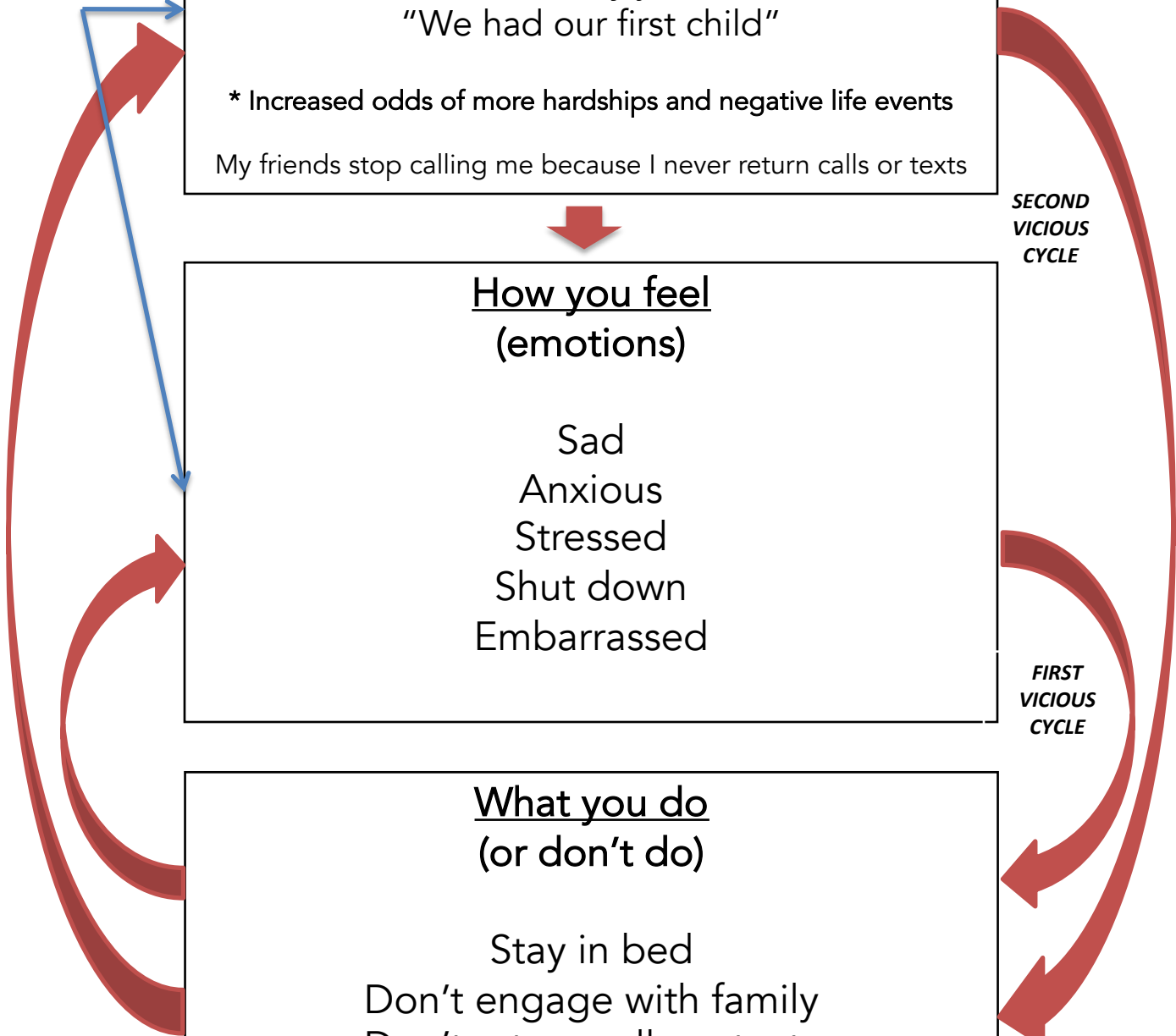
Sad
Anxious
Stressed
Shut down
Embarrassed

What you do
(or don't do)

Stay in bed
Don't engage with family
Don't return calls or texts
Avoid people

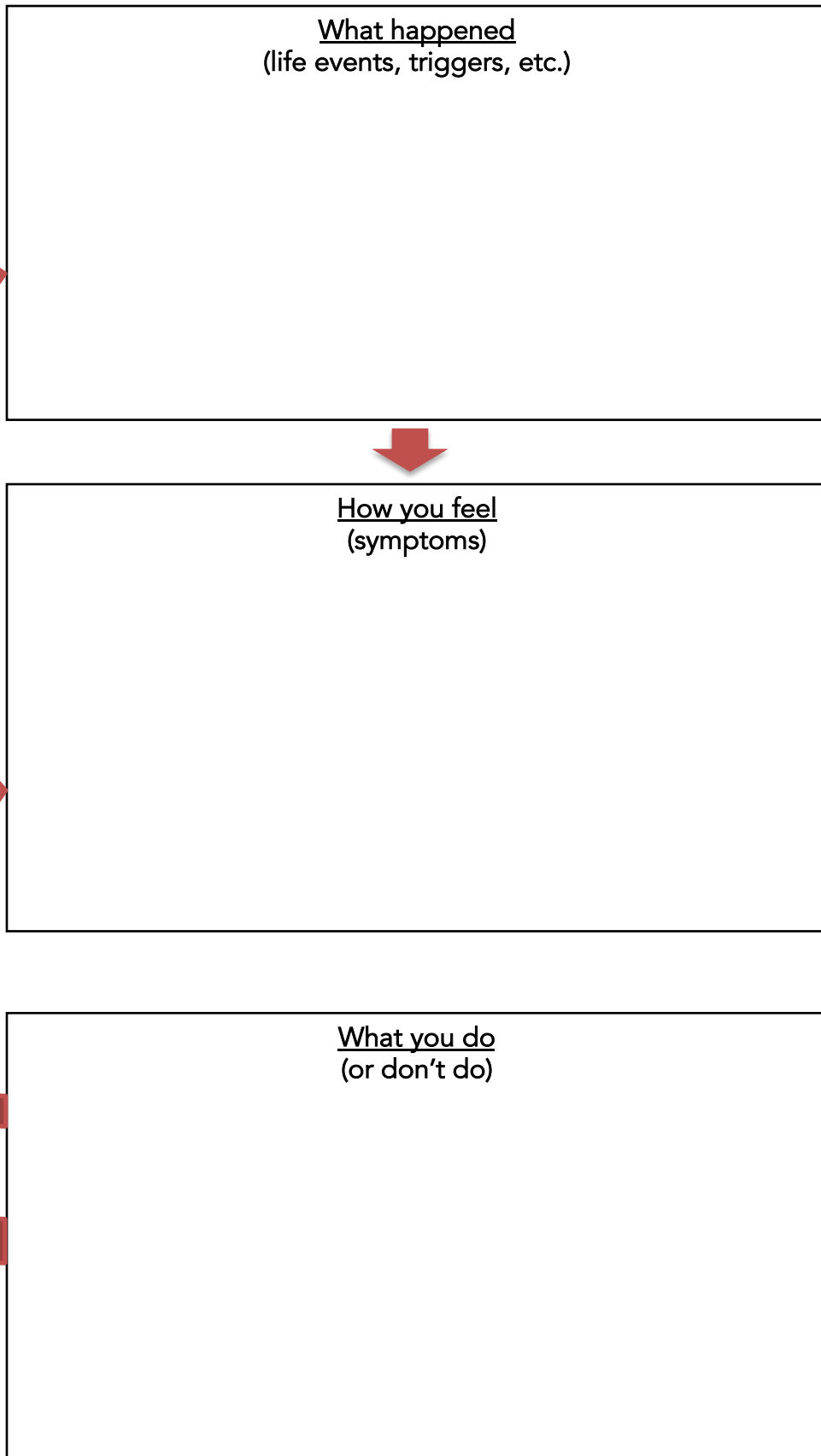
*SECOND
VICIOUS
CYCLE*

*FIRST
VICIOUS
CYCLE*



Your cycles?

Try to determine your own "vicious cycles," identifying specific events, emotions, and responses.



Activity Monitoring: Track your mood!

Being aware of our mood, emotions, and behaviors is an important part of CBT. In order to know what to do to fix a problem, we first need to understand what is going on!

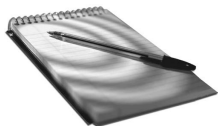
Activity Monitoring is the first step of Behavioral Activation. It is important to know exactly what we are doing throughout the day, and how this corresponds to our mood.

While we can't fix the depression just by noticing this, we can take a step toward feeling better by understanding which behaviors help us feel better, which continue to maintain the depression as it is, and which make us feel worse.

Use the Activity Monitoring Chart on the next page to start tracking your activities and mood. →

Get out that pen and paper!

Research shows that people who write things down as part of CBT practice do better than those that try to do it all in their heads. While it does involve more work (and may seem like going back to school), we hope you will give it a try at first, until the skills become more natural.



Activity Monitoring Worksheet

Instructions: Record your activity for each hour of the day (what you were doing, with whom, where, etc.). Record a rating for your mood as you were doing each activity. Mood is rated between 0-10, with "0" indicating "low mood" and "10" indicating "good mood."

	Sun	Mon	Tues	Wed	Thurs	Fr	Sat
5:7:00 am							
7:00 am							
8:00 am							
9:00 am							
10:00 am							
11:00 am							
12:00 pm							
1:00 pm							
2:00 pm							
3:00 pm							
4:00 pm							
5:00 pm							
6:00 pm							
7:00 pm							
8:00 pm							
9:00 pm							
10:00 pm							
11:00 pm							

With BA, we rate mood on a scale of 0-10, 10 being the best, 0 being the worst. We ask people to rate mood in each hour to the best of their ability in order to understand mood changes.

For example:

Monday:

8am: Woke up (5)
9am: Went to go eat breakfast (6)
10am: Got to work, talked to Bob (5)
11am: Sitting at my desk reading e-mails (3)
12pm: Eating lunch at my desk, worrying about meeting (3)
1pm: Meeting, thinking about issue with reports that I missed, tired (3)
2pm: Sitting at my desk working (4)
3pm: Working (4)
4pm: Working (4)
5pm: Driving home (6)

Activity Monitoring Worksheet

Instructions: Record your activity for each hour of the day (what you were doing, with whom, where, etc.). Record a rating for your mood as you were doing each activity. Mood is rated between 0-10, with "0" indicating "low mood" and "10" indicating "good mood."

	Sun	Mon	Tues	Wed	Thurs	Fr	Sat
5-7:00am							
7:00 am							
8:00 am							
9:00 am							
10:00 am							
11:00 am							
12:00 pm							
1:00 pm							
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3:00 pm							
4:00 pm							
5:00 pm							
6:00 pm							
7:00 pm							
8:00 pm							
9:00 pm							
10:00 pm							
11:00 pm							
							5.9

A Life Worth Living: Values, Pleasure, Mastery, and Goals

The next step in Behavioral Activation is determining the behaviors on which to focus to improve our mood. While some behaviors, like exercise and meditation, can be used right away to improve mood directly, many of the behaviors that are likely to help us are those that align with the things that we enjoy or are important to us.

An exploration of “values,” “pleasure,” and “mastery” describe much of the “stuff” that makes life worth living. This process can help us come up with tangible goals to move us toward the things that are most important to us.

“**Values**” are what we find meaningful in life. They are the most important things to us. Everyone has different values, and for each of us they can change over time. They are like a compass, pointing us in the direction we want to go.




“**Pleasure**” involves activities, or “play” that we enjoy for the sake of the activity itself. Hobbies, games, spending time in nature, or spending time with a good friend.

“**Mastery**” involves activities, such as work or sports, that involve the development of skills; we are able to accomplish things and feel a sense of mastery over our environment. When enjoyed in moderation and diversified well with other activities, they can increase positive emotions and improve how we feel about ourselves. Also, we may feel more creative as we learn to master certain skills, adding to the possibilities of enjoyment.



Goals and objectives outline the steps we take to experience our lives more fully. They give us targets to help us experience more pleasure, mastery, and value-driven behavior.

To feel more consistently engaged and happy in the world, it is usually best to find a balance of goals centered on values, pleasure, and mastery. How that balance looks for you will be unique. On the following pages, we will help you understand how this balance might look for your own life. 

Values

As we mentioned earlier, “**values**” are what we find meaningful and important. These can be different for different people.

Values are important to explore, because much of our goal-directed activity comes from a foundation of what is valued. For example, one may value a healthy lifestyle, and a related goal may be to exercise daily. We may value family, and therefore choose to schedule in time with them. Or if we don't have a family, our activities could lead to getting married and starting one.

It is common to mistake certain wishes and feelings for values. **Values are not internal states, how people treat us, or specific things to achieve.**

Below are some of the common areas of life that people value and may lead to goal-directed activity.



On the next page is a list of values that are related to the categories below. Use them to start listing your own values on the following page.

Physical well-being

What kind of values do you have regarding your physical wellbeing? How do you want to look at yourself?

Family relationships

What kind of relationships do you want with your family? What kind of mother/father/ brother/sister/uncle/aunt do you want to be? What is important to you about a good family?

Intimate relationships

What kind of partner do you want to be? What quality of relationship do you want to be part of? How do you want to spend time together?

Citizenship/Community

What kind of environment do you want to be a part of? How do you want to contribute to your community?

Mental/Emotional Health

What helps you maintain sound mental health? Why is this important to you? What issues would you like to address?

Spirituality

What kind of relationship do you want with God/nature/ the Earth/mankind? What does having a spiritual life mean to you? How can you exercise this?



Friendships/ social relations

What sort of friend do you want to be? How would you like to act towards your friends? How can these relationships be improved?

Hobbies/ Recreation

How would you like to enjoy yourself? What relaxes you? When are you most playful? Are there any special interests you would like to pursue?

Education/training/ personal growth

How would you like to grow? What kind of skills would you like to develop? What would you like to know more about?

Employment/career

What kind of work is valuable to you? What qualities do you want to bring as an employee? What kind of work relationships would you like to build?

Below is a list of general value categories, and some specific values that are common in each. See if any of them fit you, and use this page to fill out the values rating sheet on the next page.

Family relations

- Work on current relationships
- Spend time with family
- Take an active role in raising my children
- Maintain consistent healthy communication

Marriage/couples/intimate relationships

- Establish a sense of safety and trust
- Give and receive affection
- Spend quality time with my partner
- Show my partner how much I appreciate them

Friendships/Social Relationships

- End destructive relationships
- Reach out for new relationships
- Feel a sense of belonging
- Have and keep close friends
- Spend time with friends
- Have people to do things with

Mental/Emotional health

- Seek fun and things that give me pleasure
- Have free time
- Be independent and take care of myself
- Challenge my negative thinking
- Make my own decisions
- Engage in therapy
- Take my medications
- Stay active

Physical well-being

- Live in secure and safe surroundings
- Engage in regular exercise
- Have a steady income to meet physical needs
- Eat foods that are nourishing to my body
- Maintain a balance between rest and activity
- Get enough sleep

Citizenship/Community

- Contribute to the larger community
- Help people in need
- Improve society
- Be committed to a cause or group that has a larger purpose
- Make sacrifices for others

Spirituality

- Follow traditions and customs
- Live according to spiritual principles
- Practice my religion or faith
- Grow in understanding myself, my personal calling, and life's purpose
- Discern the will of God
- Find meaning in life
- Develop a personal philosophy of life
- Spend time in nature
- Focus on the greater good

Education/Training/Personal Growth

- Be involved in undertakings I believe personally are significant
- Try new and different things in life
- Learn new things
- Be daring and seek adventure
- Have an exciting life
- Learn to do challenging things that help me grow as a person

Employment

- Be powerful and able to influence others, have authority
- Make important decisions that affect the organization
- Be a leader
- Make a great deal of money
- Be respected by others
- Be seen by others as successful, be ambitious
- Become well-known, obtain recognition and status
- Be productive, work hard
- Achieve significant goals
- Enjoy the work I do
- Do what I'm told and follow the rules

Here are some other experiments to explore your own values:

1. Imagine that an important newscaster were doing a biographical story on your life. Think about how you'd want them to describe you. How would they describe the way you spent your time? How you related to others? What was most important to you? What are your strengths as a person? Write down a narrative of what they would say.
2. Imagine you could read the mind of a person that's important to you and with whom you've had a good relationship. They are thinking all kinds of thoughts about your qualities: what you stand for, what your strengths are, what you mean to him or her, and the role you play in his or her life.
3. Think about your heroes. They can be people directly in your life, or other people that you look up to, even fictional characters. What are their qualities? What do you admire about them?
4. Imagine you are writing your own autobiography. Imagine how you would like to live your life, barring all barriers, in the "best case scenario." What are the things that are most important to you in this scenario? What would you stand for? How would you spend your time?
5. Imagine that someone is performing the eulogy at your funeral. Looking back on your life, they would be commenting on your strengths, values, and achievements. How would you want them to describe your life?
6. If you are struggling to find a valued direction, commit to experimenting with some of the values on the previous pages for just one week. After choosing a value, plan to notice your reactions to making the effort to hold to this value. Make a list of behaviors that might fit with the value and choose one behavior to try. Notice your judgments that come up about choosing this behavior. Then make a plan to fulfill on the value-driven behavior. Just do the behavior without telling anyone about it and see what happens. Commit to following through on this behavior once per day for one week. Keep a diary of your reactions to behaving this way and others' reactions to you. At the end of the week, reflect on your experiment with someone else, like a therapist or group leader.

Values Rating Sheet

Based on your exploration of the previous pages, write a summary of your values. For example, "to live a healthy life and take care of my body" (physical well-being), or "to be a good friend to people who need me, and to enjoy time with people I love"(friendships).

Rate each domain for how important it is to you from 0-10 (0 = not important, 10 = extremely important).

Remember: values are not internal states, how people treat us, or specific things to achieve.

Physical well-being

Family relationships

Intimate Relationships

Citizenship/Community

Mental/Emotional Health



Spirituality

Other?

Friendships/social relations

Hobbies/Recreation

Education/training/
personal growth

Employment/career

Translating Values into Activities...

The next step is to translate our values into activities that help us fulfill on those goals.

Take a moment to think about the values that you identified on the previous page. What are some short term goals in each area? What are some long term goals? Use this page and the next to start to brainstorm. Write down your results on the upcoming page: "Values, Pleasure, and Mastery Master List."

VALUE

ACTIVITIES

Example:

Parenting

I want to be involved in my children's interests and learning. I'd like to build special memories with my kids and spend quality time with them.



I'm going to attend the next PTO meeting and maybe contact the teacher to be a classroom volunteer. I can plan a small vacation to take with the kids next summer.

[Empty rounded rectangular box for writing a value]



[Empty rounded rectangular box for writing a value]



VALUE

ACTIVITIES









Pleasure

Pleasure involves activities that we enjoy for the sake of the activity itself. There are many different kinds of pleasure. Those that are most sustainable involve “play” such as hobbies and other recreational activities. Social activities can also involve pleasure. Other types of pleasure, such as sensory experiences (food, drink, images, touch, etc.) can also be enjoyable if done in moderation.

Below are examples of enjoyable activities that are enjoyed by many. Circle the ones that apply to you, and add others that aren't included below.



Hobbies, Interests, and other “play”

- Reading
- TV, movies, plays
- Dancing
- Playing or listening to music
- Board games or cards
- Arts and crafts, sewing, painting
- Cooking
- Walking, hiking, enjoying nature, fishing
- Sports (basketball, softball, swimming, etc.) or going as a spectator
- Martial arts (karate, etc.)
- Museums/zoos
- Video games
- Traveling, sightseeing, going to the beach, sunbathing
- Shopping
- Gardening/decorating
- Photography
- Comedy: TV, recordings, live
- Religion or spirituality

Social activities

- Spending time with family
- Enjoying own children and/or young relatives
- Enjoying close friends
- Hanging out with large groups of friends/acquaintances
- Parties, meeting new people
- Romance
- Pets
- Clubs: meeting people with similar interests
- Enjoying food and drink with others



Sensory experiences

- Pleasant smells, images, sounds, physical touch, tastes
- Taking a bath
- Listening to soothing music
- Mindful tasting

Other?

Mastery

Mastery involves activities, such as work or sports, that involve the development of skills; we are able to accomplish things and feel a sense of mastery over our environment. When enjoyed in moderation and diversified well with other activities, they can increase positive emotions and improve how we feel about ourselves.

Here are some examples of how people experience mastery to experience fulfillment in their lives. Circle the ones that apply to you, and add others that aren't included below.

Job or Meaningful Daytime Activity

Look for or attempt to develop some of these qualities in your occupation volunteer work, or other meaningful daytime activity:

- Enjoyment
- Creativity
- Feelings of competence (able to accomplish tasks satisfactorily)
- Potential for development of skills
- Ability to "move up" in the organization or take on more responsibility, if this is desired
- Social contact with coworkers, colleagues, others in the field



Other skill-based activities

- Sports
- Music practice and performance
- Home improvement/building
- Woodworking
- Visual art (painting, drawing, pottery, sewing, knitting)
- Learning about interests (history, politics, food, language, culture, etc.)
- Crafting, pottery, and other creative skills

Other?

Activities List: Pleasure and Mastery

Here are some examples of activities that tend to increase pleasure and mastery. You might think of more that are not listed. Circle the ones that you think could lead to enjoyment or mastery for yourself.

1. Soaking in the bathtub
2. Planning my career
3. Collecting things (coins, shells, etc.)
4. Going for a vacation
5. Recycling old items
6. Relaxing
7. Going on a date
8. Going to a movie
9. Jogging, walking
10. Listening to music
11. Thinking I have done a full day's work
12. Recalling past parties
13. Buying household gadgets
14. Lying in the sun
15. Planning a career change
16. Laughing
17. Thinking about my past trips
18. Listening to others
19. Reading magazines or newspapers
20. Hobbies (stamp collecting, model building, etc.)
21. Spending an evening with good friends
22. Planning a day's activities
23. Meeting new people
24. Remembering beautiful scenery
25. Saving money
26. Gambling
27. Going to the gym, doing aerobics
28. Eating
29. Thinking how it will be when I finish school
30. Getting out of debt/paying debts
31. Practicing karate, judo, yoga
32. Thinking about retirement
33. Repairing things around the house
34. Working on my car (bicycle)
35. Remembering the words and deeds of loving people
36. Wearing sexy clothes
37. Having quiet evenings
38. Taking care of my plants
39. Buying, selling stocks and shares
40. Going swimming
41. Doodling
42. Exercising
43. Collecting old things
44. Going to a party
45. Thinking about buying things
46. Playing golf
47. Playing soccer
48. Flying kites
49. Having discussions with friends
50. Having family get-togethers
51. Riding a motorbike
52. Sex
53. Playing squash
54. Going camping
55. Singing around the house
56. Arranging flowers
57. Going to church, praying (practicing religion)
58. Losing weight
59. Going to the beach
60. Thinking I'm an OK person
61. A day with nothing to do
62. Having class reunions
63. Going ice skating, roller skating/blading
64. Going sailing
65. Travelling abroad, interstate or within the state
66. Sketching, painting
67. Blowing bubbles
68. Doing embroidery, cross stitching
69. Sleeping
70. Driving
71. Entertaining
72. Going to clubs (garden, sewing, etc.)
73. Thinking about getting married
74. Going bird watching
75. Singing with groups
76. Flirting
77. Playing musical instruments
78. Doing arts and crafts
79. Making a gift for someone
80. Buying CDs, tapes, records
81. Watching boxing, wrestling
82. Planning parties
83. Cooking, baking
84. Going hiking, bush walking
85. Writing books (poems, articles)
86. Sewing
87. Buying clothes
88. Working
89. Going out to dinner
90. Discussing books
91. Sightseeing
92. Gardening
93. Going to the beauty salon
94. Early morning coffee and newspaper
95. Playing tennis
96. Kissing
97. Watching my children (play)
98. Thinking I have a lot going for me
99. Going to plays and concerts
100. Daydreaming
101. Planning to go to college or university

102. Going for a drive
103. Listening to a stereo
104. Refinishing furniture
105. Watching videos or DVDs
106. Making lists of tasks
107. Going bike riding
108. Walks on the riverfront/shoreline
109. Buying gifts
110. Travelling to national parks
111. Completing a task
112. Thinking about my achievements
113. Going to a sporting event
114. Eating gooey, fattening foods
115. Exchanging emails, chatting on the internet
116. Photography
117. Going fishing
118. Thinking about pleasant events
119. Staying on a diet
120. Star gazing
121. Flying a plane
122. Reading fiction
123. Acting
124. Being alone
125. Writing diary/journal entries or letters
126. Cleaning
127. Reading non-fiction
128. Taking children places
129. Dancing
130. Going on a picnic
131. Thinking "I did that pretty well" after doing something
132. Meditating/ Mindfulness exercises
133. Playing volleyball
134. Having lunch with a friend
135. Making a gratitude list
136. Thinking about having a family
137. Thoughts about happy moments in my childhood
138. Splurging
139. Playing cards
140. Having a political discussion
141. Solving riddles mentally
142. Playing tennis
143. Seeing and/or showing photos or slides
144. Knitting/crocheting/quilting
145. Doing crossword puzzles
146. Shooting pool/Playing billiards
147. Dressing up and looking nice
148. Reflecting on how I've improved
149. Buying things for myself
150. Talking on the phone
151. Going to museums, art galleries
152. Thinking religious thoughts
153. Surfing the internet
154. Lighting candles
155. Listening to the radio
156. Spending time in nature
157. Having coffee at a cafe
158. Getting/giving a massage
159. Saying "I love you"
160. Thinking about my good qualities
161. Buying books
162. Having a spa, or sauna
163. Going skiing
164. Going canoeing or white-water rafting
165. Going bowling
166. Doing woodworking
167. Fantasizing about the future
168. Doing ballet, jazz/tap dancing
169. Debating
170. Playing computer games
171. Having an aquarium
172. Erotica (sex books, movies)
173. Going horseback riding
174. Going rock climbing
175. Thinking about becoming active in the community
176. Doing something new
177. Making jigsaw puzzles
178. Thinking I'm a person who can cope
179. Playing with my pets
180. Having a barbecue
181. Rearranging the furniture in my house
182. Buying new furniture
183. Going window shopping
184. Saying yes to an opportunity

Values, Pleasure, and Mastery Activities List

Look back at the last 6 pages and write down the activities you came up with to form a master list of possible activities that fit with your life aims. We'll use these to start to get more active with Behavioral Activation.

Pleasure

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Mastery

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Valued Activities

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Goal Setting

Goals are how we make our values, pleasure, and mastery activities real and practical. On the next few pages we will start to schedule the activities that we recorded on the Values, Pleasure, and Mastery Activities List. Before we do, it is important to be sure we are being "SMART" about setting these goals. Use the following tips to increase the chances of reaching your goals.



In order to achieve goals, make them "SMART:"

Specific: when creating a goal, state exactly what you want to achieve. Think about how and when you are going to achieve your goal. For example, "I want to lose ten pounds in two months by counting calories."

Measurable: in order to say you met a goal, one must be able to measure it. Stating that "I want to eat more fruits and vegetables" is not as measurable as stating "I want to eat a combination of 5 fruits and vegetables a day."

Attainable: Is the goal possible? If the goal is to get into shape by swimming 30 laps a day and you have never swum for exercise, you will be setting yourself up for avoidance and discouragement. Choose a smaller goal, like taking a few swimming lessons or just swimming a few laps to start.

Realistic: is the goal realistic? If you have had a knee injury or chronic pain, it is probably not realistic to set a goal for yourself of joining a kickboxing class. Perhaps joining a walking program would be more realistic.

Trackable: tracking your progress helps us notice improvement. When we recognize our improvement, it motivates us to continue our good work. It can also help in creating future goals.

Activity Planning

So far, we have...

- ...determined how you spend your time and how your current activities are associated with your mood.
- ...started to understand your values, enjoyable activities, and activities that make you feel a sense of mastery and accomplishment. We've connected these with specific activities that you wrote on the Values, Pleasure, and Mastery Activities List.
- ...learned how to be smart about setting goals.

Activity Chart—Planned Activities

Instructions: Write the specific activities that you recorded on the "Values, Pleasure, and Mastery Master List" in the "activity" column. Place a check in the "completed" column to indicate if you completed the scheduled activity. Record a mood rating in the last row; mood is rated between 0-10 ("0" indicating "most negative" and "10" indicating "most positive.")

	Activity	Completed	Mood rating
5-7:00 am			
7:00 am			
8:00 am			
9:00 am			
10:00 am			
11:00 am			
12:00 pm			
1:00 pm			
2:00 pm			
3:00 pm			
4:00 pm			
5:00 pm			
6:00 pm			
7:00 pm			
8:00 pm			
9:00 pm			
10:00 pm			
11:00 pm			

Scheduled Activities for (name): _____ (list day of week/date)

Now it's time to start activating! One way to make Behavioral Activation work is to simply start to schedule activities and then rate how our mood corresponds to each activity. Use the chart on the following page to choose some activities with which to start. You'll check the ones you complete and then rate your mood during the activity.

Activity Planning Tips:

- Start with 2-3 of the easiest activities.
- Schedule activities on the day and time you think you could reasonably complete them. For example, if my activity is "play with my daughter" I might enter that activity at 11 am on Monday, 10 am on Wednesday, and 9 am on Thursday.
- Consider whether you are ready for a particular activity and consider any barriers. For example, if my activity is "exercise," one barrier might be that I don't have any gym clothes. Perhaps I need to first complete the activity "purchase gym clothes" before I'll be ready to hit the gym.
- If you are unable to do an activity on the day or time that you first planned, just cross it out, write the activity that you did that that time, and try to reschedule your planned activity.
- Remember not to get discouraged if you aren't able to complete all of the activities. Try to continue to move forward with the activity anyway, even if it isn't going as you hoped.

Activity Planning Worksheet

Instructions: Write some specific activities that you recorded on the "Values, Pleasure, and Mastery Activities List" in the "activity" column. Place a check in the "completed" column to indicate if you completed the scheduled activity. Record a mood rating in the last row; mood is rated between 0-10 ("0" indicating "most negative" and "10" indicating "most positive.")

	Activity	Completed	Mood rating
5-7:00 am			
7:00 am			
8:00 am			
9:00 am			
10:00 am			
11:00 am			
12:00 pm			
1:00 pm			
2:00 pm			
3:00 pm			
4:00 pm			
5:00 pm			
6:00 pm			
7:00 pm			
8:00 pm			
9:00 pm			
10:00 pm			
11:00 pm			

Scheduled Activities for (name): _____

Day of week/date _____

Pleasure Predicting

We are depressed we often anticipate getting little to no pleasure or mastery out of an activity. Depression clouds our judgment and colors our predictions about the future.

As an experiment, we can “**pleasure predict**” how much pleasure or mastery we feel after a given activity. This is one way that we can mix Behavioral Activation with the Cognitive Skills we learned in Chapter 4. We perform a “behavioral experiment,” which means that we see what happens when we plan an activity, recording the “data,” to see what we learn. People tend to learn that activities are more enjoyable than they had predicted. See what happens for you!



Use the sheet on the following page to “pleasure predict” some activities this week.



First, pick an achievable activity, especially one that you predict may not be enjoyable. Schedule the activity using the Activity Planning Worksheet on the previous page.

Fill in the form on the next page, recording your “prediction” before you start the activity on a scale of 0-10. Right after the activity is finished, record how much you actually enjoyed it.

Pleasure Predicting Sheet

Activity

(Schedule activities with a potential for pleasure or personal growth)



Companion(s)

(If alone, specify "self" – do not put the word "alone" in this column)



Satisfaction

(rate on scale of 0-10)

Predicted	Actual
<hr/>	<hr/>

Activity



Companion(s)



Satisfaction

(rate on scale of 0-10)

Predicted	Actual
<hr/>	<hr/>

Activity



Companion(s)



Satisfaction

(rate on scale of 0-10)

Predicted	Actual
<hr/>	<hr/>

Problem Solving and Acceptance

When a problem arises, there many possible responses. As we have discussed throughout this manual, some responses to depression and problems can help to solve these problems; others can serve to make things worse. Below we describe three ways of addressing a problem. One approach may work best, or all three may apply. The “take home point” here is that all situations are different, and require different types of approaches to help you meet your life aims.

Adaptive Response #1: Get the facts (thinking)

Use cognitive skills to better understand the “facts” of a situation. Perhaps there is a problem, and perhaps there is not. Sometimes the first step is to understand the facts of a situation, and then decide whether or not to use problem solving skills (below) or accept things that are outside of our control. Also see the earlier section on “Cognitive Therapy Skills.”

Adaptive Response #2: Problem solving (actions/behaviors)

Sometimes the best answer to a problem is working to “solve” the problem somehow—it is not a problem with our thinking or behavior, it is a problem with the external circumstances. For example, if someone is consistently aggressive or abusive of us, we may want to find a way to set firm limits with that person or leave the relationship altogether. There are many problem solving skills, some of which are outlined below:

- Behavioral Activation skills to address avoidance
- Assertively address interpersonal conflicts
- Take small steps to make progress on long-term projects
- Plan for the future
- Manage your time effectively
- many others...

Talk to your therapist or group leader about other behavioral skills to directly address problems that arise.

Adaptive Response #3: Accept what cannot be controlled (letting go)

There are times that we believe we should be able to control something, yet our consistent attempts to do so are met with failure. This “beating a dead horse” makes us more and more frustrated, angry, anxious, and depressed. Sometimes letting go of things we cannot control is necessary to prevent problems from getting even worse; we also lift some of the burden of failing over and over.

How to take action to solve a problem

1. Write down clearly what the problem is.
2. Brainstorm about ways to solve the problem, even “ridiculous” ways, writing down all possibilities.
3. Rank the possible solutions in order, from best to worst. Think “how likely is it for this approach to work?”
4. Decide on a plan of action for each reasonable solution. Rate how probable it would be each each plan to work.
5. Pick the most reasonable plan and put the plan into action. If it doesn't work, go to the next best solution and try that one. Continue to try until you solve the problem.

How do I know what to do to make it better?



Sometimes it is difficult to know which approach to take to make a situation better. While it is ultimately an individual decision, one that may take trial and error, therapy is a place to work out some of these difficult choices. The various skills in CBT are meant to help us get some clarity around some of these decisions. While we don't have room in this manual to discuss in detail how to make these decisions, this is something to discuss with your group or individual therapist as you move through treatment.

Dealing with Low Motivation



If you are experiencing depression, chances are you're dealing with motivational difficulties. Frequently we hear people (depressed or not) talk about waiting to make changes when they are "ready" as if there is a particular day that they will wake up and suddenly feel different and able to face whatever it is they are avoiding. We put off exercise routines, diets, getting homework done, calling back important people, etc., because we feel unmotivated.

From the outside-in...

As we discussed in the "Action Precedes Emotion?" section earlier, one reason we struggle with motivation is that we are looking to our internal emotional state (happy, energized, excited) to cue us to start a task. This is an "inside-out" way of thinking which is problematic with depression, because for most people, low motivation/energy is a pervasive symptom that typically takes some time to resolve.

In Behavioral Activation we ask people to work from the outside-in, acting according to a plan rather than waiting to feel ready. We can jump-start our mood by starting with an action and letting our mood follow. This is hard at first, but over time, most people recognize that their actions can actually have an impact on their mood, so they feel less at the mercy of their depression.



Little by little...

Working on doing things that you have been avoiding can sometimes feel painful or even cause some anxiety. While plunging into these behaviors might seem ideal, you will likely have more success if you commit to taking small steps.

For example, if you and your therapist identify exercise as a goal, you might break this down into steps.

If you'd like to run, but you've been inactive for months, chances are you're not going to just start running. By breaking this down into smaller goals you will likely have more success. Let's say you set a goal to put on your shoes and walk for 10 minutes, then 20, then 30, etc. Once you've built some momentum, you then might begin to run.

Use the "Motivation Tips" on the following page to help you get unstuck when low motivation strikes.



Motivation Tips

1. Keep it simple
2. Break it into smaller pieces
3. Do one thing at a time
4. Set realistic goals
5. Schedule activities at times when you are most likely to succeed
6. Use self-compassion
7. Anticipate setbacks
8. Reinforce and reward healthy behavior choices
9. Reflect on what works and what doesn't work
10. Change your environment
11. Minimize distractions
12. Use visual reminders
13. Talk yourself into it—challenge negative thinking!
14. Use a timer—start with just five minutes
15. Use reminders/alarms
16. Have an accountability partner
17. Focus on long-term benefits
18. Commit to making decisions based on what we know, not on what we feel



Behavioral Activation Tips

Behavioral Activation can be challenging! It is common to run into roadblocks during this process and have moments in which we want to give up. We can honestly say that the only barrier to improvement is giving up completely; if you continue to learn about your valued life course and stay “out there,” chances are that things will improve.



Use the tips below to help navigate barriers that come up during the course of Behavioral Activation treatment.

1. **Be prepared for a challenge:** because we are working against our brain's attempts to protect us, it takes effort and some discomfort to get results from Behavioral Activation in the long run.
2. **Get “back on the horse:”** when failures inevitably happen, be prepared to respond actively. Depression will tell us to give up when things don't go well... and try to convince us that all of those negative thoughts are the truth. Prove the depression wrong by getting back out there and moving toward what you really value.
3. **Move one step at a time:** retraining the brain takes time, one small step at a time. Trying to move too quickly is a recipe for failure and disappointment, and overwhelms us so that we want to give up.
4. **Address negative thinking:** go back and review the Cognitive Therapy Skills chapter and continue to address the thinking that tries to keep us isolated. Especially address self-critical thoughts and develop self-compassion.
5. **Focus on valued action, not just on “symptom reduction.”** Gauge success according to the extent that you are living a valued life, not whether or not you have emotions. While one aim of CBT is to improve mood and have fewer negative emotions in the long run, in the short run we must remember that emotions are a part of life and we cannot get rid of them completely. But... we can improve life and how we feel by moving toward valued actions.

6. **Monitor your activities and mood as specifically as you can.** We often miss important clues to treating depression when we don't pay enough attention to the details of our activity.
7. **Solve problems** that could be leading to further depressive symptoms, and work to accept those things that cannot be solved, while continuing to move toward life aims to the best of your ability.
8. **Be sure your activities line up with your true values.** Sometimes we think we are living a valued life and we are not; this leads to continual disappointments. Continue to explore your values. Remember that *values are not internal states, how people treat us, or specific things to achieve.*
9. Be sure you **have the skills you need to be successful.** Trying to do something in which we don't have the necessary skills sets us up for failure. Some people learn that they are "incompetent," only because they continue to try to do things for which they are not ready. Find out what skills are necessary to be successful at a given task, and then, given the amount of work it would take to learn the necessary skills, decide if it makes sense to continue to pursue that activity.
10. **Understand the principles of Behavioral Activation** and why each part of it is necessary. Sometimes we are confused about why we are doing something; this potentially leads to resistance to trying new things, and we miss out on the possible benefits.
11. **Practice mindfulness:** review Chapter 3 and practice mindfulness. Research shows that enjoyment is much more likely when we are present and mindful. Use Behavioral Activation as an opportunity to practice being mindful of potentially pleasurable experiences as they occur.
12. **Reward yourself** for your achievements. Depression and self-criticism try to take away the "kudos" we deserve when we achieve something. Make an explicit effort to reward yourself instead.

Barriers and Resources Worksheet

Use the following worksheet to determine the specifics of some of your goals. Think about possible barriers and resources you might have to hurdle them.

Goal: _____

When I want to achieve it: _____

How I am going to do it: _____

How I am going to measure it: _____

What are possible barriers? _____

What are the possible resources? _____

Notes

Notes

Congratulations!

Congratulations on finishing the University of Michigan CBT Depression Program Manual! We hope it was helpful in getting a start on treating your depression.

Remember that there can be multiple steps to treatment. Practicing the skills in this manual could be one step. Engaging in the CBT group program more fully could be the next. If you feel that things are not working, you are confused about treatment, or you are looking for something different, please feel free to discuss this with either the clinician that referred you to the group (or this manual) or your group facilitator.

Also, see the "Resources" section for further reading and other media on anxiety and CBT.

Good luck with your treatment!



Chapter 6: Appendix

- CBT Resources
- Additional Worksheets
- Notes

Cognitive-Behavioral Therapy Resources for Depression

Workbooks and Self-help Books

Burns, David: *Feeling Good: The New Mood Therapy*

Burns, David: *The Feeling Good Handbook*

Gilson, Freeman, Yates, Freeman: *Overcoming Depression* (workbook) from the "Treatments That Work" series

Hanson, Rick: *Buddha's Brain: The Practical Neuroscience of Happiness, Love, and Wisdom*

Hayes, Steven: *Get Out of Your Mind and Into Your Life*

Otto, Reilly-Harrington, Knauz, Henin, Kogan, Sachs: *Managing Bipolar Disorder* (workbook) from the "Treatments That Work" series

Rohan, Kelly: *Coping with the Seasons: A Cognitive-Behavioral Approach to Seasonal Affective Disorder* (workbook) from the "Treatments That Work" series

Williams, Teasdale, Segal, and Kabat-Zinn: *The Mindful Way Through Depression: Freeing Yourself From Chronic Unhappiness*

Cognitive-Behavioral Therapy Resources

Workbooks and Self-help Books by Problem Area

Comprehensive Self-help Workbooks for Anxiety Disorders:

- Bourne, Edmund: *The Anxiety & Phobia Workbook* (Fourth Edition)
- Bourne, Edmund: *Coping with Anxiety: 10 Simple Ways to Relieve Anxiety, Fear & Worry*
- Burns, David: *When Panic Attacks: The New Drug-Free Anxiety Therapy That Can Change Your Life*
- Davis, McKay, Eshelman: *The Relaxation and Stress Reduction Workbook*
- Farchione, Fairholme, Ellard, Barlow, Boisseau, Allen, May: *Unified Protocol for Trans-diagnostic Treatment of Emotional Disorders* (workbook) from the "Treatments That Work" series
- Ramirez-Basco, Monica: *Never Good Enough: How to Use Perfectionism to Your Advantage Without Letting it Ruin Your Life*
- Smits, Jasper and Otto, Michael: *Exercise for Mood and Anxiety Disorders*
- Otto, Pollack, Barlow: *Stopping Anxiety Medication: Panic Control Therapy for Benzodiazepine Discontinuation*

Generalized Anxiety Disorder

- Craske, Michelle and Barlow, David: *Mastery of Your Anxiety and Worry* (workbook) from the "Treatments That Work" series
- Brantley, Jeffrey: *Calming Your Anxious Mind: How Mindfulness and Compassion Can Free You from Anxiety, Fear, and Panic*
- Davis, McKay, Eshelman: *The Relaxation and Stress Reduction Workbook*
- Ramirez-Basco, Monica: *Never Good Enough: How to Use Perfectionism to Your Advantage Without Letting it Ruin Your Life*
- Benson, Herbert and Proctor, William: *Relaxation Revolution: Enhancing Your Personal Health Through the Science & Genetics of Mind Body Healing*
- Lackner, Jeffrey: *Controlling IBS the Drug-free Way: A 10-step Plan for Symptom Relief*

Post-Traumatic Stress Disorder

- Foa, Edna: *Reclaiming Your Life From a Traumatic Experience* (workbook) from the "Treatments That Work" series
- Hickling, Edward, and Blanchard, Edward: *Overcoming the Trauma of Your Motor Vehicle Accident* (workbook) from the "Treatments That Work" series
- Olasov, Barbara and Foa, Edna: *Reclaiming Your Life After Rape: Cognitive-Behavioral Therapy for Posttraumatic Stress Disorder* (workbook) from the "Treatments That Work" series
- Williams, Mary Beth and Poijula, Soili: *The PTSD Workbook: Simple, Effective Techniques for Overcoming Traumatic Stress Symptoms*
- Follette, Victoria and Pistorello, Jacqueline: *Finding Life Beyond Trauma: Using Acceptance and Commitment Therapy to Heal from Post-Traumatic Stress and Trauma-Related Problems*
- U.S Department of Health and Human Services: *Directory of Services and Resources for Survivors of Torture*

Specific Phobias

- Antony, Craske, and Barlow: *Mastering Your Fears and Phobias* (workbook) from the "Treatments That Work" series
- Ridley, Layne: *White Knuckles: Overcoming the Fear of Flying*
- Brown, Duane: *Flying Without Fear: Effective Strategies to Get You Where You Need to Go*

Panic Disorder and Agoraphobia

- Barlow, David and Craske, Michelle: *Mastery of Your Anxiety and Panic* (workbook) from the "Treatments That Work" series
- Carbonell, David: *Panic Attacks Workbook: A Guided Program for Beating the Panic Trick*
- Wilson, Reid: *Don't Panic: Taking Control of Anxiety Attacks* (3rd Edition)

Obsessive-Compulsive Disorder

- Hyman, Bruce and Pedrick, Cherry: *The OCD Workbook: Your Guide to Breaking Free from Obsessive-Compulsive Disorder*
- Foa, Edna and Kozak, Michael: *Mastery of Obsessive-Compulsive Disorder: A Cognitive-Behavioral Approach* (workbook) from the "Treatments That Work" series

Social Anxiety Disorder

- Hope, Heimberg, Turk: *Managing Social Anxiety* (workbook) from the "Treatments That Work" series
- Rapee, Ronald: *Overcoming Shyness and Social Phobia: A Step-by-Step Guide*
- Markway, Carmin, Pollard, & Flynn: *Dying of Embarrassment*
- Antony, Martin and Swinson, Richard: *The Shyness and Social Anxiety Workbook: Proven, Step-by-Step Techniques for Overcoming Your Fear*
- Erika Hilliard: *Living Fully With Shyness and Social Anxiety: A Comprehensive Guide to Gaining Social Confidence*
- Soifer, Zqourides, Himle, Pickering: *Shy Bladder Syndrome: Your Step-by-Step Guide to Overcoming Paruresis*
- Fine, Debra: *The Fine Art of Small Talk*

OCD-related Disorders and other Impulse-Control problems:

Penzel, Fred: *The Hair-Pulling Problem: A Complete Guide to Trichotillomania*

Woods, Douglas, and Twohig, Michael: *Trichotillomania: An ACT-enhanced Behavior Therapy Approach* (workbook) from the “Treatments That Work” series

Grant, Donahue, Odlaug: *Overcoming Impulse Control Problems* (workbook) from the “Treatments That Work” series

Ladouceur, Robert, and Lachance, Stella: *Overcoming Your Pathological Gambling* (workbook) from the “Treatments That Work” series

Shulman, Terrence: *Something for Nothing: Shoplifting Addiction and Recovery*

Attention Deficit/Hyperactivity Disorder (ADHD) in Adults

Sprich, Safren, Perlman, Otto: *Mastering Your Adult ADHD* (workbook) from the “Treatments That Work” series

Body Dysmorphic Disorder

Claiborn, James and Pedrick, Cherry: *The BDD Workbook*

Health Worries

Asmundson, Gordon J.G. and Taylor, Steven: *It's Not All in Your Head: How Worrying About Your Health Could Be Making You Sick— and What You Can Do About It*

Hoarding

Neziroglu, Bubrick, & Yaryura-Tobias: *Overcoming Compulsive Hoarding: Why You Save & How You Can Stop*

Steketee, Gail, and Frost, Randy: *Compulsive Hoarding and Acquiring* (workbook) from the “Treatments That Work” series

Tolin, Frost, Steketee: *Buried in Treasures: Help for Compulsive Acquiring, Saving, and Hoarding*

Frost, Randy and Steketee, Gail: *Stuff*

Cognitive-Behavioral Therapy Resources

Other Resources

Books on Anxiety Disorders (informational)

Anxiety Disorders and Mental Health (general)

Ross, Jerilyn and Carter, Rosalynn: *Triumph Over Fear: A Book of Help and Hope for People with Anxiety, Panic Attacks, and Phobias*

Schwartz, Jeffrey and Begley, Sharon: *The Mind and the Brain: Neuroplasticity and the Power of Mental Force*

Obsessive Compulsive Disorder

Osborn, Ian: *Tormenting Thoughts and Secret Rituals*

Baer, Lee: *The Imp of the Mind: The Silent Epidemic of Obsessive Bad Thoughts*

Posttraumatic Stress Disorder

Phillips, Suzanne and Kane, Dianne: *Healing Together: A Couple's Guide to Coping with Trauma and Post-traumatic Stress*

Orange, Cynthia: *Shock Waves: A Practical Guide to Living with a Loved One's PTSD*

Paulson, Daryl and Krippner, Stanley: *Haunted by Combat: Understanding PTSD in War Veterans Including Women, Reservists, and Those Coming Back from Iraq*

Judith Herman: *Trauma and Recovery*

Body Dysmorphic Disorder

Phillips, Katharine: *The Broken Mirror: Understanding and Treating Body Dysmorphic Disorder*

Social Phobia

Swiggett, Chelsea Rae: *My True Story of Fear, Anxiety and Social Phobia (Louder Than Words)*

Cunningham, Terry: *The Hell of Social Phobia: One Man's 40 Year Struggle*

Panic Disorder

Berman, Carol: *100 Questions and Answers about Panic Disorder (2nd Edition)*

Anxiety Disorder Foundations and Associations

Anxiety Disorders Association of America: www.adaa.org

Obsessive-Compulsive Foundation: www.ocfoundation.org

Agoraphobics in Motion: www.aim-hq.org

Social Phobia/Social Anxiety Association: <http://www.socialphobia.org/>

Social Anxiety Institute: <http://www.socialanxietyinstitute.org>

Posttraumatic Stress Disorder Association: <http://www.ptsdassociation.com>

African American Post Traumatic Stress Disorder Association:

<http://www.aaptsdassn.org>

Heal My PTSD, LLC: <http://healmyptsd.com>

Books on Mindfulness

Kabat-Zinn, Jon: *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain and Illness.*

Williams, Teasdale, Segal, and Kabat-Zinn: *The Mindful Way Through Depression: Freeing Yourself From Chronic Unhappiness*

Support Groups in Michigan

Depression and bipolar

Support Groups for patients and families of persons with depression or bipolar disorder

UM Depression Center, Rachel Upjohn Building, 4250 Plymouth Rd., Ann Arbor 2nd and 4th Wednesdays of each month, 7:00pm-8:15pm

Listing of other Michigan Support Groups:

<http://www.anxietypanic.com/michigan.htm>

Obsessive-Compulsive Disorder

Ann Arbor OCD Support Group
1st Thursday of each month 1:00-2:30
Community Support & Treatment Services (CSTS)
2140 E. Ellsworth Rd., Ann Arbor, MI
Contact Jim: 734-477-0326, jhm420@juno.com
OR
Jeannie at 734-761-4629, michiganlady64@gmail.com

Other Mental Health Resources

General

National Alliance on Mental Illness (NAMI):

<http://www.nami.org/>

Treatments That Work:

<http://www.oup.com/us/companion.websites/umbrella/treatments/?view=usa>

Michigan Mental Health Networker:

<http://www.mhweb.org/>

Hoarding

Children of Hoarders:

<http://childrenofhoarders.com/wordpress/>

Washtenaw County Hoarding Task Force

Info:

<http://www.hoardingtaskforce.org/taskforces/the-hoarding-task-force-of-washtenaw-county>

Contact: Harriet Balakar at 734-998-9355

Social Anxiety Disorder

Toastmasters: <http://www.toastmasters.org/>

Worksheets (additional copies)

- “Downward Arrow Technique” Worksheet
- Daily Thought Record Worksheet
- Basic Thought Record
- Thought Record “Plus”
- Examining Thoughts Worksheet
- Examining Thoughts: A More Detailed Version
- Core Beliefs: Costs and Benefits
- Core Belief Record: Recording Evidence That Contradicts My Old Belief
- Core Belief Record: Recording Evidence That Confirms or Suggests My New Beliefs
- Life Goals Analysis
- Activity Monitoring Worksheet
- Values Rating Sheet
- Activity Planning Worksheet
- Pleasure Predicting Sheet
- Barriers and Resources Worksheet

"Downward Arrow Technique" Worksheet

Automatic Thought:



If this were true, what would it mean to me? Why would it be upsetting?



And if this were true, why would that be upsetting to me? So what? What would that say about me/other people/the world?



And if that were true, what then? Why would that be upsetting?

"Downward Arrow Technique" Worksheet

Automatic Thought:



If this were true, what would it mean to me? Why would it be upsetting?



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Thought Record "Plus"

Use the following worksheet to record thoughts and the situations, emotions, and potential distortions related to them.

<u>Situation</u> (what were you doing? What was happening? What were you thinking about?)	<u>Emotions</u> (rate 1-10 by intensity, 1 being very low, 10 being the most intense)	<u>Thoughts</u> (What went through your mind? What were you thinking about the situation?)	<u>Distortions</u> (Was my thought distorted? Which distortion?)
Got test back, got a bad grade	Anxious (9) Sad (6) Angry (10)	I should have studied more I am a bad student I'll never get a good job	"should" statements Labeling Fortune telling

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Examining Thoughts Worksheet

Take one thought identified using the Daily Thought Record Work-sheet and write it here.

Use what you learned about "Cognitive Distortions" to identify any possible patterns in your thinking.

Gather evidence about your negative automatic thoughts and write it here.

↓ Thought	↓ Possible Distortion(s)	↓ Rational Responses
		<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8. 9.

Thought	Possible Distortion(s)	Rational Responses
		<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8. 9.

Tips:

- Remember to phrase each thought in the form of a statement.
- You should have between 7 and 10 facts in the "rational response" column for each thought.
- Copy this page to use for other thoughts (some extra pages are included at the end of the manual).
- Carry it with you and bring it out each time you have the thought, to remind yourself of the facts.

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Thought

Use what you learned about "Cognitive Distortions" to identify any possible patterns in your thinking.



Possible Distortion(s)

Gather evidence about your negative automatic thoughts and write it here.



Rational Responses

Thought	Possible Distortion(s)	Rational Responses
		<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8. 9.

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Thought



Possible Distortion(s)



Rational Responses

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

Thought

Possible Distortion(s)

Rational Responses

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Core Beliefs: Costs and Benefits

One way to understand our core beliefs is to look neutrally at how that belief helps us or hurts us in our daily lives. Identify one of your core beliefs and practice the exercise below. When creating the “more helpful belief,” think about ways that you can keep some of the benefits of the belief and soften it to prevent some of its disadvantages.

My Core Belief:

Advantages of
maintaining this belief

Disadvantages of
maintaining this belief

My Modified, More Helpful Belief:

Core Beliefs: Costs and Benefits

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Advantages of
maintaining this belief

Disadvantages of
maintaining this belief

My Modified, More Helpful Belief:

Core Belief Record:

Recording Evidence That Contradicts My Old Belief

My old belief: _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

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My old belief: _____

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12. _____

13. _____

14. _____

Core Belief Record:

Recording Evidence That Confirms or Suggests My New Belief

My new belief: _____

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2. _____

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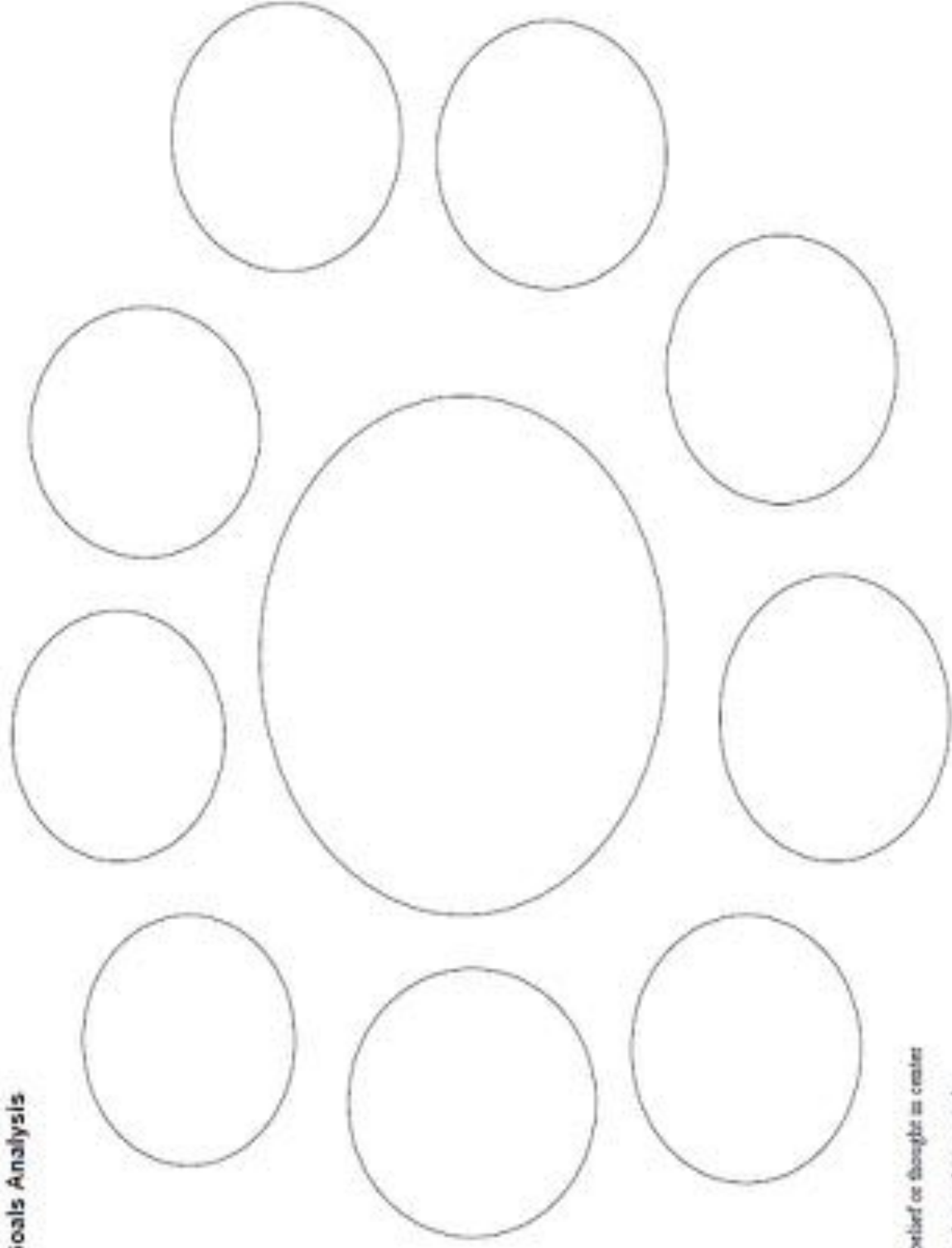
11. _____

12. _____

13. _____

14. _____

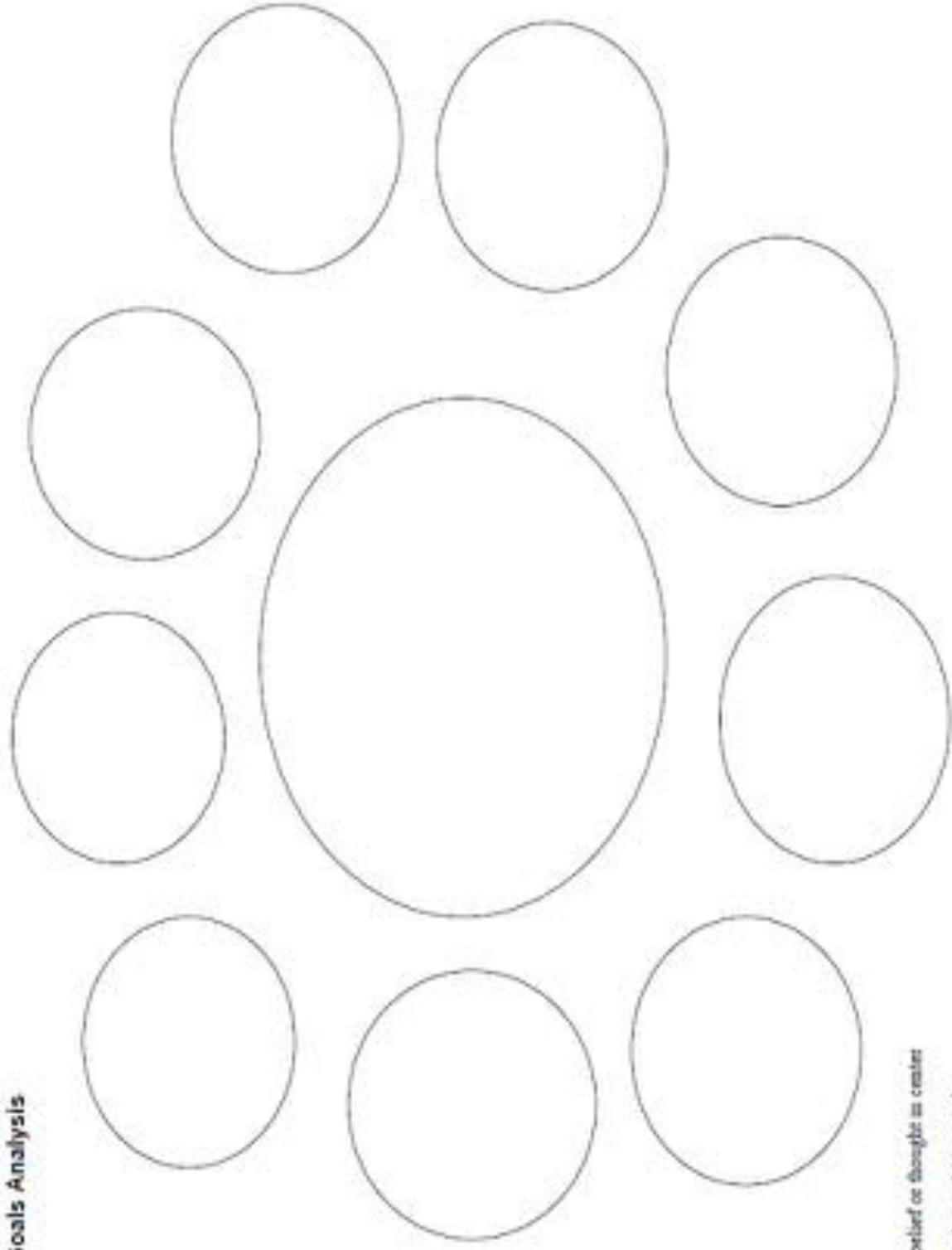
Life Goals Analysis



- Put core belief or thought in center
- Put life goals in orbiting circles
- Code each life goal 1-10 according to importance
- Note whether right adherence to the core belief or thought assists (A) or interferes (I) with each life goal and by how much (little, moderate, lot)

New modified belief:

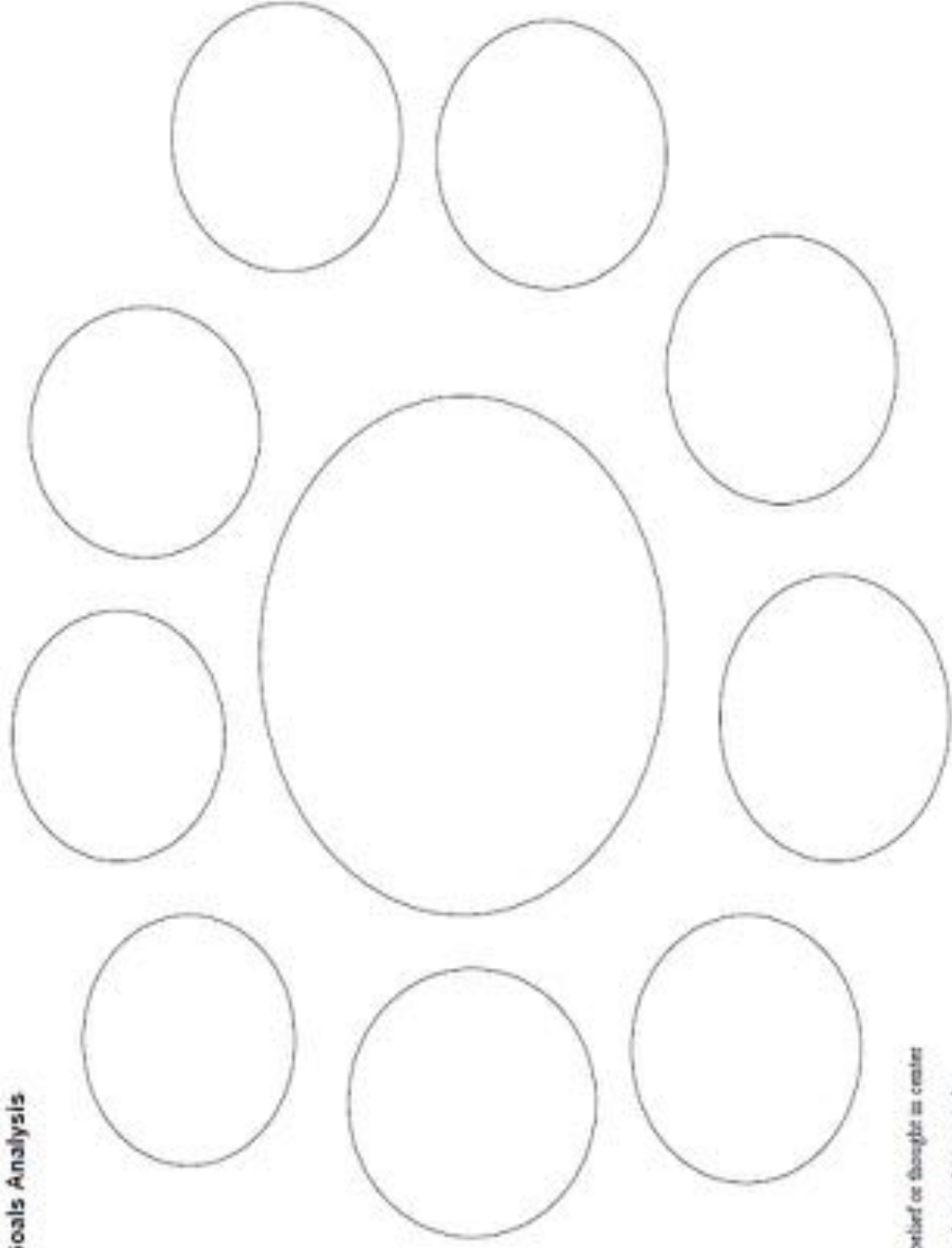
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New modified belief:

Activity Monitoring Worksheet

Instructions: Record your activity for each hour of the day (what you were doing, with whom, where, etc.). Record a rating for your mood as you were doing each activity. Mood is rated between 0-10, with "0" indicating "low mood" and "10" indicating "good mood."

	Sun	Mon	Tues	Wed	Thurs	Fr	Sat
5-7:00am							
7:00 am							
8:00 am							
9:00 am							
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11:00 pm							

Values Rating Sheet

Based on your exploration of the previous pages, write a summary of your values. For example, "to live a healthy life and take care of my body" (physical well-being), or "to be a good friend to people who need me, and to enjoy time with people I love"(friendships).

Rate each domain for how important it is to you from 0-10 (0 = not important, 10 = extremely important).

Remember: values are not internal states, how people treat us, or specific things to achieve.

Physical well-being

Family relationships

Intimate Relationships

Citizenship/Community

Mental/Emotional Health



Spirituality

Other?

Friendships/social relations

Hobbies/Recreation

Education/training/
personal growth

Employment/career

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Scheduled Activities for (name): _____

Day of week/date _____

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11:00 pm			

Scheduled Activities for (name): _____

Day of week/date _____

Pleasure Predicting Sheet

Activity

(Schedule activities with a potential for pleasure or personal growth)



Companion(s)

(If alone, specify "self" – do not put the word "alone" in this column)



Satisfaction

(rate on scale of 0-10)

Predicted	Actual
<hr/>	<hr/>

Activity



Companion(s)



Satisfaction

(rate on scale of 0-10)

Predicted	Actual
<hr/>	<hr/>

Activity



Companion(s)



Satisfaction

(rate on scale of 0-10)

Predicted	Actual
<hr/>	<hr/>

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<hr/>	<hr/>

Activity



Companion(s)



Satisfaction

(rate on scale of 0-10)

Predicted	Actual
<hr/>	<hr/>

Activity



Companion(s)



Satisfaction

(rate on scale of 0-10)

Predicted	Actual
<hr/>	<hr/>

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Predicted	Actual
<hr/>	<hr/>

Activity



Companion(s)



Satisfaction

(rate on scale of 0-10)

Predicted	Actual
<hr/>	<hr/>

Activity



Companion(s)



Satisfaction

(rate on scale of 0-10)

Predicted	Actual
<hr/>	<hr/>

Barriers and Resources Worksheet

Use the following worksheet to determine the specifics of some of your goals. Think about possible barriers and resources you might have to hurdle them.

Goal: _____

When I want to achieve it: _____

How I am going to do it: _____

How I am going to measure it: _____

What are possible barriers? _____

What are the possible resources? _____

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