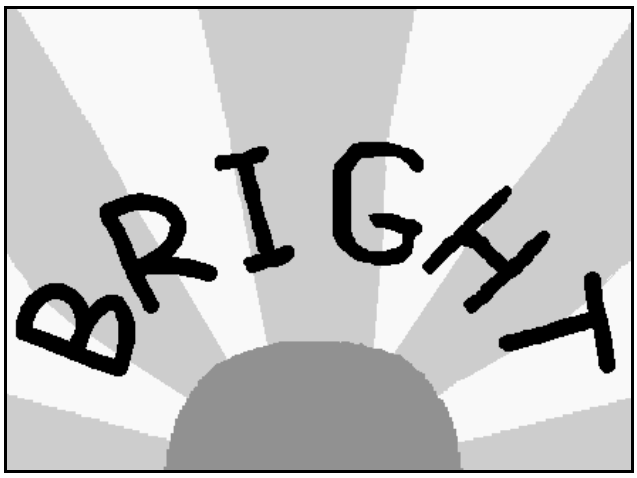
Group Leader's Introduction

Group Cognitive Behavioral Therapy for Depression



August 2006

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Including drawings by Erich Ippen

The modules in this treatment program are as follows

Thoughts and Your Mood
Activities and Your Mood
People Interactions and Your Mood

Revised August 2006 based on original manuals by

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* Please cite in this way

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THANK YOU for participating in this program to provide group Cognitive Behavioral Therapy (CBT) to people who suffer from depression. As a group leader, you will play an important part in helping your group members learn new skills that they can use to feel better.

ABOUT THE GUIDEBOOKS

The CBT program provides guidebooks to the leaders of the groups and to group members.

All of the guidebooks were revised in February 2006 and again in August 2006, based on experience with CBT groups and on the original guidebooks which were written in May 2000 for the CBT program at San Francisco General Hospital.

Mental health professionals have found that CBT can be very successful in helping depressed people learn how to manage their depression and feel better. Yet, there have not been enough group leaders—usually well-trained psychiatrists, psychologists, and licensed clinical social workers—to provide CBT to all of the people who might benefit from it.

The authors believe that CBT can be presented successfully by a wider group of people—nurses, social workersand other caring, committed people like you. The revised guidebooks are intended to help new leaders present group CBT.

Group Member's Guidebooks

The **Group Member's Guidebooks** go through the CBT lessons. The Guidebooks are meant to be workbooks for the group members. Group members are encouraged to write in their books and will keep their books when they finish CBT.

This "Group Leader's Introduction"

This guidebook is the **Group Leader's Introduction.** It provides background information that should be helpful to you, the group leader. For example, it:

- Explains what depression is and what the CBT treatment program is all about.
- Describes the structure of the CBT program.
- Discusses issues that you might encounter in managing the CBT group.

Group Leader's Guidebooks

You will also receive the **Group Leader's Guidebooks.** They are copies of the books provided to group members except that they include instructions to help you present the CBT material. The instructions are provided in boxes like the one below.

- Every box is labeled "LEADER TIPS."
- The boxes do not appear in the Group Member's Guidebook.
- The boxes are printed in a different kind of type than the information intended for group members.

- The bold lettering at the top left tells you: 1) how much time to allow for that lesson and 2) what page in the Group Member's Guidebook the box relates to.

- The italicized text in the boxes—*text like this, for example*—suggests actual words you might use when you are talking to your group. The non-italicized text provides more general directions. It is for you to read, but not to read aloud to the group.

LEADER TIPS

[THIS IS A SAMPLE BOX.]

Time: 5 minutes

Group Member's Guidebook: Page 22

1. Review the key messages.

2. Say: *Which of these key messages will be most helpful?*

3. Lead a group discussion.

GROUP LEADERS

It is recommended that CBT be conducted with two group leaders and that they have:

- A good understanding of, and training in the assessment and treatment of mental disorders, specifically mood disorders.
- Previous coursework and training in psychology, psychiatry, psychiatric social work, nursing, or counseling, and in the general principles of CBT.
- Supervision by a licensed mental health care professional.

CBT works best if the same leaders stay for the entire 12-session program, conducting all four modules. However, if a leader cannot complete the program, another leader can step in. If possible, the switch should be made at the first session of a new module, and group leaders should give group members as much notice as possible—four weeks, for example—before the switch takes place. Ideally, both leaders should not leave at the same time.

THE IMPORTANT ROLE OF A SUPERVISOR

It is important that group leaders are supervised by a licensed mental health professional (psychiatrist, psychologist, or licensed clinical social worker) who has experience with CBT and with people who are depressed. CBT works best if group leaders have a chance to observe or conduct groups with, their supervisors before they lead their own CBT groups. Supervisors can offer practical and emotional support to group leaders, answer questions, and handle any problems that come up with the individuals in the groups.

Supervisors should provide emergency phone numbers and the names of backup professionals and their phone numbers, in case a group leader needs help immediately. The supervisor's role is particularly important in cases where a group member indicates that he or she is having suicidal or violent thoughts, or is being hurt by or hurting someone else. The group leader should contact the supervisor as soon as possible.

Supervisors can also help determine which patients might benefit the most from CBT and thus should be included in group therapy, and who should *not* be included in a group. Experience shows that those who would not benefit from group CBT may include:

- People with bipolar disorder who are not taking medication to treat their bipolar condition.
- People who suffer from psychosis.

WHAT IS DEPRESSION?

Depression is a mood disorder. It involves a person's thoughts, actions, interactions with other people, body, appetite, and sleep. Depression is not the same as a passing blue mood; it is never a "normal" part of life. It is not a sign of personal weakness or a condition that can be willed or wished away. People with a depressive illness cannot merely "pull themselves together" and get better.

- Depression is quite common. At any given time, there are between 15 million and 20 million people in the United States who have depression.
- A person of any age, race, or ethnic group may suffer from depression.
- Without treatment, depression can last for weeks, months, or years.
- Depression can be very serious. Up to 15% of people diagnosed with depression eventually commit suicide, so treatment is very important.

Symptoms of Depression

If a person has all or most of the symptoms below for most of the day, during most days, for at least two weeks, it is likely that he or she has depression that requires treatment. Some people experience mild depression, while others experience severe, disabling depression. Not everyone who is depressed experiences every symptom of depression.

1. Feeling sad, depressed, down, or irritable nearly every day.
2. Loss of interest or pleasure in activities such as hobbies, socializing, or sex.
3. Significant change in appetite or weight (increase or decrease).
4. Change in sleep (sleeping too much or too little).
5. Change in the way a person moves (restless or slowed down).

6. Feeling really tired, fatigued.
7. Feelings of worthlessness or excessive guilt.
8. Inability to concentrate or make decisions.
9. Repeated thoughts of death or suicide.

Diagnosing Depression and Tracking Improvement

There are several ways to diagnose depression, measure how serious it is, and track a person's progress as he or she begins to feel better. This CBT program uses two measurements—the PHQ-9 (so named because it is a "Patient Health Questionnaire" with questions about the nine symptoms of depression) and the Quick Mood Scale (which allows group members to see how their mood changes over time). The PHQ-9 is included at the back of the Group Leader's Guidebook The Quick Mood Scale is included in the Group Member's Guidebook.

Causes of Depression

Scientists have been studying depression for a long time, but we still do not know for sure what causes it. Many factors may contribute. They include childhood experiences, biochemical processes in the brain, and stressful events in daily life such as getting divorced, losing a job, or the death of someone close. More stresses make a person more vulnerable. Also, if a person has been abused physically, verbally, or sexually, he or she may be more likely to become depressed.

People who develop depression seem to think about things in a way that makes them feel worse. They tend to think that life will never be good again and that there is nothing they can do to deal with their problems. For example, two people might get divorced, but respond differently. Person B is probably less likely to become depressed.

Person A: “I will never find happiness now that my partner, who was going to love me all my life, has rejected me. There is something wrong with me that makes me unlovable.”

Person B: “I learned a lot from this marriage and believe that I will meet the right person and make a happy marriage next time. I will be very careful to make sure that I marry someone who is right for me.”

Patterns of thinking are not the only factors that increase the likelihood that a person will become depressed.

- Some types of depression run in families.
- Natural changes in the body or changes in the seasons can make depression more likely. For example, the birth of a child may trigger depression for women.
- Some medications, such as corticosteroids, can cause depression.
- Alcohol and some drugs are “depressants” and using them or withdrawing from them can cause depression.
- Physical illnesses such as strokes, heart attacks, thyroid problems, certain cancers, and other illnesses can cause depression. The depression can make the person’s medical situation worse--depressed people are less able to take care of themselves, which means that it will take them longer to recover from their medical illness.

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WHAT IS COGNITIVE BEHAVIORAL THERAPY?

Cognitive Behavioral Therapy (CBT for short) is an approach to treating depression. CBT can be used with individuals or groups. This guidebook describes group treatment.

As the name suggests, CBT focuses on cognition (thinking) and behavior (acting). People who suffer from depression can make remarkable progress if they change the way they think about their lives and how they act. "Acting" includes doing activities such as taking a shower or going to a movie, and interacting with other people.

Part of your job as a group leader will be to help people:

- Take a closer look at their thoughts and make changes in their thinking that will help them feel better.
- Understand that if they engage in activities they will begin to feel less depressed.
- Identify healthy ways to interact with other people.

Of course, people cannot change every negative aspect of the world around them. We can't all by ourselves control the traffic or the crime rate, for example. But there are many things we *can* change. As people who are depressed become aware of the way that thoughts and behaviors affect mood, they can feel happier and more hopeful even if their lives don't change. Instead of being something that just happens, depression becomes something that can be managed.

It's important to explain how the CBT program will help group members feel better. You can tell them:

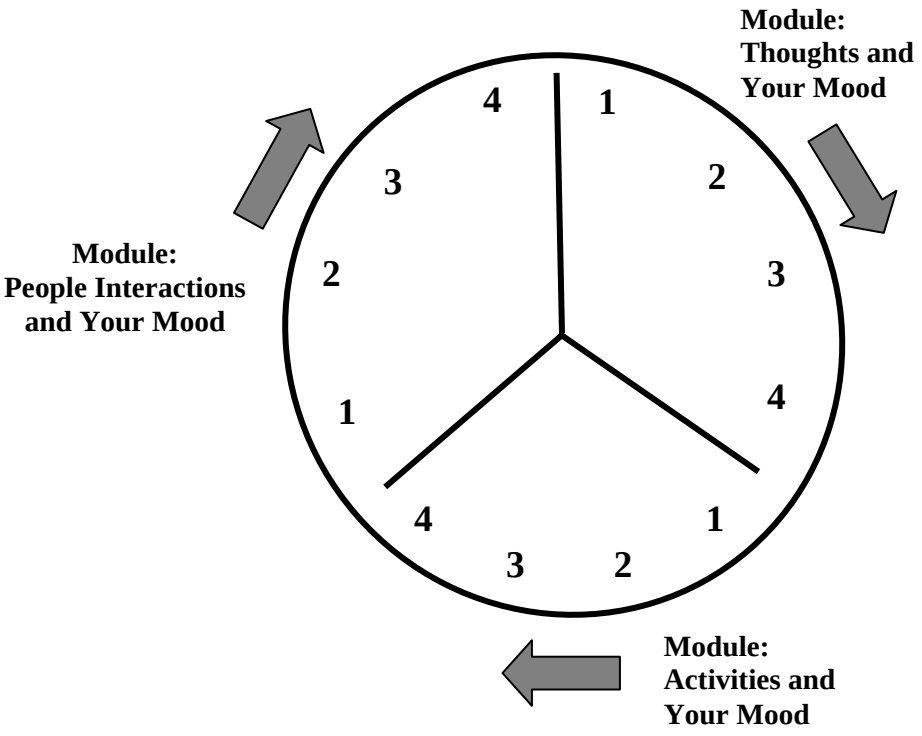
- This treatment focuses directly on your day-to-day life. It offers a practical approach to help you feel better.

- The CBT form of treatment can benefit almost everyone. Even when we are not especially aware of it, we are having thoughts that influence how we feel. If you can think in ways that are helpful, you will begin to feel better.

- People who are depressed often aren't doing anything they enjoy. This treatment teaches ways to bring fun activities back into life.

PROGRAM STRUCTURE:
FOUR MODULES WITH FOUR SESSIONS EACH

The CBT structure consists of four modules. A module consists of four sessions, each of which emphasizes a specific topic and its connection to mood. As shown in the figure below, the modules focus on thoughts, activities, people interactions, and substance abuse. Each module has its own guidebook.



Outline for Each Session

In general, the outline for each session will look like the one below.

I. Welcome and Announcements
II. Review
III. New Topic
IV. Key Messages
V. Practice
VI. Feedback
VII. Looking Ahead

Using the Time Wisely

Each session lasts for 1 ½ or 2 hours, depending on how your program is organized. It is very important to start and end the sessions on time.

It can be tricky to balance all of the demands on time. Each CBT session combines time for the presentation of new ideas and skills with time for group members to talk and learn from each other. Group members may feel rushed as they try to absorb a lot of new information. You can reassure them (and reassure yourself too) by telling them that they are not expected to learn everything in every session. Because people learn differently and like different things, the program offers a variety of ideas and skills with the knowledge that some parts will work for some people and other parts will work for other people. Nobody is expected to learn it all the first time through!

In each session, it is important to allow time for group members to talk about their own experiences, ask questions, and hear from other group members. In fact, in the overall course of a module, each person should have a chance to talk about personal issues related to depression. It is important that group members learn to discuss their concerns with the group. If some group members are reluctant, talk with your supervisor. Your supervisor may have ideas for how to encourage the group member to participate, or may arrange for that person to have individual therapy.

However, it is also important to cover the intended material for each session and encourage group members to practice the skills you are describing. It is not helpful for the group members to only talk about how badly they feel and not have enough time to learn the techniques that will help them get over their depression.

The sessions are organized to allow some discussion time. As you become more experienced, you may be able to manage the sessions so that you spend more time on one topic when the group seems to need it, and a little less on others. For now, follow the time estimates we provide in the LEADER TIPS boxes.

You will probably have some group members who are not shy about talking and others who don't talk very much or ever. It may be easy to rely on the few

talkers to keep up the energy of the group, but don't forget to draw out other people. To the talkers you can say gently:

"Thank you for sharing your ideas. I wish we had time to hear more, but since our time is limited, let's hear from some other group members. [Say the name of the shy person], do you have any questions, or would you like to share your ideas?"

Or

"[Say the person's name], I'm going to interrupt you because you have brought up some interesting ideas. I bet the group would like to add to what you have said. [Say another group member's name], what was your experience?"

Or

"Thank you for sharing your ideas, but I'm going to interrupt you now so that I can tell the group about another important topic."

Or

"We are so glad you are sharing with the group. As you know, we have to balance our time. Are you ready to give up your turn?"

Make sure that in the 1 ½ or 2-hour session, everybody gets to talk at least once. But keep in mind that you don't have to hear from every group member every time you ask a question or present a new lesson. You could say, for example:

"We don't have time to hear from everybody in this lesson. Is there anybody who had a particularly difficult week who would like to share his or her experience?"

Or

"We don't have time to hear from everybody. Who hasn't had a chance to share for awhile?"

Or

"Who haven't we heard from for awhile? I know that the group would like to hear everybody's ideas."

TECHNIQUES FOR TALKING WITH GROUP MEMBERS

CBT requires that the group members work. In each session, they are asked to learn specific strategies to help them think and act in new ways that will improve their mood. Then they are expected to practice these strategies. This is a lot to ask, especially of someone who is depressed.

When group members begin treatment, they may not see a better future. They may feel like failures. Let group members talk about their feelings so they know that you understand just how bad they feel. Let them know that you believe in their ability to help themselves feel better. If they feel heard and understood, they will be more open to the help you and CBT offer.

The best way to show warmth and concern is by listening carefully to what group members say. Three listening techniques will help to convey your concern: restating, reflecting feelings, and summing up.

Restating

Restating means to repeat what the group member said in your own words to be sure that you understood correctly, and to let the speaker know that you were paying attention and understood his or her message. Here are some examples.

1. Group member statement: I feel so tired all the time. I never want to do anything.

> ***Group leader's restatement***: So, you just don't have any energy.

2. Group member statement: I've been feeling down, and I've missed several days of work. I'm afraid I'll lose my job.

> ***Group leader's restatement***: You haven't felt well enough to get to work, and now you're worried that you might be fired.

You can encourage group members to tell you whether your restatement captures what they were trying to say. Ask: "Did I get that right? Does that capture what you were trying to say?" If not, you can try another way of restating. Offering the group member the opportunity to correct you shows that you really want to understand how they are feeling.

Reflecting Feelings

Reflecting feelings means to make a statement that goes beyond what the speaker actually said and that describes his or her feelings. Here are some examples.

1. Group member statement: I feel really alone.

> ***Group leader's statement of feelings***: You are feeling alone and it sounds like that is really hard for you.

2. Group member statement: I told my boss that I wasn't feeling well and needed to take a day off, but he said he couldn't give me any time off this week.

> ***Group leader's statement of reflected feelings***: It sounds like you might be feeling that your boss only cares about work, and not about you.

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Summing Up the Problem

Summing up means to package the last few moments of conversation and label them in a way that allows group members to understand their jumbled feelings and figure out how to solve a problem. Putting a label on that set of feelings also creates a way for both you and the group member to refer to the feelings in the future. Here is an example.

Most people are tired at the end of a work day, and the transition from work to home may be difficult. No matter how much you enjoy being home, it brings its own stresses such as the need to cook dinner.

You may have learned to accept this stress as normal by telling yourself that this is your time to "switch gears." "Switching gears" can be the label you use to refer to this common life situation. And it can help you make a plan to get through the situation in a way that feels good to you.

In your plan, perhaps you have decided that you need a "bridge" to take you from work to home. The bridge might involve:

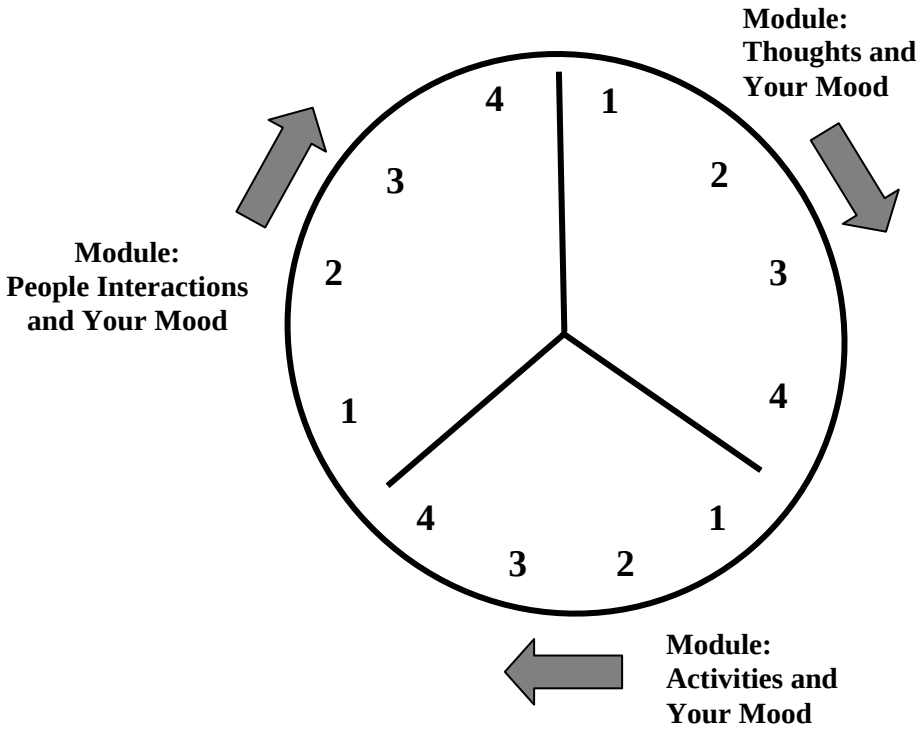
- Stopping the car a block or two from home and relaxing for 15 minutes.
- Taking a refreshing shower as soon as you walk in the door, before interacting with family members or beginning home chores.

Remind group members of the summing up technique throughout CBT. You won't be able to come up with a simple label for every situation, but it is perfectly fine to sum up a group member's feelings or problems by just describing them as well as you can.

MANAGING THE GROUP

Group Structure

Remember the diagram that illustrates the structure of the CBT program? The structure of the program affects the structure of the group, as well. Organizing the program in four continuous modules means that new members may join a group that is already in progress, and members who have completed all four modules may leave a group that will continue to exist after they have gone. Generally, we believe that groups work best when they have about eight to 10 members.



All group members will participate in all 12 sessions, but the four modules are independent of each other and a group member can enter the group at Session 1 of any module. This means that people who are depressed and referred to group therapy don't have to wait until the whole 12-session treatment program ends before they can join a CBT group. Some group members will begin with the Thoughts module, and others will begin with the Activities, People, modules, depending on when they enter treatment.

Introductory material must be presented at the beginning of each module. That means that by the time the fourth module starts, members who joined the group when it was first launched will be hearing that material for the fourth time. The repetition is probably helpful, but to keep veteran group members interested, you can ask a volunteer to explain certain parts of the standard group procedures.

Group members can play different roles in the group based on how long they have been with the group. New members benefit from having "veterans" in the group who can share first-hand information about how the group has helped them. Veterans also benefit; they seem to develop greater commitment to the group material and to making changes in their lives when they are asked to help new members learn the skills. Encouraging the veteran members to participate—explaining the introductory material, for example—will help them learn the material themselves, since teaching something often helps people learn it better. It will also allow them an opportunity to "shine," and you can praise them for contributing to the group.

Depressed people often need to talk openly about their relationships with work colleagues, family members, and friends. Open communication is easier in a group that begins as a group of strangers, so CBT works best if individuals in the group do not bring family members or other people they know to the same group. However, if you lead a group that includes people who know each other, be both welcoming and sensitive to the fact that those people may not talk as freely as others.

Contact Group Members before Their First Session

We recommend that group leaders call or meet with new members before the members attend their first group meeting. In this initial contact, group leaders can explain:

- The purpose of the CBT group.
- Specifics of the group such as where and when it meets, how many sessions there are, and how each session will be conducted.
- Who the group leaders are and what their experience is.
- Contact information for the group leaders—phone numbers and the best time to call.

Group leaders might also ask the new group members questions in order to become acquainted, establish a comfortable relationship, and provide support that is specific to each person's needs. For group members who have experienced traumatic events in their past, contact with the group leader before CBT helps them feel a connection with the group leader and trust that the leader understands their specific history. Questions to the new group members might include:

- Why do they think they were referred to treatment?
- What do they see as their main problem?
- Have they had any prior treatment?
- What do they hope to get out of CBT?
- What concerns or reservations do they have about treatment?
- Are there things about them that they would like the group leaders to know, but that may be hard to share during the first few sessions of the group?
- What questions do they have?

During your first contact with new group members, ask them if they know other group members. Talk with your supervisor ahead of time about this possibility, find out if another CBT group is running at the same time or in

the near future, and be prepared to recommend that family members, work colleagues, and friends attend different CBT groups.

What to Do If Group Members Miss the First Session

In the first session of each module, you will present background information that is not repeated in Sessions 2-4. That means that new group members who miss the first meeting will miss the background information. (If they have attended Session 1 of a previous module, then this is not a concern since the background information is the same in each module.)

Make contact with any group members who missed the session and make a plan to go through with them the information they missed. For example, you can ask them to come 30 minutes early to the next session, or stay after.

Friendships among Group Members

It is natural for group members to form friendships among themselves and to want to spend time together outside of the group. Some group members may already know each other. However, group therapy works best if group members maintain a therapy-only relationship and do not socialize outside of the group. (They may pursue friendships after the group is over—you cannot control that.) This policy:

- Ensures that what is said in the group remains confidential. It would be natural for group members who become friends to chat privately about the group and other group members.
- Encourages group members to share openly with the entire group, without having to worry about what a friend might think.
- Prevents cliques and the possibility that some group members would feel hurt and left out.
- Discourages a strong group member from influencing or taking advantage of another, weaker, group member.

Challenges of Adding New Members While the Group Is in Progress

Adding new members can disrupt relationships in the group, even when groups have been meeting for only a brief period. Group members have formed relationships with each other and will likely feel comfortable talking about their problems in front of each other. Bringing new members into the group may disrupt those relationships. At the same time, new members may feel like outsiders coming into an established community. Discuss these issues with the group as a whole. Ask continuing group members how it feels to *have* new members in the group and ask new members how it feels to *be* a new member.

You can tell group members who are continuing their therapy that change can feel upsetting, even when the change is good. One way to help all group members feel comfortable together is to encourage old members to share what it was like to join the group, as well as their struggles and what they have learned in the group that has been helpful. This discussion will help new members understand that they are encouraged to talk about their personal feelings and their depression in front of the group. Encourage (but don't force) new members to participate. You can help make everybody more comfortable by reminding the whole group that they are all fighting a common enemy—depression.

What to Do When Group Members Arrive Late

There may be members who are late to the sessions. Lateness can disturb you as the leader and other group members and reduce the benefits of treatment. One way of dealing with lateness is to talk to the person who was late after the session is over. Express concern and help the member identify the obstacles to getting to meetings on time and figure out ways of solving the problems. Some members may encounter a number of real obstacles, such as a bus that did not come, a job that requires overtime, or the need to care for a sick child. Approach the problem with patience and understanding and praise the group member for making the effort to come to the group. Make sure that group members understand that you want them to come to the group, even if they are late, rather than skipping the group altogether if

they see that they won't make it on time.

Reach Out to Group Members Who Have Missed Sessions

It is likely that some group members will miss one or more sessions in a module. When people are depressed, it can be difficult for them to take even the smallest actions. Getting dressed, leaving the house, and traveling to the group meetings require a substantial amount of energy. Even in residential or inpatient settings, where group members live in the same location where the group meets, someone who is depressed may not feel like walking down the hall to a group meeting.

Make contact with group members who have missed sessions. Call them on the telephone, meet with them in person (especially if they are in a hospital or other health care setting where you can meet with them easily), or mail them a card or letter. You might even pass around a card or a piece of paper during a group session and ask members to write a brief note to the absent member, letting the member know that he or she is thought of and missed. You should take responsibility for mailing the card (partly because group members' addresses are confidential information). Tell the group member that if he or she would like to come to the next session 15 minutes early, you will be happy to go over material from previous sessions.

Help group members solve any problems that prevent them from getting to the meetings. For example:

- If they didn't allow enough time to get there, they can set an alarm clock to remind them when to leave home.
- If they didn't have transportation, help the person figure out how to ride the bus or get a ride from a friend.
- If they are reluctant to come because they didn't do their practice activities, make it clear that they should come to the group anyway. Reassure group members that, if their out-of-group practice becomes a problem, you will help figure out solutions.
- If group members doubt that the effort it takes to get to group meetings will be worthwhile, ask them:

- What they have been doing to feel better, how long they have been using their own strategies, and if the strategies have been helpful. Most people will say that their attempts to feel better haven't been successful, or that their efforts have helped a little but not enough.
- What they think the chances are that they will feel better if they keep doing what they have been doing. They may admit that they will probably keep feeling bad.
- What they think the chances are that they will improve if they take part in the CBT treatment. Remind them that CBT has been helpful for people just like them with depression. They will probably agree that their chances of feeling better are improved if they come to the group.
- If they will consider coming to more sessions before they decide that the group can't help.

- What thoughts they have on the day of therapy that prevent them from coming to the meeting. Suggest that they replace a hopeless thought with a hopeful one; for example, "My depression won't go away after one session, but I can learn things that will help me begin to feel better."

What to Do If Group Members Don't Get Along

Sometimes group members don't like each other or can't get along and these problems get in the way of successful group therapy. Group members are encouraged to talk about problems openly with the group. However, some may find this difficult, especially if they are concerned about hurting the feelings of a group member, or feel nervous about their safety around a particular group member. Be alert for these kinds of problems. Once in a while, it is necessary to remove a person from a CBT group and find a different group or a different kind of therapy for that person. Don't try to handle these kinds of difficult situations on your own—discuss them with your supervisor.

The Importance of Practice

Anyone learning a new skill has to practice. It is very important to follow up on CBT practice assignments. If you don't ask group members about their practice, they may think that it is not important. Each session includes a time to talk about practice, but you can also reinforce the importance of practice by asking group members informally, as they arrive at the group meeting, "How did your practice go?" Help them solve any problems they are having and answer questions. Problem-solving is an important part of CBT.

Give group members feedback—tell them that you are glad to see that they are practicing. Offer ideas about other ways they might think, do things, relate with people, and deal with recovery from substance abuse that would help them feel better and enjoy life more.

Group Members Should Take Credit for Practicing CBT Skills

Help group members understand that it is because they are practicing the new skills that they are feeling better. If group members believe that they have improved only because of their relationship with you or their participation in the group sessions, they may not have the confidence to continue to practice when they are no longer in treatment.

What to Do If a Group Member is Not Doing the Practice Activities

(**Note:** Practice is very important for CBT to be effective. This information is repeated in the Thoughts module so it will be handy for you to refer to.)

Most group members will do their practice activities; you should begin with the assumption that they will. Checking early in each session on the practice is the best way to let group members know how important their practice is. However, there may be individuals in the group who consistently do not practice. Identify this problem as early as possible.

Find out why the group member is not practicing. Is it an issue of time, reading ability, forgetfulness, or other responsibilities getting in the way? Once the obstacles are identified, you can help the group member figure out how to overcome them. You might say, "We want you to start feeling better, and we know how important practice is. Can we help you figure out what is getting in the way so that you can do the practice and start feeling better more quickly?"

Identify thoughts that contribute to not practicing, such as "It doesn't matter what I do, nothing will change," or "I don't feel like doing my practice." You might ask him/her: "Are you sure that what you do won't make a change in the way you feel? Do you think you have a better chance of improving your mood if you keep doing what you have done in the past, or if you try these practices that have helped others?" Help the individual to dispute these thoughts.

No one assignment is going to "cure" depression, but practicing outside of the group will help the group member learn to control his or her negative mood.

Get reinforcement from other group members. You can ask other group members to help problem-solve. It is likely that other members will volunteer information as to what has helped them to practice.

Complete the practice within the session. Be flexible about finding another way for the person to practice. Maybe he or she can complete the Quick Mood Scale for the whole week just as the session begins, for example. Or ask the individual to practice some of the skills before and after the session. The individual should be reminded that the Quick Mood Scale is best finished on a daily basis. Looking back at the past week's mood is less reliable than completing the Quick Mood Scale each day. But asking members to complete the incomplete scale in-session indicates that you take practice seriously.

Strike the right balance. It is important to give group members the message that practice is important. However, it is also important that they come to the CBT sessions whether they have completed their practice or not. In fact, the group member might tell you that he/she can't do anything right. Point out that he/she was successful in coming to the group, and coming to group is a first important step to feeling better. Be warm and supportive of the group member and let him or her know that you are glad he/she chose to come to the session whether or not he/she completed the practice.

Avoid Applying CBT Lessons Too Broadly

A number of problems can come up in leading group CBT. Several stem from over generalizing. That is, sometimes when group members learn new ways of thinking about things, they apply those lessons too broadly. You can help them avoid over generalizing or thinking that CBT will solve all their problems. CBT can help a person get over depression, but it will not turn somebody into a brand new person or cure homelessness.

Feeling Guilty

One of the symptoms of depression is excessive guilt. People who are depressed may use a CBT idea to blame themselves. It is important to point this out early so group members can catch themselves if they are doing it and stop.

- **Depression is not caused by negative thoughts.** One problem arises from telling individuals that they can manage their moods. Once they recognize this, they may then "logically" assume that they are to blame for being depressed in the first place because they didn't manage their mood effectively. This is a difficult concept—a depressed person can help get over depression by learning how to manage thoughts and behaviors, but they didn't *cause* their depression by not thinking or behaving "right." You can assign group members the task of noticing if this thought—"My depression is my fault because I didn't manage my moods"—enters their minds. Help them understand that the statement is not true. Tell them that they didn't steer themselves off the road. Rather, their mood may have been thrown off when they hit a rock. CBT is the steering wheel that will help them get back on track.

- **Depression is not caused by negative behaviors.** Similarly, if people understand that they can change the way they behave, they may feel that they should have changed their behavior a long time ago. For example, a woman who has been depressed may regret not taking better care of her children and blame herself for not managing her behavior.

  In is true that people might have caused real injury to their families. But you can help people recognize that the problems of the past stemmed partly from depression. By learning new ways of thinking and behaving, they can avoid creating more problems for themselves or others. They might be able to think of life as a precious gift. Even though they didn't "spend" the gift wisely in the past, they can do so now.

Trying to be Perfect

Group members may come to a conclusion that seems logical to them--they can be perfect if they apply the lessons of CBT. Tell group members that if they use perfection as a standard by which to judge themselves, they will always be disappointed because people cannot be perfect. The ideal is worth pursuing as long as it serves as a guide rather than a goal. Tell group members that they won't succeed at everything every time and that's okay.

Thinking "Happy Thoughts"

If people have limited income and education, few job skills, and few relationships with other people, they are right in thinking that they face many challenges. If they feel that you do not understand these challenges or that CBT ignores the real world, they may resist your efforts to help. CBT does not teach that positive thinking is the way out of depression. It does teach that some ways of thinking help improve mood and day-to-day life. Tell group members that you understand that the problems they face are real. But encourage them and tell them that CBT will help them identify ways to make things better for themselves.

What to Do If a Group Member is Not Making Progress with CBT

Depression is very treatable and CBT has helped many people who are depressed, but it may not work for everybody. If any individual in your group does not appear to be feeling better after about four sessions, talk with your supervisor about the individual. By "not feeling better" we mean that the person:

- Has a consistently low mood;
- Has low scores on the Quick Mood Scale and they don't get better;
- Reports that his or her mood is getting worse; and/or
- Reports other symptoms of depression.

If a person has been depressed for a long time, he or she may continue to report low mood and not recognize that there has been improvement. Your judgment of the person's progress is important. However, do not try to

handle a situation of this kind by yourself. A supervisor can get the group member the help he or she needs.

If you think that a group member is having suicidal thoughts, is being hurt, or is having thoughts about harming another person, contact your supervisor immediately and get help for that person before the end of that group session. Again, do not handle these serious situations on your own—your supervisor is there to help and to look out for the safety of every person in the group.

Meet Individually with Each Graduating Group Member

(**Note**: *If you have time,* and if the graduates have time, meet with each graduating group member. If you do not have time, go over some of the points described below in the discussions the group has with the graduates at the end of Session 4 in each module.)

About two weeks before the last session of each module, make an appointment with each group member who is graduating from CBT (he or she will have completed all CBT modules) to meet one-on-one and talk about future plans. These meetings will probably take about 30 minutes. You could meet with some individuals before the sessions and some after, but contact them ahead of time to make an appointment that is convenient for both of you. Go over the following points.

- **Look at the progress the individual has made in improving his or her mood.** Ask the group member to look back at his or her scores on the Quick Mood Scale. Mood scores will fluctuate during the group, but if the group has been effective, the person's scores should go down from beginning to end, showing less depression.
- **Give the credit to the individual**. Make sure the group member understands that it is his or her own effort and use of the CBT skills that has caused the depression to get better. Tell the group member that he or she can continue to manage mood and depression by using the skills learned.
- **Identify the most helpful aspects of the group.** Group leaders can ask graduating members to name the specific tools and skills that have helped them the most to relieve their depression. It is important to tell

the individuals that they have unique strengths independent of the skills they learned in the group. Name some of these skills specifically for each graduate.

- **Inspire hope.** Congratulate group members on the progress they have made, and remind them that in the future they can turn back to the CBT tools in their guidebooks (which they keep).
- **Help graduates prevent a relapse**. Remind graduating group members that if they find the symptoms of depression returning despite using all of the tools that they learned in the group, they can see their own doctor or counselor to request a referral to further treatment without waiting until the depression becomes disabling. If you believe that a group member who is ready to graduate is still suffering from depression, talk with your supervisor.
- **Discuss future plans.** Ask graduates what their next steps will be. For example, what will they do if they feel themselves becoming depressed again? If they feel like using drugs or alcohol? Possible next steps include:
    - Using the CBT skills on their own.
    - Getting a medication evaluation or referral for other services.
    - Attending a support group.
    - Attending another group focusing on a different problem.
    - Getting individual therapy.

Allow the Group to Say Goodbye to Graduating Group Members

When members enter and leave the group at different modules, some will graduate at the end of one module, and others will be left behind to complete the other CBT modules.

In the first session of a module, name the members who will be graduating at the end of the module and focus some attention on those members during each session. As graduating group members begin their last session, group leaders should remind the group of who will be graduating from the program at the end of that session. Congratulate the graduates for learning new skills to manage their depression. Remind all group members that mood regulation is a continuing process, and one of the goals of the program is for them to learn skills they can continue to use after the program is over.

It will be natural for group members who are not be graduating to feel happiness for the graduates but sadness for themselves. They might even compare themselves to the graduating group members and feel that they are not making good progress. Encourage them to talk about what they have learned from the graduating members. Ask them to consider some of the goals that they would like to achieve in the remaining time. Remind all group members that CBT is usually effective in helping people feel better, that it takes both time and practice to work, and that you will continue to be there to make sure they get the help and support they need.

Allow time for friendly conversation. You might ask the graduates to talk about some of the same topics that you addressed individually with the graduating members in one-on-one meetings. For example:

- One graduate might share his scores on the Quick Mood Scale and discuss how his mood fluctuated or improved as the therapy progressed.

- Another graduate might talk about her future plans, how she will prevent a relapse into depression or substance abuse, or deal with a relapse if it happens.

SUPPLIES YOU WILL NEED

At the beginning of each session, there is a list of materials that you will need to conduct that day's session. The list is generally short and uncomplicated. However, if you want to order the audiotape described below, you will need to do that in advance of when group begins. In total, the materials you will need for the CBT modules are as follows.

If you are reading this, you already have the **Group Leader's Introduction**. Each leader should have a copy of this book.

Group Leader's Guidebooks—one for each of the group leaders. Each module has its own guidebook, with a different colored cover.

Group Member's Guidebooks—enough for everyone in the group. Each module has its own guidebook, with a different colored cover. Since your groups will consist of about 8-10 people, have about 16-15 guidebooks on hand. Group members will take their guidebooks home after each session, and should bring them back to each session. But have a few extras on hand at each session so that you can loan them to group members who forget to bring their own copies back. You may want to ask the group member to not write in the loaned copy of the guidebook. Another way to handle this problem would be to ask the group member who forgot his or her guidebook to share with another group member.

Pens—enough for everyone in the group.

The PHQ-9 depression measure—enough copies for everyone in the group to fill out the survey during Sessions 1 and 3 of each module—or eight times altogether. So, for example, if you have five people in your group, you would need 40 copies (5 x 8 = 40) of the measure, plus a few extra. (Photocopy the PHQ-9 from page **36** in this guidebook.)

Small index cards—to use in the Thoughts module, Sessions 1-4; enough so that each group member can have seven.

Binder clips— small sized, one for each group member, so group members can attach their index cards to their guidebooks.

Laminating paper—enough for each group member to laminate three index cards.

Scissors—3-4 pair—enough for group members to share.

Dry erase board, chalkboard, or large sheets of paper to present material to group. Depending on where your group meets, you may have a chalkboard you can use to explain the material to the group. If not, make arrangements to have a big tablet of paper, or some other means to work with the group.

Kleenex or other facial tissue to offer to group members as needed.

An audiotape to help group members relax. This is optional. If you find that some individuals in your group have trouble relaxing, you can give or loan them an audiotape to use at home. If you think this is a good idea, we recommend that you order the tape ahead of time. See the information below. One advantage of the audiotape is that it includes two different relaxation exercises.

Time for Healing: Relaxation for Mind and Body (short version). Condensed versions of two relaxation exercises. Bull Publishing Company, 1994. $10.00 in the United States. Available from: http://patienteducation.stanford.edu/materials/#tapes. You can also obtain the tape by calling or writing to:

Bull Publishing Company
PO Box 1377
Boulder, Colorado 80306
1-800-676-2855

Timer or quiet alarm clock. See the "Thoughts" module, Session 3.

Certificate of Achievement for graduating group members. On page 39 in this guidebook is a sample achievement award that you can copy to give to group members when they complete all four CBT modules and graduate from the program. Fill out each certificate, and present the certificates to graduating group members at the end of their last session.

THE PHQ-9 DEPRESSION MEASURE

Sessions 1 and 3 of all modules call for you to pass out the PHQ-9 to group members. Pass out the first page only--the second page is for your information.

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the *last 2 weeks,* how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
		add columns:	+	+

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.) **TOTAL:**

10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

- **Not difficult at all** _____
- **Somewhat difficult** _____
- **Very difficult** _____
- **Extremely difficult** _____

ZT242043

Fold back this page before administering this questionnaire

INSTRUCTIONS FOR USE

for doctor or healthcare professional use only

PHQ-9 QUICK DEPRESSION ASSESSMENT

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment on accompanying tear-off pad.
2. If there are at least 4 ✓s in the blue highlighted section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.
3. ***Consider Major Depressive Disorder***
   —if there are at least 5 ✓s in the blue highlighted section (one of which corresponds to Question #1 or #2)

   Consider Other Depressive Disorder
   —if there are 2 to 4 ✓s in the blue highlighted section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician and a definitive diagnosis made on clinical grounds, taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient. Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying PHQ-9 Scoring Card to interpret the TOTAL score.
5. Results may be included in patients' files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

PHQ-9 SCORING CARD FOR SEVERITY DETERMINATION

for healthcare professional use only

Scoring—add up all checked boxes on PHQ-9

For every ✓: Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

CERTIFICATE OF ACHIEVEMENT

Achievement Award

Congratulations!

_____

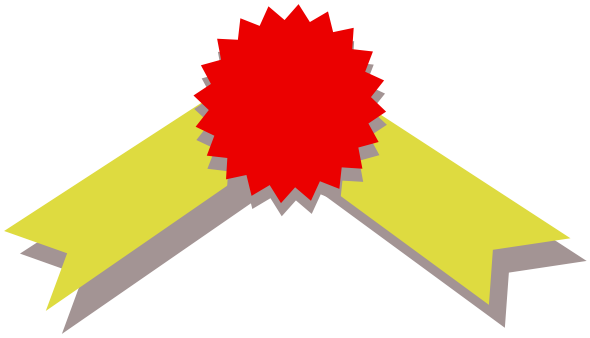
[name]

You have successfully completed

Group Cognitive Behavioral Therapy for Depression (CBT)

_____

[date]



_____

[Group Leader signature]

_____

[Group Leader signature]

How this CBT program was started

The first version of this treatment program was developed for a study to see if the program could be helpful to people who were suffering from depression. The study was directed by Peter M. Lewinsohn, Ph.D., Ricardo F. Muñoz, Mary Ann Youngren, and Antonette Zeiss. These four authors of the original guidebooks combined them into one guidebook and published them as a self-help book titled "Control Your Depression." The book was published by Prentice Hall in 1978. The authors revised the book and it was published again in 1986. Muñoz then adapted the book in 1983 as the Depression Prevention Course, an eight-session program for Spanish- and English-speaking patients at San Francisco General Hospital. A bilingual (Spanish/English) Depression Clinic was founded at the University of California, San Francisco (UCSF)/ (SFGH) in 1985 by Muñoz, Jeanne Miranda, and Sergio Aguilar-Gaxiola.

In 1995, San Francisco General Hospital opened up an outpatient clinic, which included the original Depression Clinic. Now called the Cognitive Behavioral Depression Clinic, it has continued to provide clinical services and training in cognitive behavioral therapy for depression.

OUR THANKS

We would like to thank the original doctors, researchers, and clinicians who developed cognitive behavioral therapy, including Peter M. Lewinsohn. We would also like to thank Albert Bandura, whose books such as "Social Learning Theory" (published by Prentice Hall in 1977) provided good ideas about how to help people gain more control over their lives.

At the San Francisco General Hospital Depression Clinic, many individuals helped shape the treatment approaches used. Among them are Jacqueline Persons and Charles Garrigues. A special thanks to the co-authors of the 1986 version of the CBT guidebook, Sergio Aguilar-Gaxiola, and John Guzmán.

Thank you to our colleagues at the RAND Corporation. Kate Watkins provided subject matter expertise and helpful review of the guidebooks. Michael Woodward's imaginative use of graphics complements the original art work and makes the books more interesting and easier to use.

We also wish to thank David Burns. The categories of thoughts in the "Thoughts" module are adapted from his book "Feeling Good: The New Mood Therapy," Morrow, 1980.

The idea of doing an experiment in the "Examine the Evidence," exercise in "Thoughts" was adapted from the manual "Cognitive Behavioral Therapy of Depression" by Kaiser Medical Center, Department of Psychiatry, San Francisco, January 1999.

The "Yes, But" exercise in "Thoughts" was developed by Kurt Organista, Ph.D. at the SFGH Depression clinic.

The goal setting activity in the "Activities" module is adapted from the "Going for the Goal" Program, written by Steven J. Danish, et al., Virginia Commonwealth University, Department of Psychology, 1992.

The "My Rights" statements in the "People" module are adapted from "Treating Alcohol Dependence" by Peter Monti, David Abrams, Ronald Kadden, & Ned Cooney.

The exercise called "How Do the People in Your Life Support You?" in People was adapted from Brugha's "Preparing for Parenthood" manual (1998).

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