GROUP LEADER'S MANUAL

Building Recovery by Improving Goals, Habits, and Thoughts

A Group Cognitive Behavioral Therapy for Depression in Clients with Co-Occurring Alcohol and Drug Use Problems

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The research described in this report was sponsored by the National Institute on Alcohol Abuse and Alcoholism and was conducted in RAND Health, a division of the RAND Corporation.

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Leader's Introduction



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Preface

The purpose of this manual is to assist practitioners and programs in implementing Building Recovery by Improving Goals, Habits, and Thoughts (BRIGHT). BRIGHT is a manualized group cognitive behavioral therapy (CBT) program for depression in individuals with co-occurring alcohol and drug use problems. The treatment program was developed and evaluated in residential substance abuse treatment programs in Los Angeles County. For more information about BRIGHT's effectiveness, please see Watkins et al. (in press).

We designed BRIGHT so that non–mental health practitioners and practitioners with less formal training than professional mental health counselors could deliver the program with acceptable fidelity, thus providing evidence-based depression treatment to individuals who often do not receive it. Thus, while BRIGHT can be delivered by mental health practitioners with experience in CBT, we also believe that BRIGHT can be implemented by a broad range of practitioners and settings to address the needs of individuals with both depression and alcohol and drug use problems.

Readers may also wish to consider using a related treatment called BRIGHT-2 (Hepner et al., 2011b; Osilla et al., 2009). While BRIGHT is designed to treat depression in individuals with co-occurring alcohol and drug use problems, BRIGHT-2 is a more integrated treatment designed to treat *both* depression and alcohol and drug use problems.

We would like to thank the many individuals who contributed to this manual, including Michael Woodward for his imaginative use of graphics that complement the original art work and make the books more interesting and easier to use; Elizabeth Gilbert, Ph.D., for thoughtful review and editing; and Lynn Polite and Catherine Chao for formatting. Finally, BRIGHT is an adaptation of an existing treatment manual of group CBT for depression (Muñoz et al., 2000). We are grateful to the original authors, who allowed us to build on their work to address the needs of individuals with co-occurring depression and substance abuse.

This manual has three parts: a group leader's introduction, a session-by-session group leader manual, and a group member's workbook.

This work was sponsored by the National Institute on Alcohol Abuse and Alcoholism (Grant number R01 AA014699). The research was conducted within RAND Health, a division of the RAND Corporation. A profile of RAND Health, abstracts of its publications, and ordering information can be found at www.rand.org/health.

TABLE OF CONTENTS

INTRODUCTION TO THE BRIGHT TREATMENT MANUAL 1

HOW BRIGHT WAS DEVELOPED 3

WHAT ARE THE BEST TREATMENT SETTINGS AND TYPES OF PATIENTS FOR BRIGHT? 4

HOW TO USE THE MANUAL 5
- THIS "GROUP LEADER'S INTRODUCTION" 5
- GROUP MEMBER'S WORKBOOK 5
- GROUP LEADER'S MANUAL 5

ORGANIZATIONAL SUPPORT AND TRAINING 7

GROUP LEADERS 8
- TRAINING FOR GROUP LEADERS 8

THE IMPORTANT ROLE OF A SUPERVISOR 10

WHAT IS DEPRESSION? 11
- SYMPTOMS OF DEPRESSION 11
- CAUSES OF DEPRESSION 12
- DEPRESSION AND SUBSTANCE ABUSE 13
- SCREENING AND SELECTING GROUP MEMBERS 13

WHAT IS COGNITIVE BEHAVIORAL THERAPY? 15

BRIGHT STRUCTURE: FOUR MODULES WITH FOUR SESSIONS EACH 17
- OUTLINE FOR EACH SESSION 17
- CO-LEADING AND PREPARING FOR GROUP 18
- USING THE TIME WISELY 19

TECHNIQUES FOR TALKING WITH GROUP MEMBERS 22
- OPEN-ENDED QUESTIONS 22
- EXAMPLES OF OPEN-ENDED QUESTIONS 23
- RESTATING 24
- REFLECTING FEELINGS 25
- SUMMING UP THE PROBLEM 25
- DON'T FORGET TO CHECK IN WITH GROUP MEMBERS 26

MANAGING THE GROUP 27
- GROUP STRUCTURE 27
- CONTACT GROUP MEMBERS BEFORE THEIR FIRST SESSION 29
- WHAT TO DO IF GROUP MEMBERS MISS THE FIRST SESSION 30
- CONFIDENTIALITY IN THE GROUP 31
- FRIENDSHIPS AMONG GROUP MEMBERS 32
- CHALLENGES OF ADDING NEW MEMBERS WHILE THE GROUP IS IN PROGRESS 33
- WHAT TO DO WHEN GROUP MEMBERS ARRIVE LATE 33
- REACH OUT TO GROUP MEMBERS WHO HAVE MISSED SESSIONS 34

WHAT TO DO IF GROUP MEMBERS DON'T GET ALONG 35
WHAT TO DO IF A GROUP MEMBER EXPRESSES STRONG EMOTIONS 36
WHAT TO DO IF A GROUP MEMBER USES SUBSTANCES 37
WHAT TO DO WHEN A GROUP MEMBER EXPRESSES SUICIDAL THOUGHTS OR PLANS 39
WHAT TO DO WHEN A GROUP MEMBER EXPRESSES THOUGHTS OR PLANS OF HARMING OTHERS 41
THE IMPORTANCE OF PRACTICE 41
GROUP MEMBERS SHOULD TAKE CREDIT FOR PRACTICING CBT SKILLS 42
WHAT TO DO IF A GROUP MEMBER IS NOT DOING THE PRACTICE ACTIVITIES 42
AVOID APPLYING CBT LESSONS TOO BROADLY 43
WHAT TO DO IF A GROUP MEMBER IS NOT MAKING PROGRESS WITH CBT 45
MEET INDIVIDUALLY WITH EACH GRADUATING GROUP MEMBER 46
ALLOW THE GROUP TO SAY GOODBYE TO GRADUATING GROUP MEMBERS 47

SUPPLIES YOU WILL NEED 49

THE PHQ-9 DEPRESSION MEASURE 51

CERTIFICATE OF ACHIEVEMENT 54

ADDITIONAL THANKS 56

APPENDIX: PRE-GROUP ORIENTATION FORM 57

REFERENCES WE USED TO PUT THIS MANUAL TOGETHER 63

BRIGHT PUBLICATIONS 66



THANK YOU for your interest in the BRIGHT Cognitive Behavioral Therapy (CBT) program. This program is designed to treat depression in people who also have alcohol and substance abuse problems. 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.

INTRODUCTION TO THE BRIGHT TREATMENT MANUAL

This Group Leader's Introduction is one of a series of resources that serve as practical resources for implementing the BRIGHT group cognitive behavioral therapy (CBT) program for depression in people with alcohol and drug use problems. We recommend that you **read this Group Leader's Introduction module first**, as it will provide initial background about the treatment approach as well as guidance on how to use the other resources.

The name BRIGHT refers to Building Recovery by Improving Goals, Habits, and Thoughts. Goals, habits, and thoughts are key treatment targets in a cognitive behavioral therapy approach. The BRIGHT manual provides direct instruction on how to use effective cognitive behavioral techniques to improve clients' outcomes, particularly in terms of increased mood stability and sobriety.

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. There are many CBT treatment manuals available for the treatment of depression and/or substance use (as well as for many, many other types of problems). However, unlike other CBT treatment manuals, which are geared toward professionals with advanced graduate training or those who already have considerable expertise in cognitive behavioral therapy, the BRIGHT manual is intended for use by a wider audience of treatment providers. The authors believe that CBT can be presented successfully by a broad group of people—nurses, social workers, substance abuse counselors, and other caring, committed people. This manual

is intended to help more practitioners deliver group CBT, as well as serve as a user-friendly resource for more experienced CBT practitioners.

BRIGHT is designed for use by a broad range of practitioners, including both practitioners who are new to CBT or treating depression and more highly experienced, licensed CBT practitioners. The BRIGHT manual, however, was designed specifically to provide the additional support that many practitioners may need when first implementing CBT for depression. Thus, throughout the BRIGHT materials, we encourage the new BRIGHT counselor to receive supervision or consultation from an experienced CBT supervisor.

The following BRIGHT resources are available:

Group Leader's Introduction (this module)

Group Leader's Manual (4 modules)

- Module 1: "Thoughts and Your Mood"
- Module 2: "Activities and Your Mood"
- Module 3: "People Interactions and Your Mood"
- Module 4: "Substance Abuse and Your Mood"

Group Member's Workbook (4 modules)

- Module 1: "Thoughts and Your Mood"
- Module 2: "Activities and Your Mood"
- Module 3: "People Interactions and Your Mood"
- Module 4: "Substance Abuse and Your Mood"

All nine of these resources are needed to fully implement the BRIGHT CBT Program. More information about the structure of the treatment is included later in this Introduction.

How BRIGHT was developed

The first version of this treatment program was developed as a set of three manuals for a research study to see whether the program could be helpful to people who were suffering from depression. The study was directed by Peter M. Lewinsohn, Ricardo F. Muñoz, Mary Ann Youngren, and Antonette Zeiss at the University of Oregon (Zeiss, Lewinsohn, & Muñoz, 1979). The authors of the original manuals combined them and published them as a self-help book titled "Control Your Depression" (Prentice Hall, 1978; revision published in 1986). The book was the source of several versions of this approach developed as treatment and prevention manuals at San Francisco General Hospital, a teaching hospital of the University of California, San Francisco (Muñoz & Mendelson, 2005). BRIGHT and BRIGHT-2 were adapted from 2000 version of the group cognitive-behavioral treatment manual for depression developed by Professor Ricardo F. Muñoz and colleagues (Muñoz, et al., 2000).

WHAT ARE THE BEST TREATMENT SETTINGS AND TYPES OF PATIENTS FOR BRIGHT?

BRIGHT is intended for use in outpatient and residential substance abuse treatment programs as a **treatment for depression** in clients who have elevated levels of depression symptoms. BRIGHT clients are expected to receive treatment for substance abuse via another intervention method.

Another closely related treatment approach, also developed by our intervention team, is called BRIGHT-2 (Hepner et al., 2011b). **BRIGHT-2** is an 18-session **integrated group treatment for *both* depression and substance abuse**. Thus, while BRIGHT is a 16-session treatment **solely for depression** in individuals who also have substance abuse problems, BRIGHT-2 is a treatment for both depression and substance abuse.

BRIGHT can be implemented in a variety of settings, including outpatient or residential substance abuse treatment and community mental health centers. Less ideal settings for the group include those settings with philosophies or approaches that are not complementary or that are in direct conflict with CBT. For example, it might be disorienting for group members to attend a CBT for depression group in treatment settings where a confrontational addiction therapy is the primary treatment modality. In CBT, trying to "break someone down" or "break through defenses" is seen as counterproductive and possibly harmful, particularly in cases where clients are also depressed.

How to use the manual

This "Group Leader's Introduction"

This 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 Member's Workbook

The **Group Member's Workbook** goes through the CBT lessons. Group members are encouraged to write in their books and will keep their books when they finish CBT.

Group Leader's Manual

The **Group Leader's Manual** includes the same material provided to group members, except that it also includes instructions, highlighted in shaded text boxes, to help you present the CBT material.

- Every box is labeled "Leader Tips."
- The "Leader Tips" boxes do not appear in the Group Member's Workbook.
- In the Group Leader's Manual, 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 Workbook 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 Workbook: Page 22

1. **Review** the key messages.
2. **Say:** *Which of these key messages will be most helpful?*
3. **Lead** a group discussion.

Organizational Support and Training

Successful implementation of BRIGHT requires strong organizational support for initial training and ongoing supervision of group leaders. The substantial commitment of time and effort required, particularly for counselors learning to become new BRIGHT group leaders, necessitates organizational flexibility in the form of release time and work support for counselors. Further, it is crucial to ensure that systems are in place for integrating BRIGHT into the usual care provided by the treatment site. For example, staff not directly involved in the delivery of BRIGHT should be made aware of what the treatment involves, the types of clients appropriate for referral to the treatment, and how the treatment can complement other services that clients typically receive. Presentations to staff of improved client outcomes provide another means to obtain broad-based staff support for the BRIGHT intervention and can help maintain the motivation of counselors delivering the intervention.

GROUP LEADERS

We recommend that BRIGHT be conducted with two group leaders. However, this is a recommendation, not a requirement. We also recommend that group leaders have the following knowledge and skills, either from previous experience or through training received prior to leading the BRIGHT group:

- A good understanding of, and training in, the assessment and treatment of depression and substance abuse.
- Previous coursework or training in psychology, psychiatry, psychiatric social work, nursing, or counseling, and in the principles of CBT.
- Specific training in the use of BRIGHT from a licensed mental health professional.
- A plan for supervision or consultation from a licensed mental health professional who has experience with CBT and with working with people who are depressed.

Group leaders can be employed at the treatment site or can be brought in from outside the treatment site to deliver only the BRIGHT intervention. CBT works best if the same leaders stay for the entire 16-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.

Training for Group Leaders

Experienced licensed mental health professionals with training in CBT for depression and substance abuse may be able to implement BRIGHT without additional training and supervision. However, it is expected that counselors and other providers with less CBT and mental health treatment experience will receive training and supervision before implementing BRIGHT.

We have documented our recommended training approach elsewhere (Woo et al., under review). This training approach includes an intensive two-day, in-

person training that serves as a comprehensive introduction to BRIGHT and the principles of CBT, as well as ongoing weekly supervision until the group leaders have mastered the approach. The two-day intensive training includes information on depression (e.g., symptoms, relationship with substance abuse, assessment of, impact on clients' presentation in group) and introduces basic CBT concepts (e.g., the interrelationship between thoughts, activities, and mood; assignment of homework activities to clients). CBT-specific competencies that are essential to develop through training include (1) gaining comfort in explaining the CBT model, (2) collaborating vs. advice giving, (3) following a session agenda and staying present-focused, (4) learning ways to individually tailor the treatment, and (5) utilizing behavioral principles in group. Please visit the BRIGHT website for the latest information on training resources (http://www.rand.org/health/projects/bright.html).

THE IMPORTANT ROLE OF A SUPERVISOR

As discussed above, it is important that group leaders are supervised by a licensed mental health professional (psychiatrist, psychologist, or licensed clinical social worker) who is knowledgeable about BRIGHT, CBT, and treating clients with depression. 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.

While supervisors do not have to be employed at the same site as group leaders, supervisors should provide emergency phone numbers and the names of backup professionals and their phone numbers, in case a group leader needs help immediately or after hours. 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. How to handle situations in which a group member indicates that he or she is having suicidal or violent thoughts is discussed in further detail below in the "Managing the Group" section.

Supervisors can also help determine which patients might benefit the most from CBT and thus should be included in group therapy, as well as those who should *not* be included in a group. Information regarding screening and selecting clients for BRIGHT is discussed in the next section.

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 listed 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

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. In the example below, two people respond differently to getting divorced; 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. Depression can make the person's medical situation worse—depressed people are less able to take care of themselves, which means that it takes them longer to recover from a physical illness.

Depression and Substance Abuse

Depression is even more common among people who abuse drugs and alcohol. People with substance abuse problems are two to four times more likely to have depression than people who do not abuse substances. Of all the people that seek treatment for substance abuse, an estimated 35–40% also have depression. If a person who has depression gets treatment for it, the person is more likely to be able to get sober and stay sober.

A note on terminology: In the BRIGHT materials, when we refer to "relapse," we are referring to a relapse in depression symptoms. In cases where "relapse" is meant to refer to a return to substance use, this is made explicit.

Screening and Selecting Group Members

BRIGHT is a treatment for depression in clients who also have alcohol or drug use problems. There are several ways to screen for depression and track a person's progress as he or she begins to feel better. BRIGHT uses two measures that are built into the treatment modules—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 this Group Leader's Introduction. The Quick Mood Scale is included in the Group Member's Workbook.

The PHQ-9 is a useful tool to assess a person's level of depression symptoms and can help to decide whether they would be appropriate for BRIGHT. We recommend that clients have a score of 5 or higher (corresponding to at least mild depression symptoms) to be invited to participate in BRIGHT. A particular setting may decide to allow clients with lower scores on a case-by-case basis (e.g., if a client has a history of depression). In some settings, clients may undergo formal psychological assessment and diagnosis prior to group referral. In these cases, clients who are diagnosed with major depression or even clinically significant symptoms of depression would be appropriate for BRIGHT. Clients may have other co-occurring disorders (e.g., anxiety disorders, eating disorders) and this typically does not prevent them from benefiting from BRIGHT (though some exceptions are listed below). Note that BRIGHT does not require the client have a diagnosis of depression. We

believe a symptom screening using the PHQ-9 is more feasible for many treatment settings, rather than requiring a diagnosis.

Because BRIGHT is not designed to directly address clients' alcohol and drug use problems, we recommend that they receive an alcohol or drug use intervention or be a client at an outpatient or residential drug use program.

We believe that the following types of clients *may not* benefit from BRIGHT:

- People with bipolar disorder who are not taking medication to treat their bipolar condition.
- People who suffer from psychosis. This means people who hallucinate, have delusions, or have extreme disorganization of thoughts or behavior. Some people who have psychosis may be diagnosed with schizophrenia or a related illness.
- People who are still using alcohol or drugs so frequently that they are unable to come to group without being under the influence. The supervisor may require that an individual be abstinent for a certain period of time before he or she is eligible to join the group.
- People who have cognitive impairment that significantly interferes with their ability to communicate or learn.
- People who are very hostile or have severe behavioral problems that would be difficult to manage in a group setting.

WHAT IS COGNITIVE BEHAVIORAL THERAPY?

Cognitive Behavioral Therapy (CBT for short) is an approach to treating depression. While CBT can be used with individuals or groups, BRIGHT is designed to be a group therapy.

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 such activities as taking a shower or going to a movie, as well as 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 certain unfortunate circumstances in their lives don't change. Instead of being something that is perceived as uncontrollable, depression becomes something that can be managed.

It's important to explain to your group members how BRIGHT will help them feel better. The treatment manual guides you to provide the following information to group members:

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

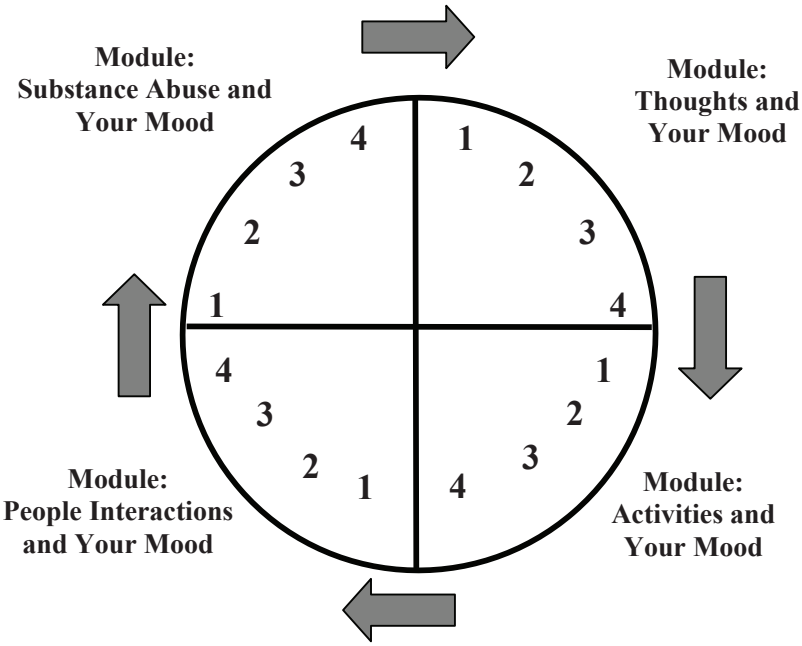
- CBT can benefit almost everyone. Even when we are not especially aware of it, we are having thoughts that influence how we feel. If you can think in ways that are helpful, you will begin to feel better.

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

- Staying sober is more difficult if you still feel down after getting sober. This treatment will help you stay away from drugs or alcohol by giving you ideas about how to improve your mood.

BRIGHT STRUCTURE:
FOUR MODULES WITH FOUR SESSIONS EACH

BRIGHT 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 workbook.



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

Co- Leading and Preparing for Group

There are some points that are helpful to keep in mind when you are working with another group leader in conducting the BRIGHT CBT group:

1. **Plan ahead:** One of the most important things you can do to help make a session run smoothly is to carefully review the session in your manual well before group and then meet with your co-leader to plan how you will divide up reviewing material, leading exercises, and so on. This not only makes it easier on the two leaders, but it also makes for a more polished and professional presentation to the group.

2. **Try to divide tasks evenly:** It's important for group members to see both of the counselors who are leading the group as active and invested in the group.

3. **Don't discuss conflicts or disagreements with one another in front of the group:** Another advantage of reviewing the session material with your co-leader before group is so that you can both be clear that you are on "the same page" (you have a similar understanding of what needs to be covered in each group, how the material might relate to specific members, etc.).

    a. However, it's possible that during a group session your co-leader will handle a situation differently than how you would handle it. You might disagree with how your co-leader said or did something.

    b. It's important to communicate with your co-leader about this, but the place to do this is after the group and/or in supervision, not in front of group members.

    c. In the group it's okay to do things like add on a comment to what your co-leader has said if you think he or she missed an important point, but you want to avoid openly disagreeing with your partner or criticizing what he or she did or said. This may be uncomfortable for group members to see, and they might not feel comfortable or safe in the group if they think the leaders aren't getting along.

4. **Communicate!** Remember that an effective partnership is one where people communicate. The points we've talked about so far all relate back to the central idea that open, clear lines of communication will help you and your co-leader run the group smoothly.

    a. Try to make time to talk about how the group is going with your co-leader.

    b. We've already discussed the importance of planning ahead before group, but it's also important to talk with your co-leader about how the group went after a session is over, to "de-brief" with one another, to plan what you want to discuss in supervision, etc.

    c. This kind of sharing will help you learn from each other and provides you with support!

Using the Time Wisely

Each session lasts for 1½ 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 1½ 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 asking careful questions and by listening carefully to what group members say. The following techniques encourage group members to open up and show warmth and concern.

Open- Ended Questions

Open-ended questions encourage the client to provide more information, while closed-ended questions invite brief responses such as “yes” or “no.” By asking more open-ended questions, you invite the client to share more about his or her experiences. See the next page for some examples.

Examples of Open- Ended Questions

Checking- in with the client

- How is that working for you?
- How does that sound? Do I have that right?
- What gets in the way (of practice)?
- How might you practice that at home or keep that going?

Connecting the client's thoughts, behaviors, and interactions with their mood and recovery

- How did/does that impact your mood/recovery?
- How helpful is that [thought, activity, interaction] in improving/ supporting your mood/recovery?
- What do you notice about the connection between your [thoughts, activities, interactions with people] and your mood?
- What do you notice about the connection between your [thoughts, activities, interactions with people] and your recovery?

Identifying thoughts

- What was going through your mind as you were feeling [sad, angry, etc.]?
- What other thoughts did you have in this situation?
- If that thought were true, what would that say about you?
- What does that mean to you?

Emphasizing options

- What could you have done differently to improve your mood and support your recovery?
- What are some other options you might want to consider?
- What are the consequences of that behavior [or of that option]?
- How could you think about this situation differently?

Building client self- efficacy

- What does it mean to you that you were able to make that change?
- What helped you to be able to do that?
- What did you learn from doing that activity?
- What was it like to try that?
- What is the next step for you?

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.

3. Group member statement: Life without alcohol is just no fun. I haven't had a good time since I stopped drinking.

> *Group leader's restatement*: So, you're saying that you really haven't had any fun since you stopped drinking.

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.

3. Group member statement: I figured that when I quit using drugs, I'd feel a lot better about myself, but I don't.

> *Group leader's reflected feeling*: It sounds like you are feeling discouraged.

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

Group Member's Statement: I just don't know how to face taking care of the kids and cooking dinner after putting in a long, hard day at the office. I mean I love my kids and I like being home, but it's just daunting. When I'm busy I don't think about how lousy I feel, but when I leave the office my mood drops. I don't know…driving home half of the time I just want to stop by a liquor store and get loaded and the other half of the time I just feel tired and numb and want to crawl into bed.

Group Leader's Statement: 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 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.

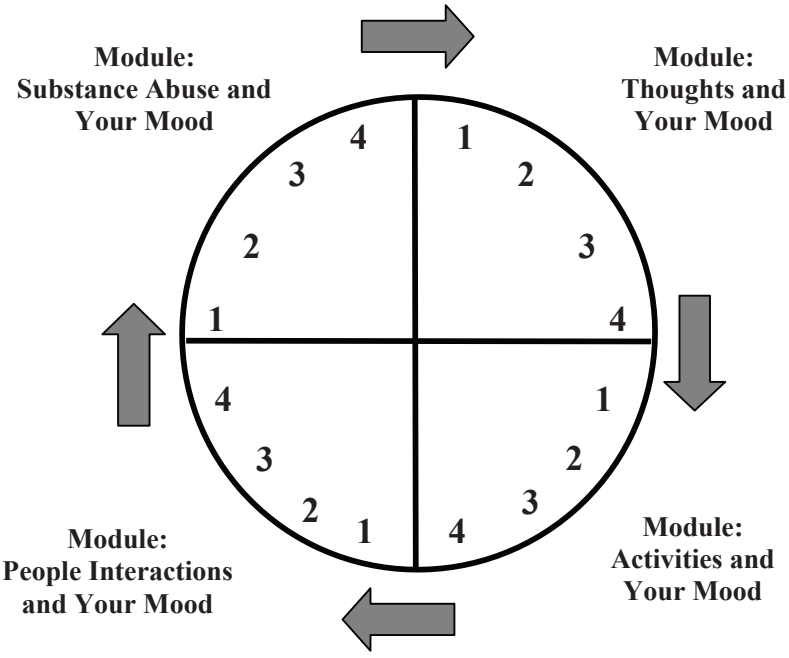
Don't Forget to Check In with Group Members

For most of us, our brains wander after about 20–30 minutes of listening. Make sure to periodically scan the group and check out group members' expressions and body language. Are they looking away, doodling in their workbooks, or in some other way showing that their attention is wandering? One strategy that can help keep group members with you is to stop often and ask group members questions. You could say: "*What have you found most helpful in the past 30 minutes? How does the information relate to your recent experiences?*" Remind group members that they are welcome to write notes to themselves in their workbooks.

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 16 sessions, but the four modules are independent of each other, so 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 16-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, or Substance Abuse 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 firsthand 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. For people who have abused substances, in particular, their relationships with old friends may be troubling if the friends are still using. 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.

If you wish, you can use the "Pre-Group Client Orientation Form" (on page 58) to help structure an initial individual orientation session with a group member. The form includes suggested questions to ask as well as specific points to make about the CBT group.

During your first contact with new group members, ask them whether they know other group members. Talk with your supervisor ahead of time about this possibility, find out whether 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.

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. Asking about prior treatment experiences may also help to get around barriers the group member may have about going to group. 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 did they like or dislike? What barriers might get in the way of attending all the group meetings?
- 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 may be hard to share during the first few sessions of the group?
- What questions do they have?

Each group member may be at a different point in the recovery process. You may choose to talk openly with individual group members about how ready they are to change their alcohol or drug use habits. You could say:

> *"We understand that you may have a lot of feelings about what it means to stop drinking or using and to be sober. You may think that giving up alcohol or drugs is a good thing and will make your life better. But you may also worry about what life will be like when you are sober and what will change. It is important to explore both sides of this issue."*

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 to stay after.

Confidentiality in the Group

During the first session of each module, group rules are reviewed. One particularly important rule is rule #3, "Maintaining the confidentiality of the group." This rule is repeated below. Notice that the rules include explicit permission for group leaders to regularly share information with each other and with their supervisor, and also to share information with the group member's doctor or others if they think that the client's health or safety is at risk. The group rules also outline the legal limits to confidentiality (e.g., danger to self or others, and cases of child/elder/dependent adult abuse).

The group rules regarding confidentiality listed in the first session of each module are meant to be a general guide. Talk with your supervisor regarding other confidentiality issues that may arise at your site and how they may be handled. For example, if a group member in the group reports using substances, is this information that the organization requires to be reported to all members of the group member's treatment team or is this something that can remain confidential? At some organizations, only the information that a client is attending a group for depression may be shared with treatment providers other than the group leaders and the supervisor. In other organizations, you may function as part of a treatment team and may share information with other providers in that team. Be sure to inform the members of the group of the specifics regarding how confidentiality issues will be handled at your site.

Here is the excerpt from the Group Leader's Manual and Group Member's Workbook regarding confidentiality**.**

"3. Maintain the confidentiality of the group.
Please do not share what you hear in the group with anybody else. Likewise, group leaders will not repeat what you say. There are three exceptions.



First, your group leaders share information with each other and with the licensed mental health professional that is supervising the group.

Second, if group leaders hear something that makes them think your health or safety is in danger they will talk with your doctor or others.

Finally, by law, a group leader must report:

- If a child or dependent adult is being abused or neglected.
- If an older adult is being abused or neglected.
- If someone is in danger of hurting himself or herself or someone else."

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:

- Helps ensure 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.

(**Note:** If your group members live together in a residential treatment setting, they will know each other and likely will have formed friendships, so this guidance will not be practical. However, you can encourage group members to respect and protect the privacy of one another.)

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.

What to Do If a Group Member Expresses Strong Emotions

It is likely in the course of leading the BRIGHT group that group members may express strong emotions such as despair or rage. The way you respond in these moments will of course depend on the emotion and the situation. However, some suggestions for responding to strong emotions are outlined here:

- Do not ignore the group member expressing the emotion (whether it is someone crying or someone fuming with anger). Instead empathetically acknowledge the group member's experience and ask if they would like to or share their experience with the group or talk outside the group with one of the co-leaders. For example, to someone crying, you may wish to say "[Group member's name], I noticed that you are crying. I'm sorry to see that you're so upset. Would you like to share what is going on with the group or would you prefer to come outside with me for a few minutes so we can check in?" There are special circumstances where it might be more appropriate to simply ask the group member to talk outside the group for a few minutes to check in. For example, if you notice that the group member is actively trying to hide their emotions (e.g., by burying their face in their workbook and pretending to read), this may be an indication that they may become embarrassed if their emotional state were immediately brought to the attention of the group. As a general rule, group members should be encouraged but not required to share their private experiences with the group.
- Do set appropriate limits so that the group experience can be beneficial for everyone. For example, if a group member is very angry and bangs fists on the table, acknowledge that you see that he or she is very angry, but that the banging is disturbing to other group members, so this behavior needs to stop. You may also want to invite him or her to take a break for a few minutes from group.
- Do encourage the group member expressing the strong emotion to use CBT skills to cope with his or her experience. When relevant, invite the group member to work with the emotion using the planned group exercises. You may also ask the person experiencing the emotion if they

can think of a CBT skill that has already been covered that might be helpful to them that day, or gently suggest one of these skills.

- Help the group member connect to their individual therapist (if he or she has one) or another provider in his or her treatment team for support.
- Check in with the group member regarding accessing other social support. Problem-solve with the group member regarding how to get the support they need during what appears to be a challenging time for them.
- Assess for suicidality if the person appears distraught or has a history of suicidal thoughts or actions.
- Continue to stick to the agenda for the group even if one of the individual members may be very upset and may need to leave the group for a while with you or your co-leader. Sadness and other strong emotions are common in depression and in a group therapy experience (as well of course in the human experience) and should not be taken as signals to significantly change the group format or content (e.g., do not turn the group into a crisis management session for an individual member).

What to Do If a Group Member Uses Substances

Organizations vary in whether group members may continue to attend the groups if they use drugs or alcohol (in the days leading up to the group). Check with your organization and ensure that your group members understand the policy within your setting. However, group members may never attend the BRIGHT sessions *while intoxicated*.

If a group member who had a recent relapse to substance abuse (but is not currently intoxicated) attends your CBT group, it is important to do the following:

- Be nonjudgmental and non-blaming, but do express concern regarding the client's health and well-being. Do not criticize the behavior of the group member or allow other group members to chastise the group member for using drugs.

- Do not allow this client (or any other client) at any time during the course of the group to romanticize the use of drugs or directly encourage others to use drugs. If this occurs, quickly respond and let the client know that this type of communication is not tolerated in the group, as it may be harmful for other group members who are working on their sobriety.
- Within the structure of the group that day, encourage the group member to use the CBT techniques to support their sobriety.
- Be particularly alert to any signs that the client may be suicidal, as current substance abuse heightens the risk of suicide for people who are depressed.

Cases where you find that a group member has in fact arrived to group intoxicated deserve special mention. If you see signs that a group member has arrived to group intoxicated, either you or your co-leader needs to step out of the room with the client for a private meeting. In this meeting, the group member should be informed that, while you are glad that they made the effort to come to the session, they will have to wait until next session to participate because they appear to be intoxicated. As above, be careful not to shame the client for using substances or for coming to group. We also recommend that you consider implementing the following suggestions to address an intoxicated group member:

- If the group member is an outpatient treatment setting, make sure that he or she has a safe way home (i.e., make sure they don't drive intoxicated).
- Assess whether the group member may be returning to a situation where they are at high risk for using more of the substance. For example, ask the client where they are going and, if this is a high-risk situation, encourage them to go somewhere else where they would be less likely to use. If the client reports having substances at their home, ask them if they have a friend or relative who would be willing to dispose of the alcohol or other drug they have at their home or whether they would be able to do it themselves.

- If the client is sober enough to talk with you, instill hope in the client by reminding them that for most people there are slips on the way to sobriety and that they can reestablish their sobriety by choosing to avoid substances for the rest of the day.
- If they have already been in BRIGHT for several sessions when this incident occurs, remind them of the relevant CBT skills to help them produce more helpful thoughts, activities, and people interactions to support their recovery.
- If possible, arrange support and help for the client in regaining sobriety. For example, encourage the client to talk to his or her drug counselor or individual therapist or AA sponsor, as applicable. Remind the client that you want the BRIGHT group to also be a source of support for their sobriety and that you hope that they will come to the next session.
- Your organization may also have other guidelines regarding how to help clients who have recently used substances to which you may need to refer in these situations.

What to Do When a Group Member Expresses Suicidal Thoughts or Plans

Clients with substance abuse problems and depression are a high-risk group for suicide. The science of predicting who may try to take his or her own life and the best intervention strategies for helping suicidal clients continue to evolve. If you are receiving supervision, consultation with your supervisor regarding how to handle suicidal clients at your site is essential before your first contact with any client who may be entering the BRIGHT group. Be sure that you are knowledgeable about the step-by-step guidelines for handling instances of suicidal ideation at your site, including after hours procedures. In general, if the suicidal ideation is expressed by a group member during the group time, at least one of the group leaders needs to meet privately with the group member either during the group (while the other group member leads the group) or immediately after. For some sites, the next step may include contacting the group member's primary individual counselor at a residential treatment center to coordinate care. In these cases, sometimes a hand-off is arranged where one group leader stays with the group member until the individual counselor is available to further assess the client. For other sites, the group leaders may be

in charge of conducting a more thorough suicide assessment prior to treatment planning or referral.

As part of the BRIGHT program, there is a regular assessment of depression symptoms, including suicidal thoughts, through the Patient Health Questionnaire-9 (PHQ-9). Item number 9 on the PHQ-9 directly assesses suicidal ideation by asking "How often in the past 2 weeks have you had the following problems… thoughts of harming yourself or that you would be better off dead?" Every time this questionnaire is administered in the group, it should be immediately reviewed to determine whether there may be need for further assessment of suicidality. Any group member's answer that indicates that he or she has been having suicidal thoughts deserves further timely assessment, either during group or immediately following group.

Low scores on the Quick Mood Scale that is completed weekly by group members should also trigger further assessment of suicidality. For example, if you notice that there are 1s, 2s, and 3s on a group member's completed mood scale, this might be a sign to further assess suicidality. In these cases, the typical procedure is for one group leader to set a time to talk with the with group member immediately after group. In this meeting, tell the group member that you are concerned about them because of the low mood they reported on the Quick Mood Scale and that you wanted to make sure that they are going to stay safe and have the support they need before the next group. Directly inquire in this meeting regarding suicidality. For example, you may wish to ask "Have things been so bad that you have been having thoughts about harming yourself or that you'd been better off dead?" Remember that asking about suicide **does not** increase the risk of suicide and that finding out about suicidality can give you an opportunity to help the client. If the client does report suicidal thoughts, immediately contact your supervisor and follow the procedures for handling suicidal clients that you and your supervisor have discussed prior to the group starting.

While different group leaders' scopes of clinical practice and different sites' institutional rules regarding handling suicidal behavior may vary, there are some common sense procedures for imminently suicidal clients (e.g., those who have expressed a specific immediate plan for self-harm) that generally apply at most sites. These include keeping the imminently suicidal client in direct observation while contacting your supervisor or seeking professional help

immediately for the client (or having a colleague seek help). In cases where an imminently suicidal client refuses to stay with a staff member and leaves the premises, you should immediately contact an emergency service, such as the police, 911, or, in some cases, a Psychiatric Emergency Team. All states in the United States acknowledge that cases of imminent self-harm limit patient confidentiality. The limits to confidentiality are discussed in the "Group Rules" section in the first session of every module in the BRIGHT CBT Program. In these cases, swift action to protect the client typically involves, at minimum, divulging to law enforcement or other essential emergency personnel details regarding the client's suicidal status and whereabouts.

What to Do When a Group Member Expresses Thoughts or Plans of Harming Others

If you are receiving consultation or supervision, talk with your supervisor about how to handle situations in which a group member is in danger of harming someone else. It is essential to have plan for handling these situations before starting the BRIGHT group. If this type of situation arises, contact your supervisor as soon as possible. As reviewed in the "Group Rules" section at the beginning of each BRIGHT module, communication regarding intention to harm others cannot be kept confidential. Health care practitioners have a duty to warn an intended victim and may have a duty to take other steps to prevent violence. Review and be knowledgeable about the relevant governmental and professional guidelines regarding working with homicidal and other potentially violent clients that pertain to your practice.

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 or she can't do anything right. Point out that he or 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 or she chose to come to the session whether or not he or 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, for example, turn somebody into a brand new person or cure homelessness.

Feeling Guilty for Letting Oneself Be Depressed

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.

  It 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 this is 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; CBT 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 or increased risk for use alcohol or drugs.

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 BRIGHT (he or she will have completed all four BRIGHT 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 workbooks (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 management is a continuing process and that 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 with 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, or 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 Manual—one for each of the group leaders.

Group Member's Workbook—at least one for everyone in the group, plus a few extra. Since your groups will consist of about 8–10 people, have about 12–15 workbooks on hand. Group members will take their workbooks 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 workbook. Another way to handle this problem would be to ask the group member who forgot his or her workbook 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 52 in this Introduction.)

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 workbooks.

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

Scissors—3–4 pairs—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.

Certificate of Achievement for graduating group members. On page 59 in this Introduction 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 provides information on scoring and interpretation.

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** _____

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at rls8@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at *http://www.pfizer.com*. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

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

Complete the Certificate of Achievement for each group member and give it to them when they graduate from the group.

Achievement Award

Congratulations!

_____

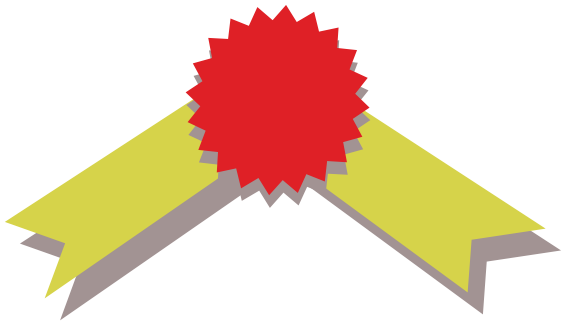
[name]

You have successfully completed

Group Cognitive Behavioral Therapy for Depression (CBT)

_____

[date]



_____

[Group Leader signature]

_____

[Group Leader signature]

ADDITIONAL THANKS

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 manual, Sergio Aguilar-Gaxiola, and John Guzmán.

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* (1980).

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

The "Yes, But" exercise in the "Thoughts" module was developed by Kurt Organista at the San Francisco General Hospital Depression Clinic.

The goal-setting activity in the "Activities" module is adapted from the "Going for the Goal" program leader manual (Danish et al., 1992).

The "My Rights" statements in the "People" module are adapted from *Treating Alcohol Dependence* (Monti et al., 2002).

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

Appendix: Pre- group orientation form

We recommend that group leaders call new group members or meet with them one-on-one before they attend their first CBT meeting. This form can be helpful in organizing that first conversation.

PRE-GROUP INDIVIDUAL CLIENT INTERVIEW
Orientation Form

PURPOSES OF MEETING:

1. To understand how alcohol/substance use and depression impacts the client's life.
2. To troubleshoot barriers to attending group CBT regularly.
3. To give information and answer any questions about the CBT group.

REVIEW CLIENT'S CHART

This section is designed for the counselor to collect information ahead of the interview. Start the interview on page 2.

Client Name: _____ Male / Female

Age: _____ Ethnic Background: _____

Alcohol/Substance Use:
Drug of Choice: _____ Problem Alcohol Use? ☐YES ☐NO ☐Don't Know
Drugs used: _____
Previous Alcohol/Substance Abuse Treatment? ☐YES ☐NO ☐Don't Know # times?_____
Reason for seeking treatment this time? ☐ Criminal Justice mandate ☐ Friends/Family
☐ Self referral ☐ Child and Family services requirement (i.e., get my kids back) ☐ Other:
_____

Mental Health:
Mental Health History: Prior Treatment? ☐YES ☐NO ☐Don't Know
Diagnosis: ☐YES ☐NO ☐Don't Know Diagnosis: _____
Previous suicide attempt/ideation? ☐YES ☐NO ☐Don't Know Details: _____
_____

Other:
Medical problems? _____
Medications? _____
Interpersonal problems? _____
Abuse history: ☐Physical ☐Sexual ☐Verbal Describe: _____
Legal Problems? _____
Education Level: ☐ 8th grade or lower ☐ some High School ☐ HS School Grad ☐ Don't Know
Issues/Notes:

Note to Counselor: Use this information as a guide. Spend more time on sections that are more relevant to the client and less time on areas that are less important. Each section is meant to be brief and if the client wants to talk more than the time allowed, you can encourage the client to bring his or her concerns to the group or ask the client to talk with their individual counselor. For example, you can say *"I'm glad you brought that up and I think CBT can help with those concerns. In the interest of finishing this session on time, would you be willing to bring those ideas up during our group?"*

1. Welcome and introductions (2 min)

Hi and welcome to the CBT group. My name is ____ and I am one of the counselors that will lead this group. The purpose of today is for us to get to know each other, to give you information about the CBT group, and to give you the opportunity to ask any questions you may have about the group. I'll be asking you some questions and taking notes today, but I want to keep this informal, so feel free to ask any questions you have as we go along today. How does that sound?

2. Current reason for treatment (5 min)

I've had a chance to review your chart, so I have some idea about what led you here. (**Briefly** and specifically summarize your understanding so the client can correct or elaborate on what you say.) *I understand that you came to treatment because _____and that your goals are to_____. Is that correct?*

3. Alcohol/Substance use (5 min)

I understand that your drug of choice is _____? Is that correct?

I'd like to understand more about what you like and dislike about using (drug of choice). *That will help me understand your alcohol/ substance use more.*

What do you like about (drug)? *How about what you don't like?*

Likes	Dislikes

How many days has it been since you last used (drug)*?* _____ *Days*

What has helped you to stay clean/sober? (reinforce healthy behaviors)

4. Depression (5 min)

Tell me more about when you're sad or depressed. What are you like? How do you act, think, and feel differently? (assess severity and impact on functioning)

Were things ever so bad that you thought about hurting yourself? ☐YES ☐NO ☐Don't Know

If YES, assess severity and write down details about past attempts (e.g., where, how, etc.).

5. Past treatment history (5 min)

Have you ever been in alcohol/ substance use or depression treatment before?

Alcohol/substance use treatment ☐YES ☐NO

Depression treatment ☐YES ☐NO

In general, what were some of the things you liked or found ***most helpful*** *about past treatment?*

What did you dislike or find ***least helpful*** (troubleshoot any misperceptions they may have about the group)*?*

6. Orientation to Group (5 min)

We will talk in more detail about the CBT group during the first session, but let me highlight a few things and see if you have any questions. **(Review handout)**

This group will be a commitment. What might get in the way of you attending the group? [Generate ideas and solutions to address these barriers.]

Barriers	*Solutions discussed*

7. Summarize (3 minutes)

(say summary here about what was discussed such as treatment goals, likes/dislikes about substance use, depression symptoms, things the client would like to change, motivators and barriers to treatment, etc.) *Do I have that right? Did I miss something?*

8. End the meeting

Thank you for sharing your experiences with me today. It helps me understand your situation better. I am glad that you have joined the group and I think it will be helpful to you. **(Build hope for the client)**

Do you have any questions before we end today? Remember that you can call me if you have any questions before the group starts. You will join the group on [date]. The group will be on [day, time, and location].

Notes to group leader:

- Dealing with clients who report no/little depression
  - Prevention: *Have you ever been more depressed than you are now? The same skills that you will learn in group have been used in depression prevention program. It is possible that learning new tools will help you to avoid getting more depressed in the future.*
- Dealing with clients who don't know what they will get out of the group or don't think it will help
  - *What might your mood be like if you don't go to the group? What might your mood be like if you go to the group? This kind of treatment has helped others in the past, is it possible that it will help you? Would you be willing to give it a try?*
- Dealing with clients with strong cravings
  - *What has helped you in the past? For example, you're not using right now even though you have cravings, what are you doing now to accomplish that?* (Ask about client's social support, schedule, and focus on going a day at a time – e.g., *What will get you through your cravings until your next appointment at the clinic?*)

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READ WHAT PREVIOUS GROUP MEMBERS HAVE SAID ABOUT THIS GROUP!

"When I feel like a situation is going to anger me, using tools that I've learned (such as "Catch It, Check It, Change It") throughout the different modules, enabled me to handle the situation at hand in a more responsible and caring type of way."

"I've learned how to open up. I learn that there is more than one way to look at things."

"There is no such thing as a stupid question."

"CBT has given me the tools I can use to change my life and be happy and healthy. I can become a responsible person who has freedom from fear. Before, I did not realize I had an option."

"I have realized life isn't what I perceived it to be as black and white; it can be truly beautiful and colorful...if you allow yourself to open up to a new way of life."

"My thought process has changed by allowing me to decide what kind of mood or day I will be having."

"The fear of change was removed through CBT, because I was provided with insight and tools that enabled me to change myself and how I interacted with others. It gave me the power of self- awareness."

"I have learned through these classes the tools for a happier and productive life."

GROUP LEADER'S MANUAL

Building Recovery by Improving Goals, Habits, and Thoughts

A Group Cognitive Behavioral Therapy for Depression in Clients with Co-Occurring Alcohol and Drug Use Problems

Thoughts and Your Mood



RAND HEALTH

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This is your book to keep. Feel free to write in it.

This workbook belongs to:

_____

(Name)

_____

(Date)

TABLE OF CONTENTS

SESSION 1: YOUR THOUGHTS AND MOOD ARE CONNECTED 1

PURPOSE 3

OUTLINE 4

GROUP RULES 5

ANNOUNCEMENTS 7

INTRODUCTIONS 8

WHAT IS DEPRESSION? 10

WHAT IS COGNITIVE BEHAVIORAL THERAPY? 13

HOW DOES CBT TREAT DEPRESSION? 17

HOW HAVE YOU BEEN FEELING? 20

REVIEW 21
- PRACTICE 22
- LAST MODULE 23

NEW TOPIC: THE CONNECTION BETWEEN THOUGHTS AND MOOD 25
- THOUGHTS ARE SENTENCES WE TELL OURSELVES 25
- WHAT YOU THINK AFFECTS HOW YOU FEEL 29
- IDENTIFY YOUR HARMFUL THOUGHTS 31
- EXAMPLES OF HARMFUL THOUGHTS 33
- EXAMPLES OF HELPFUL THOUGHTS 35

KEY MESSAGES 36

PRACTICE 37

FEEDBACK 46

LOOKING AHEAD 47

GROUP LEADER SELF-EVALUATION FORM: THOUGHTS, SESSION 1 48

SESSION 2: HOW TO IDENTIFY HARMFUL AND HELPFUL THOUGHTS 49

PURPOSE 50

OUTLINE 51

ANNOUNCEMENTS 51

REVIEW 52
PRACTICE 52
LAST SESSION 56

NEW TOPIC: IDENTIFYING HARMFUL AND HELPFUL THOUGHTS 58
THE LINK BETWEEN THOUGHTS AND MOOD: A CHAINING ACTIVITY 58
HARMFUL THOUGHTS ARE NOT ACCURATE, COMPLETE, AND BALANCED 64
COMMON HABITS OF HARMFUL THINKING 66

KEY MESSAGES 71

PRACTICE 72

FEEDBACK 80

LOOKING AHEAD 81

GROUP LEADER SELF-EVALUATION FORM: THOUGHTS, SESSION 2 82

SESSION 3: TALKING BACK TO YOUR HARMFUL THOUGHTS 83

PURPOSE 85

OUTLINE 85

ANNOUNCEMENTS 86

HOW HAVE YOU BEEN FEELING? 86

REVIEW 87
PRACTICE 87
LAST SESSION 89

NEW TOPIC: WHAT CAN YOU DO ONCE YOU HAVE IDENTIFIED YOUR HARMFUL THOUGHTS? 91
EXAMINE THE EVIDENCE 92

FIND A REPLACEMENT THOUGHT FOR YOUR HARMFUL THOUGHT 95
CATCH IT, CHECK IT, CHANGE IT 100

KEY MESSAGES 104

PRACTICE 105

FEEDBACK 108

LOOKING AHEAD 109

GROUP LEADER SELF-EVALUATION FORM: THOUGHTS, SESSION 3 110

SESSION 4: HOW TO HAVE MORE HELPFUL THOUGHTS TO IMPROVE YOUR MOOD 111

PURPOSE 112

OUTLINE 112

ANNOUNCEMENTS 113

REVIEW 114
PRACTICE 116
LAST SESSION 117

NEW TOPIC: HOW TO HAVE MORE HELPFUL THOUGHTS 118
IDENTIFY YOUR HELPFUL THOUGHTS 118
BALANCING YOUR THOUGHTS WITH “YES, BUT” STATEMENTS 120
SET ASIDE SOME WORRY TIME 123

KEY MESSAGES 125

PRACTICE 126

FEEDBACK 128

REVIEW OF MODULE: “THOUGHTS AND YOUR MOOD” 129

GOODBYE TO GRADUATING GROUP MEMBERS 131

LOOKING AHEAD TO THE NEXT MODULE 133

GROUP LEADER SELF-EVALUATION FORM: THOUGHTS, SESSION 4 134

RESOURCES FOR GROUP MEMBERS 135

ORGANIZATIONS THAT PROVIDE HELP FOR DEPRESSION AND SUBSTANCE ABUSE 135
BOOKS AND VIDEOTAPES ABOUT DEPRESSION AND SUBSTANCE ABUSE 136

SESSION 1: YOUR THOUGHTS AND MOOD ARE CONNECTED

Leader Tips

Materials Needed for Session 1

- **Group Member's Workbook** ("Thoughts and Your Mood")—enough for everyone in the group
- **Pens**—enough for everyone in the group
- **Index cards**—enough to give everyone in the group seven cards
- **Small binder clips**—enough to give one to every group member—so they can attach their index cards to their workbooks
- **The PHQ-9 depression measure**—enough copies for everyone in the group
- **Dry erase board, chalkboard**, or large sheets of paper to present material to group
- **Kleenex** or other facial tissue

Group Leaders' Goals

- Make all group members feel welcome.
- Discuss group rules.
- Introduce yourselves and provide phone numbers.
- Begin to encourage group sharing and support by having group members introduce themselves.
- Help group members understand what depression is.
- Help group members understand CBT and how it can help depression.
- Remind group members of topics and skills introduced in the previous module ("Substance Abuse and Your Mood").
- Introduce the connection between thoughts and depression.

Leader Tips

Welcome Group Members

As group members arrive:

- Introduce yourselves and invite group members to sit anywhere.
- Pass out the Group Member's Workbooks ("Thoughts and Your Mood").
- Pass out the PHQ-9 depression measure. Ask group members to fill it out, put their names on it, and return it to you. Tell group members that you will talk more about it later.
- Scan the questionnaires quickly as you collect them. Notice any major changes in the severity of group members' depression symptoms, including thoughts of suicide. If a group member reports thoughts of suicide, follow the procedures that you have worked out with your supervisor in advance regarding how to handle these situations. Often this involves having one group leader meet privately with the client either during group or immediately following to further assess the client's risk of suicide or "handing off" the client to another clinician who will conduct this assessment. Consult with your supervisor immediately in the case of a client who is suicidal.

Begin the group:

- Welcome all group members. **Say:** *Welcome to the BRIGHT Group Cognitive Behavioral Therapy for Depression. This is the module called "Thoughts and Your Mood." We will talk more about Cognitive Behavioral Therapy in a few minutes.*
- **Say:** *Some of the group members have attended one or more previous modules and others are entering the group for the first time.*
- **Identify** members of the group who will be graduating (completing all four CBT modules) at the end of this module.
- **Say:** *Congratulations to everyone for being brave enough to come to the group.*
- **Say:** *Turn to the first page after the cover in your books and put your name and the date on the lines.*
- **Say:**
    - *The workbooks belong to you.*
    - *You will be writing in them.*
    - *You should bring their workbooks to every group meeting.*
    - *You will keep them when the group is over.*
- **Say:** *We will not take formal breaks, but you should feel free to get up and use the restroom whenever you need to.*

Leader Tips

Purpose and Outline
Group Member's Workbook: Page 1

1. **Say:** *Every session begins with a few points about the purpose of the session and an outline of the session. We will go over these now.*

2. **Introduce** the Purpose and Outline.

3. **Ask:** *Does anybody have any questions so far?*

PURPOSE

- Learn about the CBT group and depression.
- Learn that there is a connection between thoughts and mood.
- Understand that noticing and managing your thoughts can help you feel better.
- Begin to notice your harmful and helpful thoughts.

OUTLINE

I. Welcome
II. Group Rules
III. Announcements
IV. Introductions
V. What Is Depression?
VI. What Is Group Cognitive Behavioral Therapy (CBT)?
VII. How Does CBT Treat Depression?
VIII. How Have You Been Feeling?
IX. Review
X. New Topic: The Connection Between Thoughts and Mood
    A. Thoughts Are Sentences We Tell Ourselves
    B. What You Think Affects How You Feel
    C. Identify Your Harmful Thoughts
    D. Examples of Harmful Thoughts
    E. Examples of Helpful Thoughts
XI. Key Messages
XII. Practice
XIII. Feedback
XIV. Looking Ahead

GROUP RULES

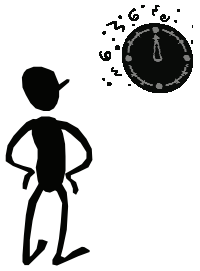
LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 2

1. Go over group rules before anyone discloses any personal information. Don't forget to talk about the exceptions to confidentiality (#3). Tell the group the name of your supervisor if you know it (#3). Ask if anybody in the group has questions or comments about any of the rules.

1. Come to every group meeting. If you can't make it, call us at this number:

(_____)_____-_____ (Contact number)



2. Come to group meetings on time.

3. Maintain the confidentiality of the group.



Please do not share what you hear in the group with anybody else. Likewise, group leaders will not repeat what you say. There are three exceptions.

First, your group leaders share information with each other and with the licensed mental health professional that is supervising the group.

Second, if group leaders hear something that makes them think your health or safety is in danger they will talk with your doctor or others.

Finally, by law, a group leader must report:

- If a child or dependent adult is being abused or neglected.
- If an older adult is being abused or neglected.
- If someone is in danger of hurting himself or herself or someone else.



4. Be respectful and supportive of others in the group. The group is based on respect for all people. If you have a problem with another group member and your feelings are getting in the way of your group therapy, discuss the problem with a group leader.

5. Find a balance between talking and listening. You and the other group members will get the most out of the group if everybody has a chance to talk about their thoughts, feelings, problems, and experiences.

Plus, in each session, the group leaders need time to introduce new ideas that will help everybody in the group. Unfortunately, the time allowed for each group session is limited. The group leaders will:

- Keep track of the time for each session.
- Gently remind you to give others a turn to talk.

***6. Know that you don't have to share everything*.**

7. Practice. Practicing on your own will help you learn how to use the skills you learn and make it more likely that you will get well.

***8. Tell us if you are unhappy with the group or your treatment*.**



ANNOUNCEMENTS

LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 3

1. Make announcements if there are any. Answer group members' questions right away if they relate to the way the group is run.

2. Time will not allow for group members to add big items to the agenda. However, each person should have a chance to talk about personal issues that add to his or her depression. Each person needs to feel that he or she has been heard and understood by the group. Many of the group members' concerns can be addressed in the work of the session. If necessary, arrange to talk with a group member individually after the session.

The group leader will make any announcements that might be necessary. For example, if the next session is scheduled on a day that is a holiday, the day of that session may be changed. During this time, you will have a chance to tell the group leader ahead of time if, for example, you need to be late for a session.

Is there anything you would like to let the leader know about?



INTRODUCTIONS

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 4

1. **Give group members phone numbers** where they can contact you.
   - Write your names and the phone numbers on the board.
   - Suggest that group members write the information in their workbooks where it will be easy to find.

Say: *Now we would like for everyone to get to know each other. You will have a chance to talk about your depression and substance abuse later during the sessions. For now, let's start the introductions with the subjects in your workbook.*

2. Introduce the text. Provide a model for the group members by introducing yourselves first. **Answer one or two questions** in the workbook.

- If some members begin to provide more information than necessary, gently remind them that they will have time to talk about other issues during the group. For now the focus is on introductions.
- It may be helpful to ask group members questions that result in short answers, such as, *"Where did you grow up?"*
- If members focus on their depression or their substance abuse when they describe themselves, stop them and remind them that the group wants to know who they are and what they are like apart from their depression or substance abuse. (It is very useful for them to present their "other" self to the group.)

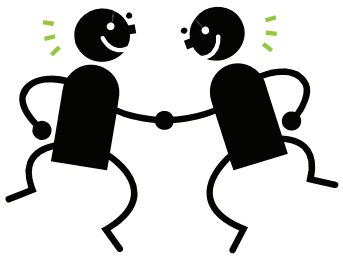
Group Leaders

Your group leaders are:

_____(_____)_____
(Name) (Contact number)

_____(_____)_____
(Name) (Contact number)

Group Members



You will be coming to group CBT with the group of people you are meeting in this session. Talking with them will be an important part of CBT.

Now group members will introduce themselves. We will be talking about your experiences with depression or substance abuse as the group progresses. At this time, we want to know a bit about you as an individual. Begin by telling the group your name, and then **choose one or two of the following** subjects to talk about:

- Where you grew up
- Your family
- What kind of work you have done
- Your main interests or hobbies
- Something about yourself that you think is special

WHAT IS DEPRESSION?

LEADER TIPS

Time: 15 minutes
Group Member's Workbook: Page 5

No matter how different group members might be from each other, the information about depression allows them to see that they are not alone. They share common feelings and a common enemy—depression.

1. **Introduce** "Depression Is Common."
2. **Say:** *What is depression like for you?*
   - One group leader should write their symptoms on the board.
   - As group members mention a symptom, ask whether other group members have had similar concerns.
   - If some symptoms of depression are not mentioned by group members, add them to the list at the end. **Say:** *Everybody in this group has experienced symptoms of depression, and what we're trying to do is help you overcome these symptoms and feel better.*
3. **Introduce** "Depression Is," "The 9 Symptoms of Depression," and "Possible Triggers for Depression." **Ask:** *What was happening in your life when you got depressed?*
   - Take notes and use this information to understand the needs of group members and to plan the sessions to make them as helpful as possible. (You probably already know something about group members based on the contact you made with them before the group started.)
   - If any of the triggers listed in the "Depression" box are not mentioned by group members, tell them that other things can cause depression and read from the list.
4. **Introduce** the section called "What You Can Do." **Say:** *Tell one of the group leaders if you have thoughts of suicide. Depression is very treatable and you can feel better.*
5. **Sum up by emphasizing these key points**.
   - Depression is defined by the experience of five or more symptoms occurring most of the time for a period of at least two weeks and interfering with your life or activities a lot.
   - Depression is common.
   - A person can get help for depression and feel better.

Depression Is Common

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

What is depression like for you?

Depression Is:

- A low mood or sad feelings that make it hard to carry out daily duties.
- Possible at any point in your life.
- Possible diagnosis if you have five or more of the following symptoms most of the day, almost every day, for two weeks or more:

The Nine Symptoms of Depression

1. Feeling depressed, down, or irritable nearly every day.
2. Loss of interest or pleasure in activities that you normally enjoy.
3. Significant increases or decreases in your weight or appetite.
4. Sleeping too much or too little.
5. Change in the way you move (moving restlessly or slowly).
6. Feeling tired or fatigued.
7. Feeling worthless or having terrible guilt.
8. Trouble concentrating or making decisions.
9. Repeated thoughts of death or suicide.

Possible Triggers for Depression

- Use of drugs or alcohol
- Being sick with medical problems
- Biological/chemical imbalance in your body
- Economic/money problems
- Losing someone you love
- Upsetting things happening, or continual problems
- Struggles with people you are close to
- Big life changes
- Stress that lasts a long time

What was happening in your life when you got depressed?

What You Can Do

- Come to this CBT group!
- Practice the skills you learn during the CBT group.
- Get help and support from family members, friends, and others.
- Discuss how you feel with your doctor, nurse, therapist, or counselor.
- Ask your doctor if antidepressant medicines might be helpful.

Let the group leader know if you have thoughts of death or suicide. We can help you get the support you need to feel better.

WHAT IS COGNITIVE BEHAVIORAL THERAPY?

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 7

1. **Review** the text.

2. Stop after each section and ask for questions and comments. Or ask for a volunteer among those who have been through other CBT modules to explain CBT to the group. Encourage questions and discussion.

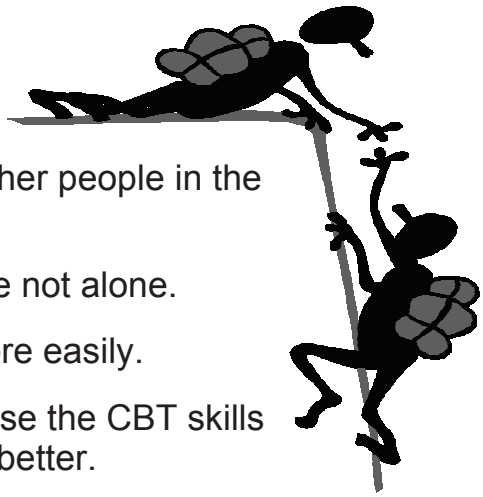
This treatment provides a specific kind of help—cognitive behavioral therapy, or CBT for short—to people who are depressed. CBT teaches skills to help you change your thoughts and behaviors. These changes can improve the way you feel.

This approach does not mean that your thoughts and behaviors caused your depression in the first place. Making changes in your thinking and behavior can help your depression no matter what caused you to feel down.

"Managing" your depression means to:

- Make the feelings of depression less intense.
- Make the time that you are depressed shorter.
- Learn ways to prevent getting depressed again, despite real problems.
- Learn how staying free of drugs or alcohol can improve your mood.

The group meetings are helpful because they:



- Provide you with support from other people in the group.
- Help you understand that you are not alone.
- Help you learn the CBT skills more easily.
- Show many ways other people use the CBT skills to deal with depression and feel better.

During the group you will learn skills to:

- Change your thoughts.



- Change your behaviors, including your
  - Activities
  - Interactions with other people.
- Improve the way you feel and support your recovery.

During the group you will NOT be asked to:



- Lie down on a couch.
- Share all your painful thoughts and experiences.
- Talk at length about your family or childhood.

The group will focus on practical strategies to improve things right now.

What does the name "Cognitive Behavioral Therapy" mean?

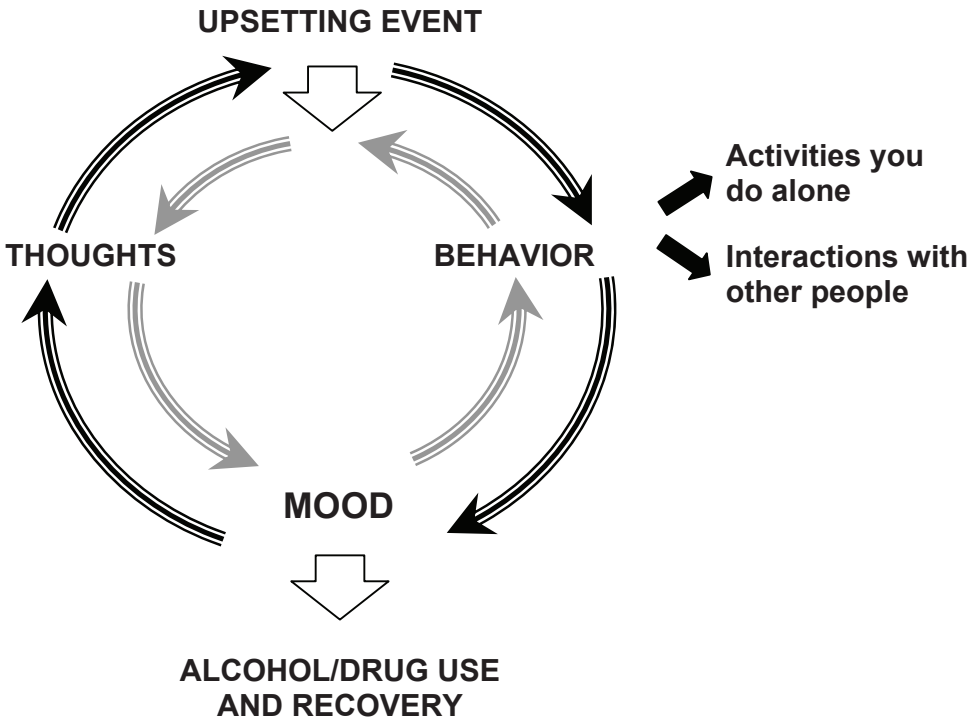
Cognitive refers to **thoughts**.

Behavioral refers to **how you act** or **what you do**. In CBT, when we talk about behavior, we mean how you act, including what activities you do and how you interact with other people.

We will focus on your thoughts and your behavior to improve your mood.

Because this CBT program is for people with depression and substance abuse, we will also discuss how mood and substance abuse are connected.

The CBT Circle



This CBT treatment program is organized into four modules, with four sessions in each module.

- Module: How your **thoughts** affect your mood **= 4 sessions**
- Module: How your **activities** affect your mood **= 4 sessions**
- Module: How your **interactions with other people** affect your mood **= 4 sessions**
- Module: How **using drugs or alcohol** affects your mood **= 4 sessions**

Total CBT sessions = 16 sessions

Group members can join the group at any module. However, each group member must begin with Session 1 of a module. That means that if the Activities module is #1 for you, the People Interactions module will be #2.

Each module focuses on one subject, but they overlap with each other, and you will find that we mention the other subjects throughout the treatment.

How does CBT treat depression?

Leader Tips

Time: 5 minutes
Group Member's Workbook: Page 11

Say: *Imagine an event, such as losing a job, or something less extreme, such as being late to work. It would be natural to feel upset. But other factors can make your suffering even worse.*

Refer to parts of the CBT circle, as you read the text below.

Thoughts. *If a person loses a job, he or she might have thoughts like "I am useless now that I don't work." This can lead to feelings of depression. Feeling depressed can then lead to other harmful thoughts, such as "nothing will ever work out for me." This, in turn, will likely worsen the depression. Now, imagine a second person who, in response to the same event, instead thinks he or she learned a lot and got great experience at the job. The second person is less likely to become depressed. Being in a better mood may also lead to additional helpful thoughts like, "My past experience will help me get a new job."*

Activities. *Another factor is how we act. Going back to our example, in response to losing a job one person might start sleeping a lot more and avoid going out of the house. These behaviors can lead to a worsening of depression, which in turn could lead to additional harmful behaviors, such as neglecting personal care—skipping meals, not showering, and so on. In contrast, if a person in response to losing his or her job decides to engage in healthy behaviors, such as looking for new work or taking advantage of time at home to work on hobbies or other personal projects, this person's mood is likely to be better. This, in turn, may make it easier for the person to engage in other healthy behaviors.*

People. *Depression can also negatively affect the amount or kinds of contact we have with other people. A person who loses their job might isolate from others. This may lead to feeling depressed, which in turn may lead to additional harmful interpersonal behaviors, such as spending time with one's old drinking buddies. In contrast, if after losing a job a person seeks out support from others, this can help improve mood and lead to other healthy contacts with others—like getting advice on finding new work.*

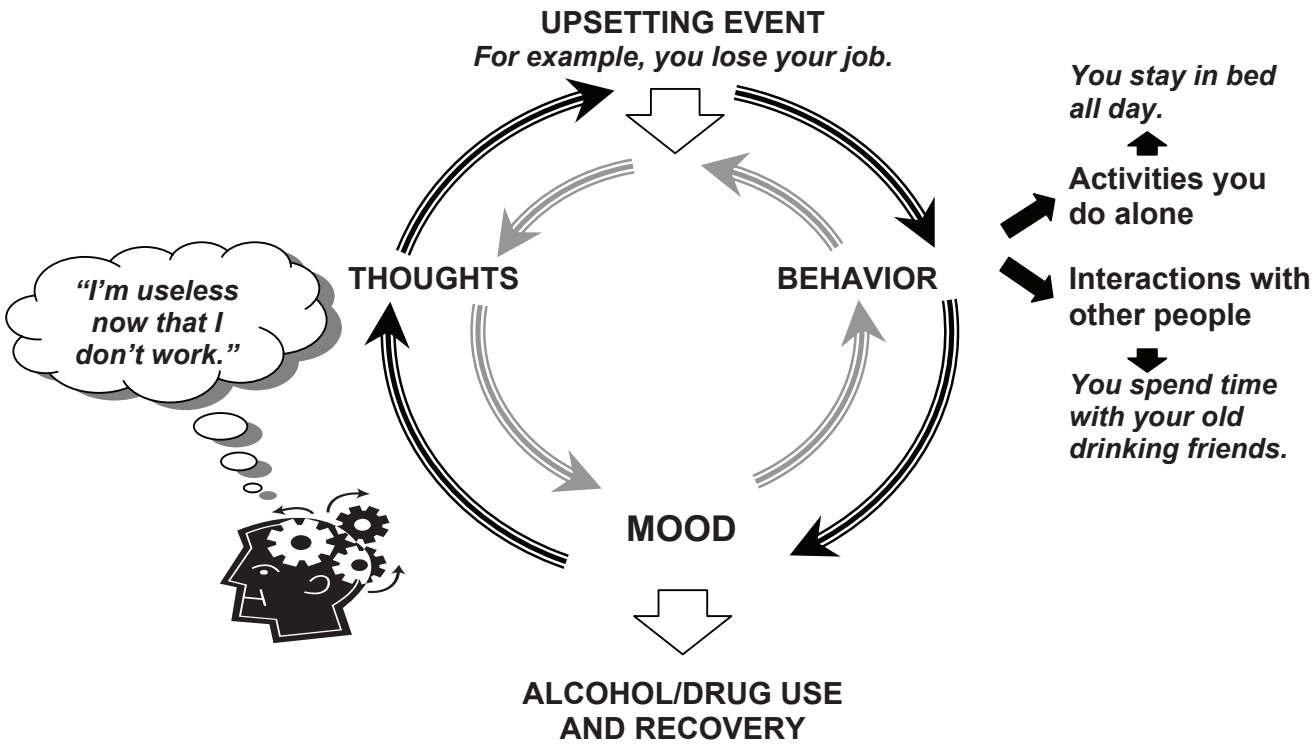
Substance abuse. *In addition to harmful thoughts, behaviors, and contacts with people worsening depression, these factors can also lead to increased use of drugs and alcohol. Then another vicious cycle can develop in which increased substance use worsens depression, and the worsened depression, in turn, increases substance use. So when we put all these parts together, we see that CBT can help prevent this cycle of increased depression and substance use by helping a person to learn new ways to think and behave in response to stressors.*

Ask questions to involve group members. For example *"How can you relate the CBT Circle to your own lives?"*

Using the CBT Circle, we can understand the cycle of depression. An upsetting event might happen such as losing a job or the death of a relative. An upsetting event can also be less extreme such as being late to work or having a disagreement with a friend. These upsetting events are real and almost anyone would feel a certain amount of sadness, anger, or frustration because of them. But other factors can add to your suffering. They include:

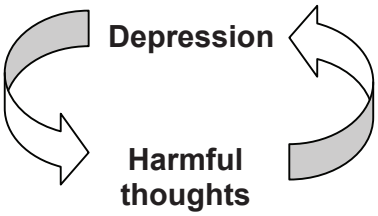
- Your thoughts.
- The way you act (your behavior).
- Interactions you have with other people.
- Use of drugs or alcohol.

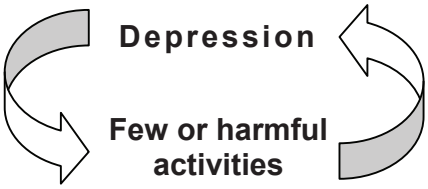
The CBT Circle

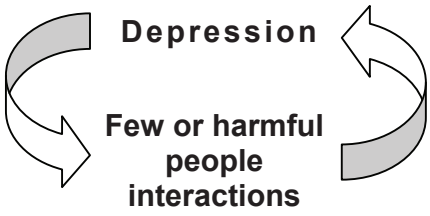


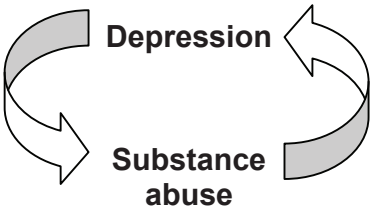
CBT helps break this cycle of depression by teaching you that for each of these factors—thoughts, activities, people interactions, and substance abuse—there is a part that you can manage and change. Also, because they are all connected, you can make changes in one area to affect the other areas.

We will be working on breaking these connections.









In this module, we focus on the connection between depression and thoughts.



How have you been feeling?

Leader Tips

Time: 5 minutes
Group Member's Workbook: Page 13

1. **Introduce** the text in the Group Member's Workbook.

2. After the session, **compare** each group member's PHQ-9 measure to the ones he or she has filled out before. This comparison will allow you to monitor each group member's progress.

The depression questionnaire you filled out at the beginning of the session is called the "Patient Health Questionnaire," or PHQ-9 for short. You will fill out the PHQ-9 before Session 1 and Session 3 of each CBT module. It allows you and your group leaders to check how you are feeling today and to keep track of how you are feeling while you are attending the group.

Review

Leader Tips

Time: 15 minutes
Group Member's Workbook: Page 13

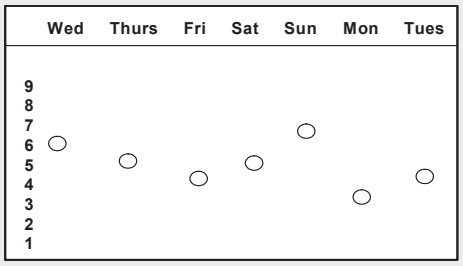
Quick Mood Scale

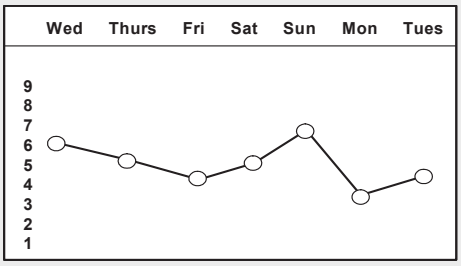
Say: *At least some of you may be continuing CBT from the last module. We'll do a quick review of the module and the practice before we start a new topic.*

Ask group members about how they did tracking their moods on their Quick Mood Scales. Make a graph based on one group member's Quick Mood Scale.

1. Start the graph with the day of the week the group meets. If your group meets on a Wednesday, write "Wednesday" or "Wed" in the first space at the top of the graph.

2. Ask for a volunteer from the group to share the numbers on his or her Quick Mood Scale. Make a graph on the board like the example below. If the group member's mood was a 6 on the first day, mark a dot at 6 below "Wed."





3. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

4. Possible follow-up questions: *What did you notice about your mood during the past week? What kinds of interactions with people did you have on the day that your mood was the lowest? What kinds of interactions with people did you have on the day that your mood was the highest?* Help group members to notice the connection between having more healthy interactions with people and improved mood.

Making a Plan to Meet Somebody New

5. Say: *Who would like to share their plan for meeting somebody new?*

Ask these follow-up questions, if you have time. *What steps were you able to take since last session? What steps do you plan to take next? What did you notice about the connection between taking those steps and your mood?*

Last Module

6. Say: *What do you remember from the last module that was helpful to you?* Review the key messages from the last module. You may not have time to review all of them, but review at least some of the key messages to reinforce what the clients found useful or remembered.

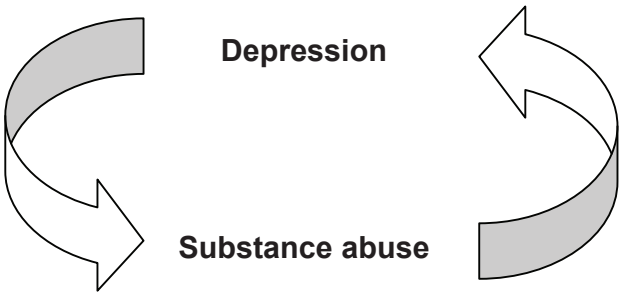
Practice

If you were part of the CBT group for the last module ("Substance Abuse and Your Mood"), you have been practicing CBT skills. How is your practice going? At the end of the last module, we asked you to:

1. ***Track your mood using the Quick Mood Scale.***
2. ***Take a step to get to know somebody new.***

Last Module

- What do you remember most from the last module?
- What did you learn that was most helpful, in terms of improving your mood?
- What was less helpful?



Key messages from the last module include:

Session 1: Depression and Your Mood

- Your mood can affect your decision on whether or not to use drugs or alcohol.
- Using drugs or alcohol can affect your mood.
- Using drugs or alcohol can also lead to other changes in your thinking and activities that are symptoms of depression.

Session 2: Thoughts, Mood, and Substance Abuse

- Thoughts are helpful or harmful based on how they make you feel.
- The harmful thoughts that lead you to feel depressed can make it more likely you will use.
- The helpful thoughts that help improve your mood may also help you with your recovery.
- You can learn to catch your harmful thoughts and replace them with helpful ones.

Session 3: Activities, Mood, and Substance Abuse

- Harmful activities can lead to depression and the use of drugs or alcohol.
- Doing helpful activities will help you feel better and support your recovery.
- Start slow, but steadily replace harmful activities with helpful activities.
- You can take steps to increase your physical activity and improve your sleep.

Session 4: Interactions with People, Mood, and Substance Abuse

- Helpful interactions with others can have a positive effect on your mood and your recovery.
- If most of your friends are involved with drugs or alcohol, you may have to make new friends.
- You can meet new people by doing activities you enjoy in the company of other people.
- It is possible to problem solve around the obstacles that get in the way of meeting and being with people.



NEW TOPIC: THE CONNECTION BETWEEN THOUGHTS AND MOOD

Thoughts Are Sentences We Tell Ourselves

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 16

1. **Say:** *Thousands of thoughts pass through our heads each day. Thoughts are sentences we tell ourselves. Some are neutral or factual, such as "Today is Monday." Others may be more harmful or helpful because of how they make us feel. We often don't pay attention to all these thoughts, but with practice you can learn to notice your thoughts and decide whether they are harmful or helpful to your mood.*

2. **Introduce** the text about thoughts. **Ask:** *Try to remember some thoughts you have had. What are some other examples of thoughts?*

3. **Introduce** the text about feelings. **Ask:** *What other feelings have you had that aren't listed here? The pictures of the faces on the next page might help you recall your own feelings.*

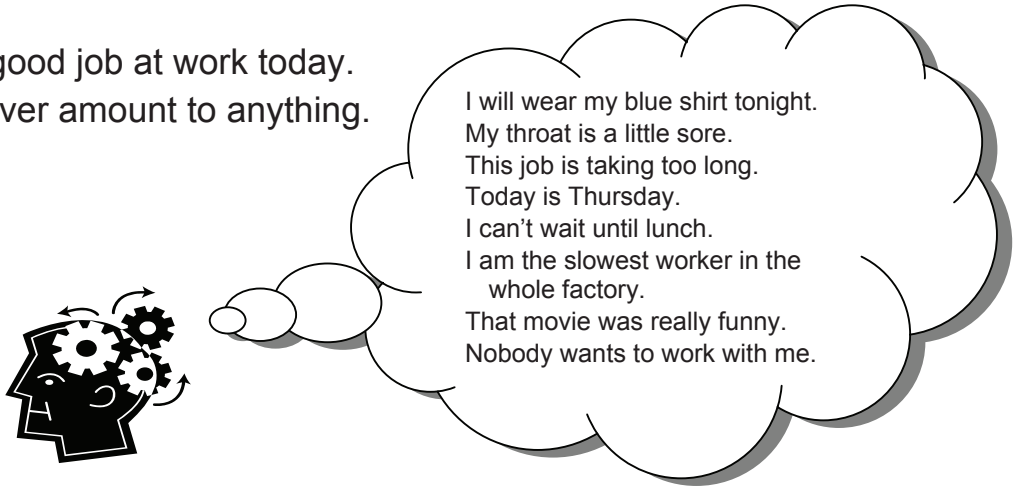
4. **Say:** *Identifying thoughts can be tricky at first, but it will get easier. You will see more examples of thoughts as we go through the rest of this module.*

5. **Say:** *Notice the two arrow diagrams in your workbooks. They illustrate the connection between your thoughts and your mood. Harmful thoughts can bring your mood down. Also, when your mood is low, you are more likely to have more harmful thoughts. But helpful thoughts can improve your mood and when you are feeling better, you are more likely to have more helpful thoughts.*

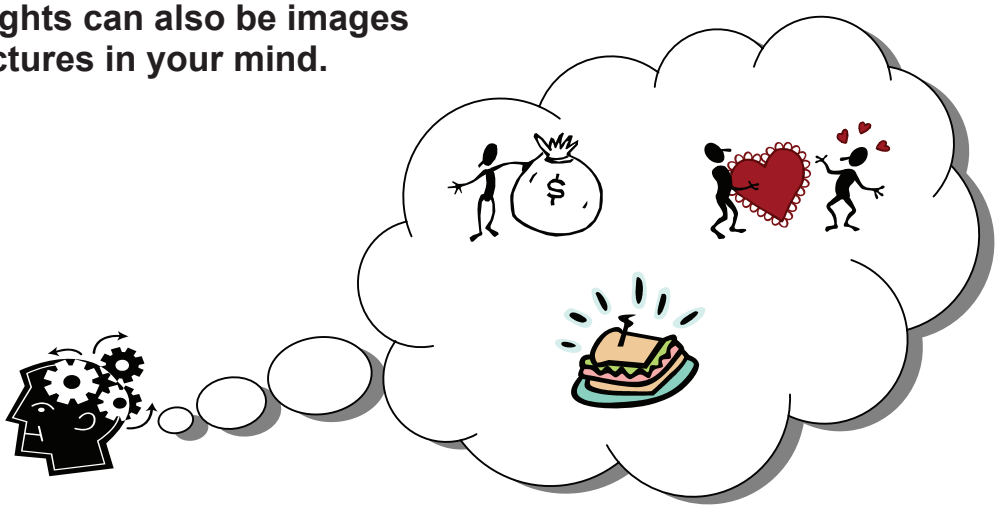
6. **Say:** *All this is not to say that depression is "all in your head." You may be dealing with real things such as recovery from substance abuse, health problems, financial problems, or loss of loved ones. Depression is affected by what you do, how you think, and what happens in your life—and how you react to what happens in your life.*

Thoughts: sentences you tell yourself.

- I did a good job at work today.
- I will never amount to anything.

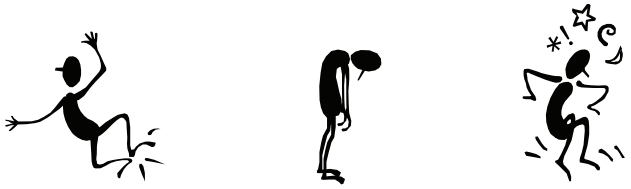


Thoughts can also be images or pictures in your mind.

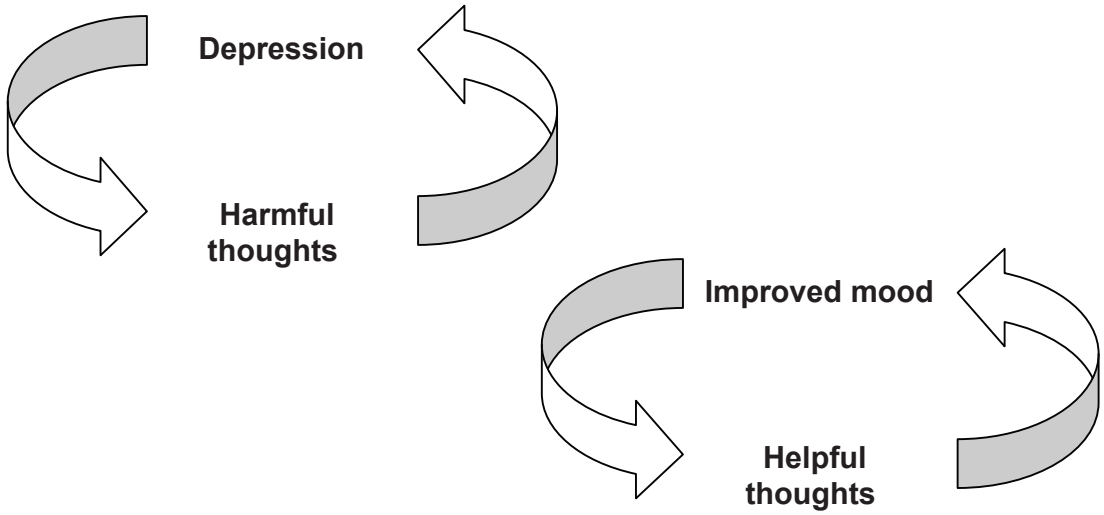


Feelings: emotions or moods.
(See more examples on the next page.)

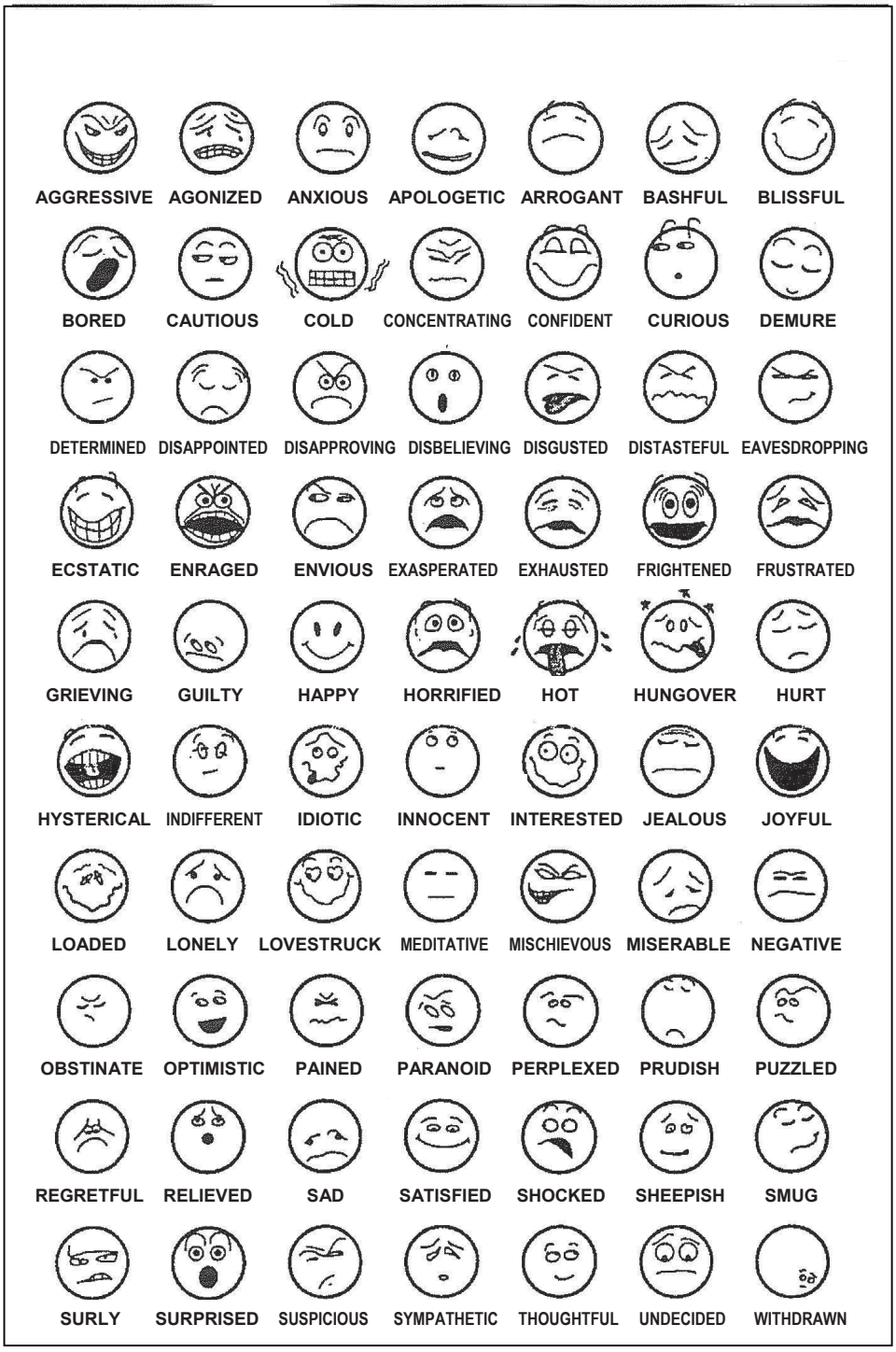
- Happy
- Sad
- Angry



In this workbook we talk about "**harmful**" and "**helpful**" thoughts. These terms are just shortcuts—a thought is not harmful or helpful all by itself. The power of thoughts is in how they make you feel and act.



Examples of Feelings



What You Think Affects How You Feel

Leader Tips

Time: 5 minutes
Group Member's Workbook: Page 19

1. Say: *Look at the cartoons in your workbooks. What do you think is happening in the pictures? What might the person be thinking in the first cartoon? In the second cartoon? What is the person's mood like after he has these thoughts?*

Some examples of possible thoughts:

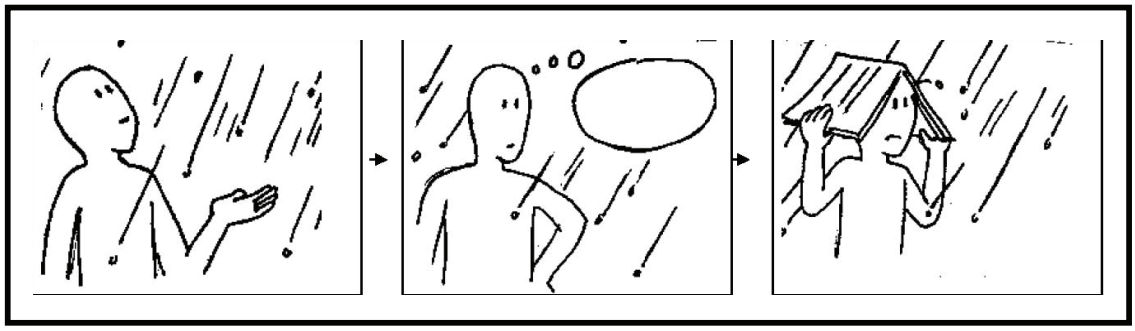
- First cartoon: "I hate rain. I'm getting all wet, and I'll probably catch a cold."
- Second cartoon: "Oh, how fun, it's raining. I can run home, make hot chocolate, and feel cozy."

2. Say: *The person in the cartoons can't change what is real—it* ***is*** *raining. But he can change what he thinks about the rain, and that can change his mood. When he had more helpful thoughts, his mood was better.*

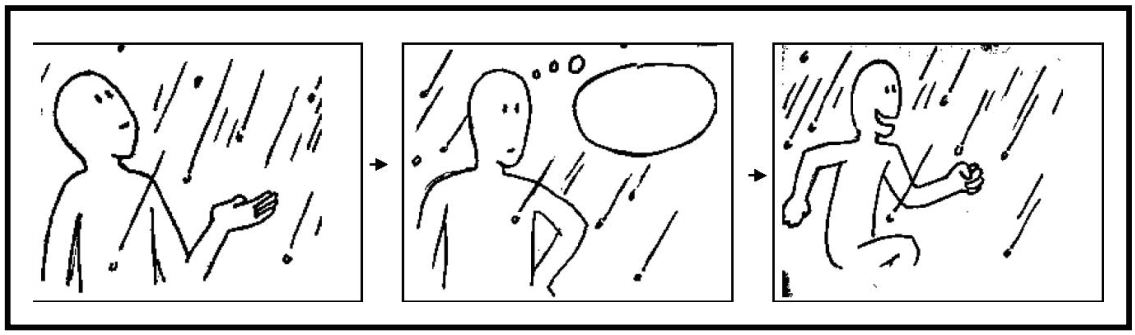
3. Say: *On the other hand, CBT doesn't expect you to see the world through rose-colored glasses. But it will teach you to notice your thoughts, identify your harmful thinking habits, and choose helpful thoughts that make you feel better. It's important to remember that EVERYONE has BOTH helpful and harmful thoughts, so this is normal. You are in no way "bad" if you have harmful thoughts. The most important thing, as we will learn in this module, is how you manage or "work with" your harmful thoughts and change them to more helpful thoughts.*

Look at the cartoons below. What do you think the person is thinking in each cartoon? There are no right or wrong answers.

1.



2.



- The person was faced with the same reality in both cartoons: it is raining.
- The person's mood was different in the two cartoons.
- Why did the person have different moods?

Depression can be improved by how you think and how you react to what happens to you.

Identify Your Harmful Thoughts

Leader Tips

Time: 15 minutes
Group Member's Workbook: Page 20

1. Say: *Let's take a closer look at your thoughts and try to identify some thoughts that bring your mood down. We call these thoughts "harmful thoughts." Can you remember a time in the last week when you felt down? Take a moment to close your eyes and try to picture yourself in the situation you were in when you felt down.* [Wait a moment to allow the group members to picture the moment.] *Now, with your eyes still closed, try to remember the thoughts you were having at the time. Ok, now open your eyes and write your thoughts on the lines in your workbook.*

2. Say: *What thoughts did you notice?* **Write** the group member's thought on the board.

3. Say: *It takes practice, but you can learn to notice your thoughts. You can examine these thoughts by asking the two questions you see in your workbook.* **Read aloud** the questions one at a time and discuss them in relation to the thoughts shared by group members.

Try to remember a time in the last week when you felt really low. Close your eyes and try to picture yourself in the situation you were in then. What were you thinking? Write down your thoughts.

_____

_____

Questions to think about:

- How do these thoughts make you feel?
- Are these thoughts accurate (i.e., true), complete (i.e., include all the facts), and balanced (i.e., fair and reasonable)?

Leader Tips

Time: 5 minutes
Group Member's Workbook: Page 21

Examples of Harmful Thoughts

1. **Say:** *On the next page is a list with examples of harmful thoughts. Look at the list.*

2. **Ask:** *Are any of these harmful thoughts similar to thoughts you have had? Which ones?*

3. **Say:** *Maybe you have other thoughts you would like to add to the list at the bottom of the right-hand column. Take a few minutes and fill in numbers 46, 47, and 48.*

4. After the group is done writing their own thoughts on the lines, **say:** *Who would like to share their thoughts?*

Examples of Harmful Thoughts

1. I will never be physically healthy.
2. I am confused.
3. There is no love in the world.
4. I have wasted my life.
5. I am a coward.
6. Nobody loves me.
7. I'll end up living all alone.
8. People don't consider friendship important anymore.
9. I don't have any patience.
10. It's no use to try.
11. That was a dumb thing for me to do.
12. I will be a burden to others.
13. Anybody who thinks I'm nice doesn't know the real me.
14. Life has no meaning.
15. I am ugly.
16. I can't express my feelings.
17. I'll never find what I really want.
18. I am not capable of loving.
19. I am worthless.
20. It's all my fault.
21. Everything bad always happens to me.
22. I can't think of anything that would be fun.
23. I don't have what it takes.
24. Bringing kids into the world is cruel because life isn't worth living.
25. I'll never get over this depression.
26. Things are so messed up that doing anything about them is pointless.
27. I don't have enough willpower.
28. There is no point in getting out of bed.
29. I wish I were dead.
30. I know they are talking about me.
31. Things are just going to get worse.
32. I have a bad temper.
33. No matter how hard I try, people aren't satisfied.
34. Life is unfair.
35. I'll never make good money.
36. I don't dare imagine what my life will be like in ten years.
37. There is something wrong with me.
38. I am selfish.
39. My memory is lousy.
40. I am too sensitive.
41. I have wasted my life because I have used drugs or alcohol
42. I can't have fun without getting high, so if I choose to stay drug-free, I will never have fun again.
43. If I have a relapse, all my hard work for sobriety was wasted.
44. With these health problems, I will always be miserable.
45. The problems my children are having are my fault.

What are your harmful thoughts?

46. _____

_____

47. _____

_____

48. _____

_____

Leader Tips

Time: 5 minutes
Group Member's Workbook: Page 22

Examples of Helpful Thoughts

1. **Say:** *Notice the list of helpful thoughts. Take a few minutes to fill in your own helpful thoughts at the bottom of the second column.*

2. After the group is done writing their own thoughts on the lines, **say:** *Who would like to share the thoughts they wrote down?*

Examples of Helpful Thoughts

1. It will be fun going to a movie today.
2. I've gotten good things in life.
3. The weather is great today.
4. I can do better than that.
5. Even though things are bad right now, they are bound to get better.
6. I'll learn to be happier as I live longer.
7. That was probably a reasonable solution to a tough problem.
8. Life is interesting.
9. I deserve credit for trying hard.
10. That was a nice thing for me to do.
11. I really feel great.
12. This is fun.
13. I'm a good person.
14. I can do just about anything if I set my mind to do it.
15. I have great hopes for the future.
16. I have good self-control.
17. That's interesting.
18. I really handled that situation well.
19. People are OK once you get to know them.
20. I like to read.
21. I'm easy to get along with.
22. If I can just hold on until [a certain date] I'll be OK.
23. A nice, relaxing evening can sure be enjoyable.
24. I have worked long enough—now it's time to have fun.
25. I'm considerate of others.
26. I have time to accomplish most things I want to do.
27. Someday I'll look back on today and smile.
28. I like people.
29. I always find the strength to handle whatever comes up.
30. I'm a good parent/friend/spouse.
31. I'm a sensitive person.
32. I'm honest.
33. I could probably handle a crisis as well as anyone else.
34. I'm pretty lucky.
35. I'm responsible.
36. My experiences have prepared me well for the future.
37. That's funny.
38. I'm pretty smart.
39. I'm physically attractive
40. I am looking forward to that event.
41. I am doing the best I can.
42. I was able to turn down drugs when that person offered them to me.
43. I didn't have even one drink last week.

What are your helpful thoughts?

44. _____

_____

45. _____

_____

46. _____

_____



KEY MESSAGES

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 23

1. **Review** the key messages and ask group members if they have questions or comments.

2. Help group members feel hopeful that CBT can help them get over their depression.

- A thought is a sentence you say to yourself or a picture in your mind.
- A feeling is an emotion or mood.
- Your thoughts can affect how you feel.
- You can use your thoughts to improve your mood.



PRACTICE

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 23

Say: *I would like to talk about the importance of practicing the skills you learn in the group. Some of you may be thinking: "what do you mean by "practice?" Practice means doing brief activities on your own outside of the group. You can think of the skills you learn here as tools to use in your everyday life to improve your mood. But just like tools, not all of them may work well for you. By trying out your new skills at home while you are still coming here, you can report back to the group and let us know what worked for you and what didn't work. Then we can come up with ways to make them work better.*

Quick Mood Scale

1. Say: *Each week, we would like all of you to keep track of your mood using the Quick Mood Scale. There is a copy of the Quick Mood Scale in your workbook at the end of every session. With the Quick Mood Scale, you can learn to recognize how you are feeling and how your thoughts and behaviors affect your mood. This will help you to learn which thoughts and behaviors improve your mood and which make it worse.*

2. Draw the Quick Mood Scale on the board or ask group members to look in their workbooks.

3. Say: *The Quick Mood Scale runs from 1 to 9, with 1 indicating a worst mood and 9 indicating a best mood. Each day, you circle the number that indicates what your mood was that day. This important tool will help you see the progress you are making in improving your mood through CBT.*

4. Go over the instructions that are on the top of the Quick Mood Scale.

Keep Track of Your Thinking Each Day

5. Say: *The first step in changing your thoughts and improving your mood is to identify those thoughts that are most powerful in terms of your own mood. Your other practice activity is to keep track of your thinking each day.*

6. Pass out index cards, seven cards for each person, and one binder clip per person. Read the directions (practice #2) aloud. Then say: *You will notice that you also have room in your workbook to write your harmful and helpful thoughts each day. You may use the cards, or the workbook, or both. You can take a few minutes right now and put the plus signs and minus signs on your cards.*

7. Say: *Try not to write down things that are happening to you. Instead, write down what you are thinking that makes you feel better or worse. We expect that you will be able to identify 5–10 thoughts each day. Bring the cards with you for next session. You can use the clip to attach them to your workbook. Take a moment to write down one harmful thought and one helpful thought to get you started.*

8. Say: *We encourage you to do these projects, even though you may not feel like it. They are an important part of the treatment process. You are here for only a short time, and eventually you will have completed the entire CBT program. Once you have completed the group therapy, the skills you have learned will help you keep your mood healthy. Therefore, it is important that you try them out until you feel confident that you can use them on your own.*

9. Ask: *does anybody have any questions about the practice activities?*

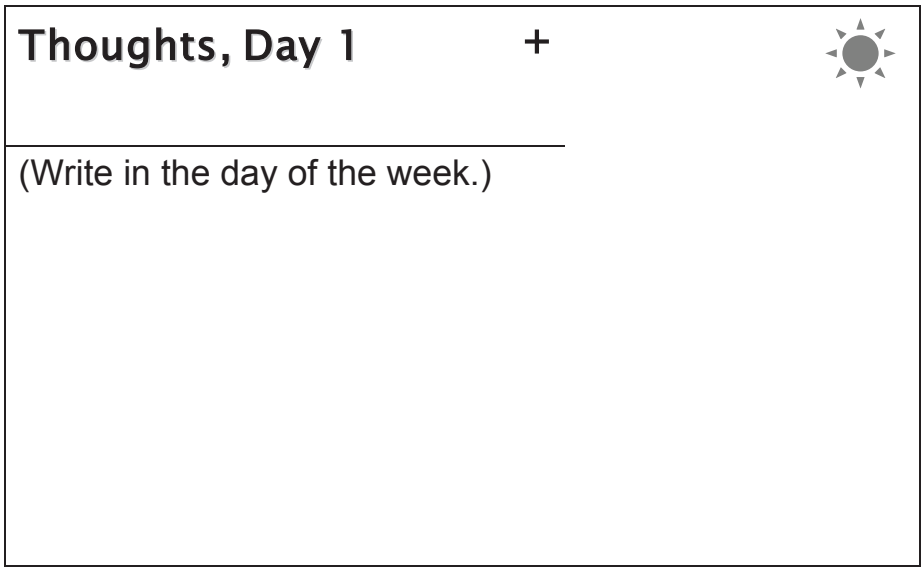
This treatment will be successful for you if you learn skills for managing your mood and you feel confident using these skills in your daily life. You will need to practice. If you don't practice the skills, you won't learn them.

Each session's practice will consist of one or more short activities that everybody in the group will try. This session's practice is:

1. Track your mood using the Quick Mood Scale. The Quick Mood Scale and instructions for how to use it are on the next page. The scale provides a "quick" way for you to keep track of your moods. Try to complete the Quick Mood Scale at the same time each day—for example, before you go to sleep each night. As the

treatment progresses and as you practice the skills you learn in each session, you will probably find that your mood improves.

2. Track your thoughts using index cards.



- Use one separate card for each day (using either the separate index cards or the "cards" printed in your workbook).
- Write the day of the week on the cards. For example, if you start tracking your thoughts for the week on a Wednesday, write "Wednesday" (or "W") on the first card.
- Mark one side of the first day's card with a minus sign (-) and write 4–5 negative (harmful) thoughts that you have that day. Mark the other side of the card with a plus sign (+) and on that side write 4–5 positive (helpful) thoughts that you have on the same day. You can look back at the lists of harmful and helpful thoughts for examples.
- Bring your cards with you to the next session.

QUICK MOOD SCALE

Instructions

- Fill in the days of the week across the top of the scale. For example, if you start rating your moods for the week on a Wednesday, write "Wednesday" (or "W") on the first line, "Thursday" (or "Th") on the second line, etc. You can also write down the date (4/15, 4/16, etc.) if you want to keep track of how you are improving from week to week.
- Keep the scale beside your bed. Before you go to bed, think about your mood for the day and circle a number that matches your mood.
- Try to use all the numbers, not just 1, 5, or 9.
- There is no right answer. Only you know how you have felt each day.
- If you want to track your mood over a period of time longer than a week, write down the number rating for your daily moods on a calendar.

Day of the Week	_____	_____	_____	_____	_____	_____	_____
Best mood	**9**	**9**	**9**	**9**	**9**	**9**	**9**
	8	**8**	**8**	**8**	**8**	**8**	**8**
	7	**7**	**7**	**7**	**7**	**7**	**7**
	6	**6**	**6**	**6**	**6**	**6**	**6**
OK/average mood	**5**	**5**	**5**	**5**	**5**	**5**	**5**
	4	**4**	**4**	**4**	**4**	**4**	**4**
	3	**3**	**3**	**3**	**3**	**3**	**3**
	2	**2**	**2**	**2**	**2**	**2**	**2**
Worst mood	**1**	**1**	**1**	**1**	**1**	**1**	**1**

Thoughts, Day 1 –



(Write in the day of the week.)

Thoughts, Day 1 +



(Write in the day of the week.)

Thoughts, Day 2 –



(Write in the day of the week.)

Thoughts, Day 2 +



(Write in the day of the week.)

Thoughts, Day 3 −



(Write in the day of the week.)

Thoughts, Day 3 +



(Write in the day of the week.)

Thoughts, Day 4 –



(Write in the day of the week.)

Thoughts, Day 4 +



(Write in the day of the week.)

Thoughts, Day 5 –



(Write in the day of the week.)

Thoughts, Day 5 +



(Write in the day of the week.)

Thoughts, Day 6 –



(Write in the day of the week.)

Thoughts, Day 6 +



(Write in the day of the week.)

Thoughts, Day 7 −



(Write in the day of the week.)

Thoughts, Day 7 +



(Write in the day of the week.)



FEEDBACK

LEADER TIPS

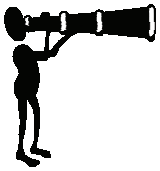
Time: 2 minutes
Group Member's Workbook: Page 31

1. **Encourage** group members to comment on the session. When you plan later sessions, you can think about their comments and, as much as possible, tailor the treatment to the individuals in the group.

2. **Read aloud** one or two of the questions.

The group leaders will ask for your comments about how the session went. They might ask the following questions.

- What was helpful about today's session?
- What was less helpful?
- What was difficult about today's session?
- What suggestions do you have to improve your treatment?
- If you are continuing CBT from a previous module, how have you made changes since beginning the group?



LOOKING AHEAD

LEADER TIPS

Time: 1 minute
Group Member's Workbook: Page 31

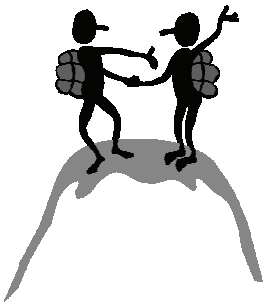
1. The purpose of the preview is to encourage group members to attend the next CBT session by giving them a glimpse of the topic to be covered. Group members are welcome to read ahead.

2. Say: *The workbooks are yours to keep, but* ***please bring them to the next session.***

In the next session, we will talk about some common habits of harmful thinking. Understanding these common ways of thinking can help you notice the thoughts you are having when you feel down. Then you can begin to replace your harmful thoughts with helpful thoughts to help you feel better.

Congratulations for coming to group CBT. Coming to the group is a big step in improving your mood.

In Session 2, we will talk more about how to notice and identify your thoughts and we will look at some common habits of harmful thinking.



GROUP LEADER SELF- EVALUATION FORM: THOUGHTS, SESSION 1

Instructions

Taught/Done: Were you able to cover the material? If you didn't do this in this session but you do it later, when it is done write in the date you covered it.

Difficult to Teach: How hard was it to teach this part of the session? If it was neither easy nor hard, you can write "medium."

	Taught/Done? (Yes/No)	**How Difficult Was It to Lead This Part of the Session? (Easy/Hard)**
Welcome	_____	_____
Purpose and Outline	_____	_____
Group Rules	_____	_____
Announcements	_____	_____
Introductions	_____	_____
What Is Depression?	_____	_____
What Is CBT?	_____	_____
How Does CBT Treat Depression?	_____	_____
How Have You Been Feeling?	_____	_____
Review		
Practice	_____	_____
Last Module	_____	_____
New Topic: The Connection Between Thoughts and Mood		
Thoughts Are Sentences We Tell Ourselves	_____	_____
What You Think Affects How You Feel	_____	_____
Identify Your Harmful Thoughts	_____	_____
Examples of Harmful Thoughts	_____	_____
Examples of Helpful Thoughts	_____	_____
Key Messages	_____	_____
Practice	_____	_____
Feedback	_____	_____
Looking Ahead	_____	_____

SESSION 2: HOW TO IDENTIFY HARMFUL AND HELPFUL THOUGHTS

Leader Tips

Materials Needed

- **Group Member's Workbooks** ("Thoughts and Your Mood")—a few copies to loan in case some group members forgot to bring their own workbooks
- **Pens**—enough for everyone in the group
- **Dry erase board, chalkboard**, or large sheets of paper to present material to group
- **Index cards**—enough to give everyone in the group seven cards
- **Small binder clips**—enough to give one to every group member—so they can attach their index cards to their workbooks
- **Kleenex** or other facial tissue

Group Leaders' Goals

- Review the connection between thoughts and mood.
- Help group members identify their own habits of harmful thinking.
- Reinforce the importance of outside practice.

Leader Tips

Welcome Group Members

As group members arrive, greet them by name. Ask them informally how their practice went.

Purpose and Outline

Introduce the Purpose and Outline.

PURPOSE

- See how harmful thoughts can bring mood down and helpful thoughts can improve mood.
- Understand some common habits of harmful thinking.
- Understand that changing common habits of harmful thinking can improve mood.

OUTLINE

I. Announcements

II. Review

III. New Topic: How to Identify Harmful and Helpful Thoughts

- A. The Link Between Thoughts and Mood: A Chaining Activity
- B. Harmful Thoughts Are Not Accurate, Complete, and Balanced
- C. Common Habits of Harmful Thinking

IV. Key Messages

V. Practice

VI. Feedback

VII. Looking Ahead



ANNOUNCEMENTS

The group leaders will make any announcements that might be necessary.

Is there anything you need to let the leaders know about?

Review

Practice

Leader Tips

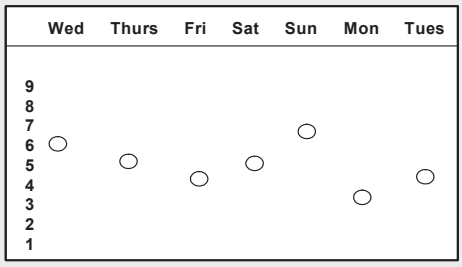
Time: 20 minutes
Group Member's Workbook: Page 34

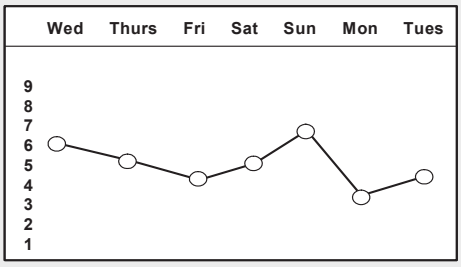
Quick Mood Scale

Ask group members about how they did tracking their moods on their Quick Mood Scales. Make a graph based on one group member's Quick Mood Scale.

1. Start the graph with the day of the week the group meets. If your group meets on a Wednesday, write "Wednesday" or "Wed" in the first space at the top of the graph.

2. Ask for a volunteer from the group to share the numbers on his or her Quick Mood Scale. Make a graph on the board like the example below. If the group member's mood was a 6 on the first day, mark a dot at 6 below "Wed."





3. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

4. Possible follow-up questions: *What do notice about your mood during the last week? Your mood was the lowest on* [day]. *What were your thoughts on that day* [integrate thoughts recorded on index cards or workbooks]*? Your mood was higher on* [day]. *What thoughts were you having on that day? What do you notice about the connection between your thoughts and your mood?*

5. Note: Depending on the size of the group, you may choose to chart the Quick Mood Scales of all group members or just one or two. Some group members will be eager to share each week, but don't focus only on them. In the course of the four-session Thoughts module, encourage as many group members as possible to share their Quick Mood Scales—even those who are shyer and less vocal. For each member who shares, try to connect thoughts and mood. Have the person describe the event and his or her thinking, and help him or her to change negative thinking. The point is to teach how to apply the CBT skills to specific, real-life situations, but not necessarily to solve **every** difficult situation. (This would be an example of all-or-nothing thinking: "*If CBT doesn't solve all my problems, then it doesn't work.")*

Keep Track of Your Thoughts Each Day

6. Review of thoughts tracking should be integrated into the review of the Quick Mood Scale. The questions below will allow you to check in with other group members that did not get their Quick Mood Scale up on the board.

7. Ask and discuss: *Was it difficult to keep track of your harmful and helpful thoughts each day? Who would like to share some harmful and helpful thoughts?*

Note: What to do if group members don't do their practice

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 or 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 group member come up with a more helpful thought that would encourage practice.

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.

Last session, we asked you to complete these practice activities. How did your practice go?

1. ***Track your mood using the Quick Mood Scale.***

2. ***Keep track of your thoughts each day.***

Last Session

Leader Tips

Time: 5 minutes
Group Member's Workbook: Page 34

1. It may be difficult for group members to remember what you talked about in the last session. Use this time to remind them of the key messages and to help them understand how today's lesson follows.

2. **Say:** *In the last session, we welcomed new group members, introduced ourselves, talked about what depression is, and began talking about cognitive behavioral therapy—CBT for short. We also talked about how thoughts can affect how you feel.*

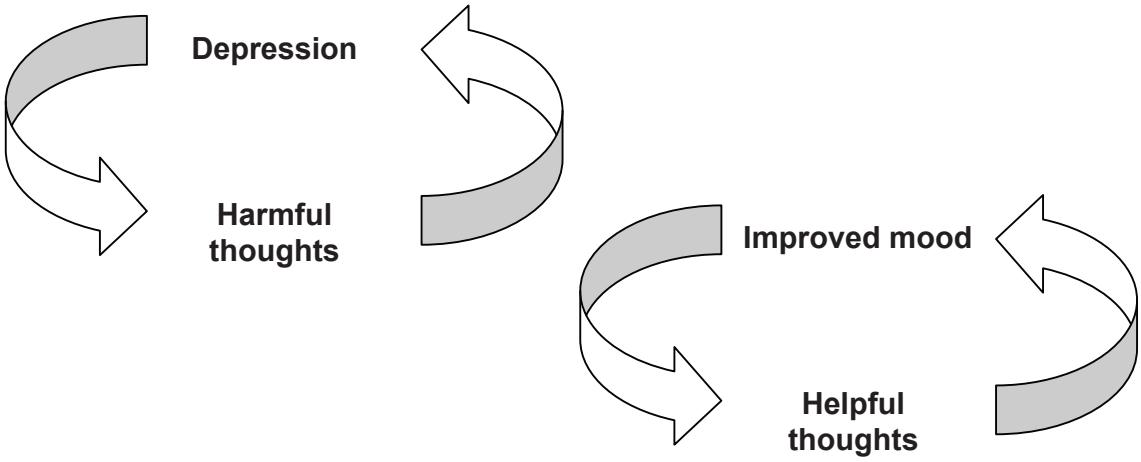
3. **Ask:** *Do you remember the diagram with arrows? It shows that there is a connection between thoughts and mood. And since the arrows point both ways, it shows that your thoughts can affect how you feel and how you feel can affect your thoughts. Can anyone summarize what this diagram means or give an example?*

4. **Ask:** *Do you remember the cartoon with the man in the rain? Can anybody remind the group of what the cartoon teaches us?*

If nobody volunteers, remind the group that the characters' moods were different because they thought about the rain differently.

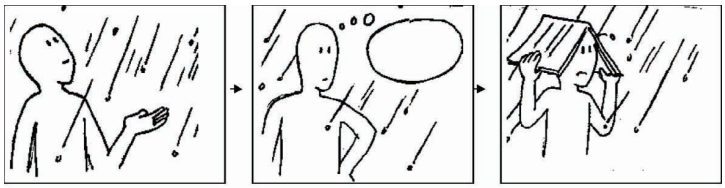
5. **Say:** *I'm going to read the key messages from last session.* Read aloud the key messages.

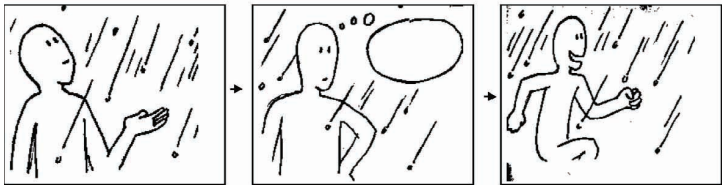
6. ***Ask:*** *Does anybody have any questions before we look at this session's new topic?*



Key messages from last session are:

- A thought is a sentence you say to yourself or a picture in your mind.
- A feeling is an emotion or mood.
- Your thoughts can affect how you feel.





- You can use your thoughts to improve your mood.

Today we will talk more about the link between your thoughts and your mood. We will also give you some ideas for how to notice your harmful thoughts and replace them with helpful thoughts.

NEW TOPIC: IDENTIFYING HARMFUL AND HELPFUL THOUGHTS

The Link Between Thoughts and Mood: A Chaining Activity

LEADER TIPS

Time: 30 minutes
Group Member's Workbook: Page 36

(**Note:** This activity is repeated in the other modules. In this module the focus is on thoughts.)

1. Say: *We have talked about how the downward spiral of depression can begin with a simple fact, or event. For example, "I got a divorce" or "I stopped drinking." The event doesn't have to be big. It could be that you lost your house keys or were late to work.*

We will do a "chaining" exercise in which you can see how your mood can spiral down or up from the event, in a continuous chain, depending on your thoughts. The goal of the exercise is to help you understand that your thoughts affect how you feel and that you can make choices about how you think that can make you feel better or worse.

An example of this exercise is included in your workbook, but we will do one together on the board.

2. Quickly draw on the board the numbers 1 through 9, with 9 at the top, 8 on the next line, etc. (See the example on the next page.)

3. Say: *Just like the Quick Mood Scale, the chaining activity uses a scale of 1 to 9 to rate your mood. "1" is the worst mood and "9" is the best. The chaining activity begins with a fact or an event. Can anybody suggest a statement of fact that we can put in the middle on line #5? Would you like to share something that happened recently?*

Use a real event in one of the group member's lives and use the chaining activity to illustrate how thoughts can help that person feel better or worse. An example is provided on the next page.

4. Say: *Now I'd like you to think of a thought you might have that would bring your mood down to a 4. What would bring you down just a little bit?*

If you are working with a person in the group, ask other group members to help him or her think of thoughts he or she might have that would make the mood worse.

If the first response seems too drastic, check with the group for guidance by saying: *If you had that thought, would it bring your mood down to a 4? Or even lower?* Write the thought next to the number where the group feels it belongs.

If someone in the group suggests an activity instead of a thought, say: *If you did that activity, what though might you be having?* Write the thought on the board.

5. Next ask for a thought that would lead to a mood of about 3, and write it on the board next to the 3. Do the same for moods rated 2 and 1.

Note: While it is best to complete all the numbers, you do not need to fill in all the numbers in this exercise. If group members understand the idea, just fill in one or two going down and one or two going up.

9.

8.

7.

6.

5. I have just stopped drinking alcohol.

4. I'm not sure I can cope with the cravings for alcohol.

3. I'll probably be miserable while I am trying to quit drinking.

2. My sobriety probably won't last for more than a month.

1. I'll probably be a drunk for the rest of my life.

6. Complete the rest of the chaining activity spiraling up (see the example on the next page).

Say: *Let's return to the statement of fact that we wrote at number 5. What's a thought that might make your mood improve a little and become a 6?*

Repeat the process for moods up to 9.

9. I feel proud of my sobriety.

8. I am doing things to help me maintain my sobriety, like getting treatment for depression and going to AA.

7. I'm glad I finally made the decision to stop drinking.

6. Quitting drinking is hard, but I know people who have been able to do it.

5. I have just stopped drinking alcohol.

4. I'm not sure I can cope with the cravings for alcohol.

3. I'll probably be miserable while I am trying to quit drinking.

2. My sobriety probably won't last for more than a month.

1. I'll probably be a drunk for the rest of my life.

7. Ask group members if they have any questions or comments.

8. Say: *Now try the same activity on your own—fill in the blanks in the table in your workbook.* (Allow 5 minutes for this.) **Then say:** *Who would like to read what they wrote?*

9. Say: *What do you notice about the how thoughts and mood are related?*

10. Here are two more examples of the chaining activity. These do not relate to using drugs or alcohol.

9. I will keep trying until I find a job that is right for me.

8. I have skills that employers will want.

7. I learned a lot at my last job.

6. I will work hard to find another job.

5. I have just lost my job.

4. I'm not sure if I can find another job.

3. I don't think I did my job well.

2. I will never be a good worker.

1. I am no good.

9. I can focus on what is positive in my life and make positive changes.

8. I am still capable of doing many things.

7. There are things I can do to take care of myself.

6. I need to learn more about my health problem.

5. I have a serious health problem.

4. This is really awful.

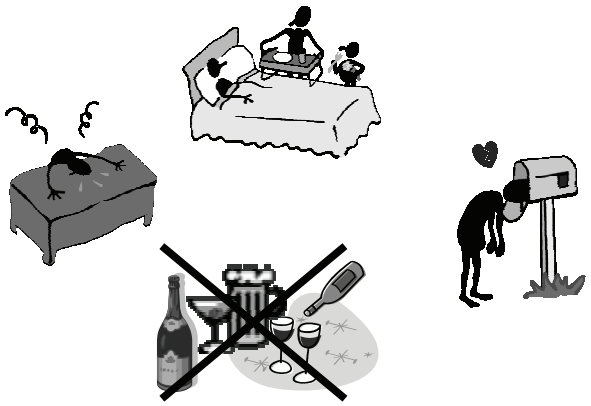
3. Why me? Why am I being punished?

2. I'm not normal. I won't be able to do anything.

1. Everyone else is having fun, so I am sure that no one cares about me.

In the last session, we talked about how the downward spiral of depression can begin with a straightforward fact or event. Here are some examples.

- You lose a job.
- A relative or friend dies.
- You get sick.
- You were diagnosed with diabetes.
- You have no energy.
- You stop drinking alcohol.



Instructions

1. In the table on the next page, **write a statement of fact or an event** on the line next to #5.

2. What thought might cause your mood to go down just a little? **Write that thought next to #4**.

3. Think of a chain of thoughts that make you feel worse until your mood is at its lowest. **Write that chain of thoughts on lines #3, #2, and #1.**

4. Complete the rest of the chaining activity spiraling up. What is a thought that would make your mood improve just a little? **Write that thought next to #6.**

5. Fill in lines #7 and #8.

6. What thought might make you feel really happy? Write that thought next to #9.

7. Do you see the link between thoughts and mood?

- Your thoughts affect how you feel and act.
- You can make choices about the way you think.

Example 

Best mood	**9.**	I will keep trying until I find a job that is right for me.
	**8.**	I have skills that employers will want.
	7.	I learned a lot at my last job.
	6.	I will work hard to find another job.
Okay/average mood	**5.**	**I have just lost my job.**
	**4.**	I'm not sure if I can find another job.
	3.	I don't think I did my job well.
	2.	I will never be a good worker.
Worst mood	**1.**	I am no good.

Your chaining activity 

Best mood	**9.**	
↑	**8.**	
	7.	
	6.	
Okay/ average mood	**5.**	**Statement of fact** _____
↓	**4.**	
	3.	
	2.	
Worst mood	**1.**	

The chaining activity illustrates that:

- Thoughts and mood are connected. When you have harmful thoughts, you are more likely to feel down. When you have helpful thoughts, your mood is likely to improve.
- A harmful thought can lead to another harmful thought, bringing your mood down.
- A helpful thought can lead to another helpful thought, bringing your mood up.
- Most of the time, your mood won't be either the worst mood possible (a "1") or the best mood possible (a "9") but somewhere in between.

Harmful Thoughts Are Not Accurate, Complete, and Balanced

Leader Tips

Time: 15 minutes
Group Member's Workbook: Page 39

1. Say: *To identify what kinds of thoughts you are having, it may be helpful to look at thoughts in a different way. Look at the table of harmful and helpful thoughts in your workbook. One kind of harmful thought is a thought that is inaccurate, or not true. For example, "I never do anything right."*

2. Ask: *Can it possibly be true that you NEVER do anything right? Here is a thought that might be more accurate: "I have made mistakes, but I do many things right." Can you see how this accurate thought might be more helpful at improving your mood?*

3. Go over the rest of the information in the table. **Ask:** *Can anybody think of other thoughts that are inaccurate, incomplete, or unbalanced?*

4. Say: *When you notice a thought, you can ask yourself: Is this thought accurate? Is this thought complete? Is this thought balanced? Harmful thoughts are not accurate, complete, and balanced.*

If you have time or if clients have difficulty sharing their own thoughts - Read aloud two or three of the statements on the list below. **Say:** *Let's try to think of some harmful and helpful thoughts. What harmful and helpful thoughts do you think you might have if you were in the same situation? What thoughts could make your mood worse and what thoughts could make your mood better, in spite of real life challenges?*

- I have just been diagnosed with diabetes.
- The rent is due, and I don't have any money.
- I am in a big hurry for an important appointment.
- I am unable to work right now because I am very depressed.
- I had unprotected sex.
- I haven't talked to my relatives for years. I want to now. I don't know how they'll react.
- People treat me different because I am Latino/Black/gay/female/poor/disabled/overweight.
- I have recently stopped using drugs.
- I can't hang out with my friends who are still using.
- I think my drinking has caused me to have problems with my memory.

Harmful		Helpful
Inaccurate (not true)		**Accurate (true)**
I never do anything right.	***vs.***	I have made mistakes, but I do many things right.
I will never be able to trust people.	***vs.***	My trust has been broken in the past, but I am working to build relationships with trustworthy people.
Incomplete (leaves out some facts)		**Complete (includes all the facts)**
My marriage was a failure.	***vs.***	During my previous marriage, I learned what I want from a relationship.
I can't work, so I am useless.	***vs.***	I can't work now, but I am providing emotional support to my family.
Unbalanced (too extreme)		**Balanced (fair and reasonable)**
I don't know anything.	***vs.***	I know a lot of things and I don't have to know everything.
I am a failure.	***vs.***	I've made mistakes, but I'm trying hard to do the right thing now.

Common Habits of Harmful Thinking

Leader Tips

Time: 30 minutes
Group Member's Workbook: Page 40

1. Say: *Let's talk about some common categories of harmful thinking. Understanding these will help you notice your harmful thoughts and change them to helpful thoughts.*

2. Say: *The first common way of thinking is called "all-or-nothing" thinking. The picture shows see-saws that are completely off balance.*

3. Read aloud the text in the second column (under "Category") that goes with all-or-nothing thinking. **Say:** *Does everybody understand how all-or-nothing thinking could make your mood worse? Can anybody think of another example of this type of thinking?*

4. Do the same with the other categories—**read the text** in the **second column** aloud. As you describe each category, ask the group if they can suggest an example.

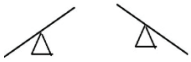
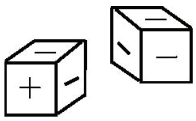
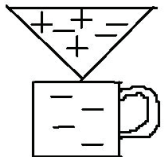
5. Say: *Now let's take a closer look at some of these ways of thinking. Which categories of harmful thoughts do you tend to have? Could you share a thought that you have had that fits in that category?* OR *Think back to the harmful thoughts you tracked during last week's practice. Let's see if the harmful thoughts you wrote down fall into one or more of these categories. I should clarify that a single thought can sometimes fall into several categories.* Then read aloud the text in the **third column** (under the heading "Examination: Are your thoughts accurate, complete, and balanced?") that goes with that category. Work to begin to examine the group members' thoughts using these questions. Do the same for several categories that group members would like to discuss, as time permits.

6. When a group member offers a thought, ask the group to help the person decide if the thought fits any of the common ways of harmful thinking.

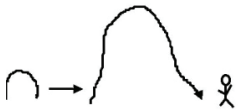
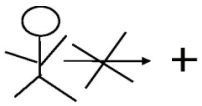
7. Say: *These categories of thoughts may help you notice your own ways of thinking. Once you notice your own thinking habits, you can learn how to change your harmful thoughts to helpful thoughts to improve your mood.*

Before you can replace a harmful thought with a helpful thought, you have to be able to identify your harmful thoughts. Understanding more about common ways of harmful thinking can help. Try to identify the categories that describe your ways of harmful thinking.

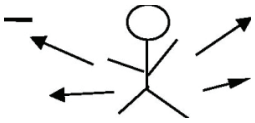
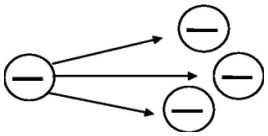
Common Habits of Harmful Thinking

Symbol	Category	Examination: Are your thoughts accurate, complete, and balanced?
	***All-or-Nothing Thinking*** Can only be at one end of the scale, top or bottom. Black or white. All good or all bad. Best or worst. Perfect or a failure. Examples: • I am not capable of loving. • I can't express my feelings.	Are there shades of gray? Maybe a more accurate thought is somewhere in the middle. Try to think in a more balanced way.
	***Pessimism*** Believing negative things are more likely to happen and positive things are never or hardly ever going to happen Example: • Why bother talking to the doctor; he/she probably can't help me.	Why choose to believe that negative things are more likely to happen? Are you really giving positive and negative things an equal chance?
	***Negative Filter (Ignoring the Positive)*** Only remember negative events. Filtering out positive events. Your cup of life ends up very bitter and negative. Examples: • I can't work, so I am useless. • If we lose it will be all my fault. • Nothing good happened to me this week. • My life is worthless if I can't see.	Is it true that there is nothing positive about your situation?

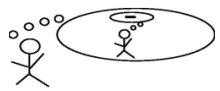
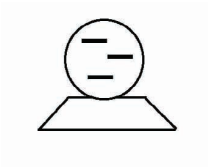
Common Habits of Harmful Thinking

Symbol	Category	Examination: Are your thoughts accurate, complete, and balanced?
	***Exaggerating*** Exaggerating problems and the possible harm they could cause, and underestimating your ability to deal with them. Making a "mountain out of a mole hill." Examples: • I can't stand it. • I will never be able to complete this task.	How big is the problem really? Where is it likely to lead? How might you deal with the problem?
	***Labeling (either yourself or others)*** Attaching a negative label, instead of seeing an error or problem. Labels can become self-fulfilling prophecies. "Stupid" vs. not good at math. "Clumsy" vs. drop things occasionally. Examples: • I can't believe I don't know the answer. I must be stupid. • I am ugly (or unattractive).	What is it specifically that you can't do or that you are upset about? Think about what you did rather than who you are. Have there been times when people seemed to enjoy doing something in your company?
	***Not Giving Oneself Credit*** Thinking positive things that happen are either just luck or somebody else's doing and never the results of one's effort. Example: • Yes, I came to group today, but it's no big deal.	Are you overlooking your strengths and accomplishments? Pat yourself on the back for something good that you made happen. Did you contribute in some way?

Common Habits of Harmful Thinking

Symbol	Category	Examination: Are your thoughts accurate, complete, and balanced?
	***Blaming Oneself*** Thinking negative things happen, and they are always entirely your fault. Examples: • Things would have gone well if I hadn't been there. • My partner seems very upset today, maybe I did something wrong. • If we lose it will be all my fault.	Are you to blame for everything, always? Do bad things happen only to you? Are there good things that you have made happen? Are there things that went well because you were there?
	***Overgeneralization*** Taking one negative characteristic or event and seeing it as a never-ending pattern. He/she doesn't like me = no one likes me. I couldn't do this one thing = I can't do anything. Examples: • If I can't get this job, then everything's lost. I might as well give up. • I can't believe my friend did what she did. • I don't think I can trust anyone ever again.	Are you assuming that every situation and every person are the same? This is just one situation and one person. Can you remember other situations and people that are different? Even the same person may act differently next time—do you always act the same?
	***"Should"ing yourself*** Telling yourself you should, ought, and must do something. Makes you feel forced to do things, controlled, and resentful. Weighing yourself down with "shoulds." Example: • I should be the best. • This shouldn't have happened to me.	Do you really have to do anything? Do things have to turn out a certain way? Is it necessary for things to turn out the way you want in order for you to be happy?

Common Habits of Harmful Thinking

Symbol	Category	Examination: Are your thoughts accurate, complete, and balanced?
	***Mind Reading*** Thinking that you know what others are thinking, and they are thinking negatively about you. Examples: • My partner seems very upset today; I must have done something wrong. • I did not get the answer first. My team members must be mad at me. • I can't tell others how I feel because they will think I am crazy. • Other people think I am boring (or depressing).	Can you really know what others are thinking? Most people are focused on their own problems. Maybe they are acting in a certain way for reasons that don't have anything to do with you. What are some possible reasons?
	***Negative Fortune Telling*** Thinking that you can see how things will be in the future and it is bad. Examples: • I will never be able to stay sober. • The party is going to be really boring so why bother going. • I'll never be happy again. • I am not capable of loving.	Can you predict the future? What would it be like to help shape the future rather than just imagining that it will be bad? Things may change from how they used to be.



KEY MESSAGES

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 44

1. **Say:** *Today we have talked about some common habits of harmful thinking.*

2. **Read aloud** the key messages and ask group members if they have questions or comments.

- A harmful thought can lead to another harmful thought, bringing your mood down.
- A helpful thought can lead to another helpful thought, bringing your mood up.
- You can learn to notice your harmful thoughts by being aware of common ways of harmful thinking.
- You can begin to question your harmful thoughts.
- You can try to think in ways that help you have a healthy mood.



PRACTICE

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 45

Quick Mood Scale

1. Read aloud the directions for the Quick Mood Scale.

Keep Track of Your Thinking Each Day

2. Say: *The first step in changing your thoughts and improving your mood is to identify those thoughts that are most powerful in terms of your own mood. Your other practice activity is to keep track of your thinking each day.*

3. Pass out index cards, seven cards for each person, and one binder clip per person. **Read the directions (practice #2) aloud. Then say:** *You also have room in your workbook to write your harmful and helpful thoughts each day. You may use the cards, or the workbook, or both. You can take a few minutes right now and put the plus signs and minus signs on your cards.*

4. Say: *Try not to write down things that are happening to you. Instead, write down what you are thinking that makes you feel better or worse. We expect that you will be able to identify 5–10 thoughts each day. Bring the cards with you for next session. You can use the clip to attach them to your workbook. Take a moment to write down one harmful and one helpful thought to get you started.*

5. Remind the group that it is important that they do the practice activities. **Ask** the group members if they have any questions.

Notice Categories of Harmful Thoughts

6. Say: *As you track your thoughts, try to notice whether your harmful thoughts tend to fall in one or more of the categories of harmful thoughts. You can also review the categories and they may help you to notice your harmful thoughts. You can also write down the categories you notice next to each harmful thought.*

1. Track your mood using the Quick Mood Scale.

Notice at the bottom of the Quick Mood Scale that we have added a place where you answer "Yes" or "No" to whether you were able to notice your harmful thoughts each day. Of course you won't notice every thought that you have in the course of a day—but try to become more aware of what your thoughts are when you are most depressed or feeling the most at peace. Eventually, you will probably notice that on the days when you have fewer negative thoughts, your mood will be better.

2. Track your thoughts using index cards.

- Use one separate card for each day (using either the separate index cards or the "cards" printed in your workbook).
- Write the day of the week on the cards. For example, if you start tracking your thoughts for the week on a Wednesday, write "Wednesday" (or "W") on the first card.
- Mark one side of the first day's card with a minus sign (-) and write 4–5 negative (harmful) thoughts that you have that day. Mark the other side of the card with a plus sign (+) and on that side write 4–5 positive (helpful) thoughts that you have on the same day. You can look back at the lists of harmful and helpful thoughts for examples.
- Bring your cards with you to the next session.

3. Notice which categories of harmful thoughts your thoughts tend to fall into.

Write down the categories of each of your harmful thoughts on the index cards or the "cards" printed in your workbook.

QUICK MOOD SCALE

Instructions

- Fill in the days of the week across the top of the scale. For example, if you start rating your moods for the week on a Wednesday, write "Wednesday" (or "W") on the first line, "Thursday" (or "Th") on the second line, etc. You can also write down the date (4/15, 4/16, etc.) if you want to keep track of how you are improving from week to week.
- Keep the scale beside your bed. Before you go to bed, think about your mood for the day and circle a number that matches your mood.
- Try to use all the numbers, not just 1, 5, or 9.
- There is no right answer. Only you know how you have felt each day.
- If you want to track your mood over a period of time longer than a week, write down the number rating for your daily moods on a calendar.
- At the bottom, answer "Yes" or "No" indicating how successful you were in noticing your thoughts.

Day of the Week	_____	_____	_____	_____	_____	_____	_____
Best mood	**9**	**9**	**9**	**9**	**9**	**9**	**9**
	8	**8**	**8**	**8**	**8**	**8**	**8**
	7	**7**	**7**	**7**	**7**	**7**	**7**
	6	**6**	**6**	**6**	**6**	**6**	**6**
OK/average mood	**5**	**5**	**5**	**5**	**5**	**5**	**5**
	4	**4**	**4**	**4**	**4**	**4**	**4**
	3	**3**	**3**	**3**	**3**	**3**	**3**
	2	**2**	**2**	**2**	**2**	**2**	**2**
Worst mood	**1**	**1**	**1**	**1**	**1**	**1**	**1**
Were you able to notice your harmful thoughts?	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
	No	**No**	**No**	**No**	**No**	**No**	**No**

Thoughts, Day 1 –



(Write in the day of the week.)

Thoughts, Day 1 +



(Write in the day of the week.)

Thoughts, Day 2 –



(Write in the day of the week.)

Thoughts, Day 2 +



(Write in the day of the week.)

Thoughts, Day 3 −



(Write in the day of the week.)

Thoughts, Day 3 +



(Write in the day of the week.)

Thoughts, Day 4 –



(Write in the day of the week.)

Thoughts, Day 4 +



(Write in the day of the week.)

Thoughts, Day 5 –



(Write in the day of the week.)

Thoughts, Day 5 +



(Write in the day of the week.)

Thoughts, Day 6 –



(Write in the day of the week.)

Thoughts, Day 6 +



(Write in the day of the week.)

Thoughts, Day 7 −



(Write in the day of the week.)

Thoughts, Day 7 +



(Write in the day of the week.)



FEEDBACK

LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 52

Before ending the group, ask group members to comment on the session.

The group leaders will ask for your comments about how the session went. They might ask the following questions.

- What was helpful about today's session?
- What was less helpful?
- What suggestions do you have to improve your treatment?



LOOKING AHEAD

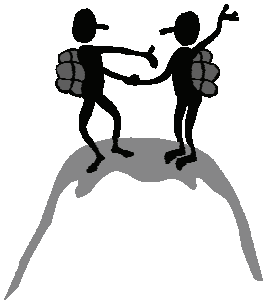
LEADER TIPS

Time: 1 minute
Group Member's Workbook: Page 52

1. **Read aloud** the text.

2. **Congratulate** group members for attending the group.

In Session 3, you will learn how to "talk back" to your harmful thoughts. You will practice replacing your harmful thoughts with helpful thoughts.



GROUP LEADER SELF- EVALUATION FORM: THOUGHTS, SESSION 2

Instructions

Taught/Done: Were you able to cover the material? If you didn't do this in this session but you do it later, when it is done write in the date you covered it.

Difficult to Teach: How hard was it to teach this part of the session? If it was neither easy nor hard, you can write "medium."

	Taught/Done? (Yes/No)	**How Difficult Was It to Lead This Part of the Session? (Easy/Hard)**
Welcome	_____	_____
Purpose and Outline	_____	_____
Announcements	_____	_____
Review		
Practice	_____	_____
Last Session	_____	_____
New Topic: Identifying Harmful and Helpful Thoughts		
The Link Between Thoughts and Mood: A Chaining Activity	_____	_____
Harmful Thoughts Are Not Accurate, Complete, and Balanced	_____	_____
Common Habits of Harmful Thinking	_____	_____
Key Messages	_____	_____
Practice	_____	_____
Feedback	_____	_____
Looking Ahead	_____	_____

SESSION 3: TALKING BACK TO YOUR HARMFUL THOUGHTS

LEADER TIPS

Materials Needed

- **Group Member's Workbooks** ("Thoughts and Your Mood")—a few copies to loan in case some group members forget to bring their own workbooks
- **Pens**—enough for everyone in the group
- **The PHQ-9 depression measure**—enough copies for everyone in the group
- **Dry erase board, chalkboard**, or large sheets of paper to present material to group
- **Index cards**—enough to give everyone in the group seven cards
- **Small binder clips—**one for everyone in the group, so group members can attach their index cards to their workbook
- **Kleenex** or other facial tissue
- **A timer** or quiet alarm clock—this is optional

Group Leaders' Goals

- Reinforce understanding of the relationship between harmful thoughts and mood.
- Help group members understand that the next step after identifying harmful thoughts is to manage them.
- Teach group members three strategies for managing their harmful thoughts.

Leader Tips

Welcome Group Members

1. As group members arrive, **greet** them by name. Ask them informally how their practice went.

2. **Pass out** the PHQ-9 depression measure. Ask group members to fill it out, put their names on it, and return it to you. Tell group members that you will talk more about it later. Scan the questionnaires quickly as you collect them. Notice any major changes in the severity of group members' depression symptoms, including thoughts of suicide. If a group member reports thoughts of suicide, follow the procedures that you have worked out with your supervisor in advance regarding how to handle these situations. Often this involves having one group leader meet privately with the client either during group or immediately following to further assess the client's risk of suicide or "handing off" the client to another clinician who will conduct this assessment. Consult with your supervisor immediately in the case of a client who is suicidal.

Purpose and Outline

3. **Introduce** the Purpose and Outline.

4. **Ask:** *What do you think it means to "talk back" to your thoughts?*

Ask the group for their ideas. Make sure the group understands that talking back to their harmful thoughts means to examine them and replace them with helpful thoughts.

PURPOSE

- Understand that after identifying harmful thoughts, the next step is learning how to manage them to improve your mood.
- Learn three strategies for "talking back" to harmful thoughts to improve your mood.

OUTLINE

I. Announcements

II. How Have You Been Feeling?

III. Review

IV. New Topic: Talking Back to Your Harmful Thoughts

  A. Examine the Evidence
  B. Find a Replacement Thought for Your Harmful Thought
  C. Catch It, Check It, Change It: Three Steps to Manage Your Harmful Thoughts

V. Key Messages

VI. Practice

VII. Feedback

VIII. Looking Ahead



ANNOUNCEMENTS

The group leaders will make any announcements that might be necessary.

Is there anything you need to let the leaders know about?

HOW HAVE YOU BEEN FEELING?

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 54

1. **Read aloud** the text in the Group Member's Workbook.

2. After the session, **compare** each group member's questionnaire to the ones he or she has filled out before. This comparison will allow you to monitor each group member's progress.

The questionnaire you filled out at the beginning of Session 1 and again today is called the "Patient Health Questionnaire," or PHQ-9 for short. It allows you and your group leaders to check how you are feeling today and to keep track of how you are feeling while you are attending the group.

Review

Practice

Leader Tips

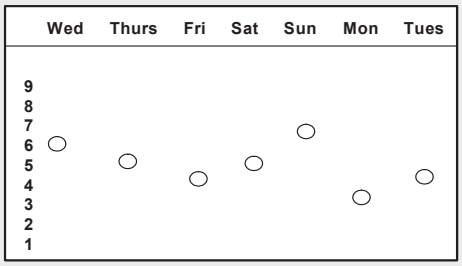
Time: 20 minutes
Group Member's Workbook: Page 55

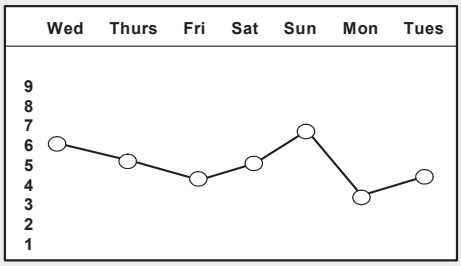
Quick Mood Scale

Ask group members about how they did tracking their moods on their Quick Mood Scales. Make a graph based on one group member's Quick Mood Scale.

1. Start the graph with the day of the week the group meets. If your group meets on a Wednesday, write "Wednesday" or "Wed" in the first space at the top of the graph.

2. Ask for a volunteer from the group to share the numbers on his or her Quick Mood Scale. Make a graph on the board like the example below. If the group member's mood was a 6 on the first day, mark a dot at 6 below "Wed."





3. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

4. Possible follow-up questions: *What do notice about your mood during the last week? Your mood was the lowest on* [day]. *What were your thoughts on that day* [integrate thoughts recorded on index cards or workbooks]*? Your mood was higher on* [day]. *What thoughts were you having on that day? What do you notice about the connection between your thoughts and your mood?*

5. Note: Depending on the size of the group, you may choose to chart the Quick Mood Scales of all group members or just one or two. Some group members will be eager to share each week, but don't focus only on them. In the course of the four-session Thoughts module, encourage as many group members as possible to share their Quick Mood Scales—even those who are shyer and less vocal. For each member who shares, try to connect thoughts and mood. Have the person describe the event and his or her thinking, and help him or her to change negative thinking. The point is to teach how to apply the CBT skills to specific, real-life situations, but not necessarily to solve **every** difficult situation. (This would be an example of all-or-nothing thinking: "*If CBT doesn't solve all my problems, then it doesn't work.*")

Keep Track of Your Thoughts Each Day

6. Review of thoughts tracking should be integrated into the review of the Quick Mood Scale. The questions below will allow you to check in with other group members that did not get their Quick Mood Scale up on the board.

7. Ask and discuss: *Was it difficult to keep track of your harmful and helpful thoughts each day? Who would like to share some harmful and helpful thoughts?*

Notice the Categories of Harmful Thoughts

8. Go over the questions in the text.

At the end of the last session, we asked you to do the following practice activities.

1. Keep track of your moods on the Quick Mood Scale.

2. Track your thoughts using index cards or on the "cards" included in your workbook.

3. Notice which categories of harmful thoughts your thoughts tend to fall into.

Questions to think about:



- Were you able to notice when you were having harmful thoughts?
- Which harmful thinking habits do you think affect your mood the most?
- Were your thoughts accurate, complete, and balanced?

Last Session

Leader Tips

Time: 5 minutes
Group Member's Workbook: Page 56

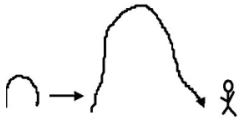
1. It may be difficult for group members to remember what you talked about in the last session. Use this time to remind them of the key messages, and to help them understand how today's lesson follows.

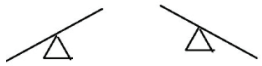
2. **Say:** *In the last session, we talked about some common ways of thinking that can be harmful to you because they bring your mood down. The purpose was to help you learn how to notice your own harmful thoughts so you can replace them with helpful thoughts and feel better.*

3. **Ask:** *Can anybody remember what habits of thinking go with the pictures? You can look back at pages 40–43 if you want to.*

4. **Say:** *Let's review the key messages from last session.*

- What do you remember most from last session?
- What do you remember about common habits of harmful thinking?







Key messages from last session are:

- A harmful thought can lead to another harmful thought, bringing your mood down.
- A helpful thought can lead to another helpful thought, bringing your mood up.
- You can learn to notice your harmful thoughts by being aware of common ways of thinking.
- You can begin to question your harmful thoughts.
- You can try to think in ways that help you have a healthy mood.

NEW TOPIC: WHAT CAN YOU DO ONCE YOU HAVE IDENTIFIED YOUR HARMFUL THOUGHTS?

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 57

1. **Say:** *We have talked about how to notice your harmful thoughts. Now what? There are different ways that you can "talk back" to your harmful thoughts to improve your mood. We will talk about some of these today. Feel free to try out different methods. You may find that one works better for you than others.*
2. **Say:** *These are the methods we will talk about.*
   - *Examine the evidence to find out if your thought is accurate, complete, and balanced.*
   - *Find a helpful replacement thought for your harmful thought.*
   - *Catch It, Check It, Change It: Use these three steps to manage your harmful thoughts.*

The way you think is probably familiar, comfortable, and automatic. Changing your thinking habits may be difficult at first. It requires practice. But it is possible!

You can use several strategies to "talk back" to your harmful thoughts to improve your mood. Three strategies are described in this session.

- Be a detective—gather evidence to find out more about your thoughts and whether they are harmful or helpful.
- Replace a harmful thought with a helpful thought.
- When you feel down, stop and notice your thoughts. If you notice that you are having a harmful thought, change it to a more helpful thought.

Examine the Evidence

Leader Tips

Time: 20 minutes
Group Member's Workbook: Page 57

1. Say: *One way you can manage a harmful thought is to look at it more closely and see if it is really true. Pretend that you are a detective. You will gather evidence about the thought and examine it to discover whether it is accurate, complete, and balanced.*

2. Say: *Take a minute to identify a thought that brings your mood down. Write it in your workbook under #1.*

3. Ask: *Who would like to share the thought they wrote down?* [Make sure everyone has identified a harmful thought.]

4. Say: *Now let's look at the questions in #2 and examine the evidence related to this thought.* **Read aloud** the questions and after each one stop and discuss how it applies to specific group members' thoughts. As group members identify evidence, encourage them to focus on facts, such as past experiences or objective observations.

5. Say: *Now we will look at some other ways you can learn more about your thought.*

6. Go over the instructions in #3-6. Stop after each new idea and ask the group to consider how they might apply it to the harmful thought. Please note that for #3 you do not need to ask the group members to do this step in session (sharing thought with another person) but they should be made aware that this is a useful step. Make sure to ask about the group members' helpful replacement thoughts before moving on, and help them to generate one if they are having trouble.

7. Tell the group that they may write notes about their own thought if they want to.

The next time you have a thought that brings your mood down or causes a strong negative feeling, try examining your thought to find out more about it. Follow these steps.



1. First, write down the thought *on the lines below.*

_____

_____

2. Ask yourself: Is the thought mostly true, mostly false, or neither?

- What is the evidence that your thought is true?
- What is the evidence that your thought is false?
- How much of your thought do you think is true?
- How much of your thought is false?

3. Share your thought with another person—someone whose opinion you trust. Ask the person what they think about your thought. Often we think differently when we say our thoughts out loud to others. Different people have different points of view. What is the other person's point of view?

On the other hand, the opinion of someone else is only one piece of evidence and you, as the detective, should take into account all the evidence and come to your own conclusions.

4. Gather more evidence by experimenting. When you're not sure if your thought is accurate, complete, and balanced, you might need to gather more evidence.

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

To test the accuracy of your thought and gather more evidence about your thought, what are some other experiments you might try? Write one idea on the lines.

_____

_____

5. When you are finished collecting evidence, ***what is the verdict on your thought?*** How realistic was it? Was it harmful or helpful?

Circle one.

Very helpful	Helpful	Neither helpful nor harmful	Harmful	Very harmful

6. Considering all the evidence, how could you change your thought to be more helpful? Write a helpful thought on the lines below.

_____

_____

Find a Replacement Thought for Your Harmful Thought

Leader Tips

Time: 25 minutes
Group Member's Workbook: Page 60

1. This section expands on #6 in the previous section, guiding group members to come up with new more helpful thoughts. **Say:** *After you notice a harmful thought, you can replace your harmful thought with a helpful thought. If your thought is incomplete, for example, you can replace it with a complete thought.*

2. Introduce the text through #2.

3. Say: *Can everybody identify one harmful thought?* **Write** one or more harmful thoughts on the board.

4. Make sure that group members have not identified a statement of fact about things that are difficult, such as "I have diabetes" or "Someone in my family just died." Help them understand the difference between having thoughts about a difficult situation and having thoughts that add unnecessary suffering to an already difficult situation. For example, a person might think "I have diabetes" (a statement of fact) "and therefore I will never have fun" (a harmful thought). You can help a group member understand this difference by asking him or her to fill in the rest of this sentence: "I have diabetes and because of that …." Or, "I am a former drug user and because of that …."

5. Say: *OK, now we have a harmful thought. Is it accurate, complete, and balanced?*

6. Say: *Can anybody suggest a thought that would be more helpful?* **Write** the replacement thought on the board.

7. Say: *Your workbook has several examples of replacement thoughts. Notice that they are organized around the common habits of harmful thinking that we talked about in the last session. Do you notice any harmful thoughts that you have had in the past?*

8. Say: *Once you have identified your harmful thoughts, it is easier to respond to them. You can take a good look at them, decide whether they are accurate, complete, and balanced, and replace them with a helpful thought.*

Practice using replacement thoughts.

1. The next time you have a moment during the day when you notice a change in your mood, stop and take a deep breath. Look into your mind. What are your thoughts at that moment? Do you recognize your thoughts as harmful or helpful?



2. Try to replace a harmful thought with a helpful one. Think about these questions.

- If you apply a replacement thought, how does your thinking change?
- When your thinking changes, how does your mood change?

The tables on the next few pages give examples of some helpful thoughts to replace harmful thoughts. Notice that the helpful thoughts are **accurate, complete, and balanced**.

Harmful Thoughts		***Helpful Thoughts***
Inaccurate	→	Accurate, true
Incomplete	→	Complete, whole
Unbalanced	→	Balanced, reasonable

Examples of Replacement Thoughts





All-or-nothing thinking	
I was a terrible parent.	I made mistakes as a parent, but I tried my best.
My mistake ruined everything.	My mistake cost me some time, but I can learn from it.
I am a complete mess.	I do some things well and I need to improve on others.
I have wasted my entire life because of using alcohol/ drugs.	Even though some time has been lost, I am now sober/ drug-free, and I can still do things that are important to me.
Pessimism	
Why even try?	I know if I try hard I will succeed at some things, but not everything.
Once a drug user, always a drug user.	Just because I used drugs in the past doesn't mean I can't get clean now. Many other people have.
Once a drinker, always a drinker.	Many people who drink too much try several times before they quit drinking. I am working hard to stop drinking, and I can be successful if I keep trying.
Negative filter	
Everything in the news is terrible.	Some things in the news are upsetting (dramatic news sells newspapers), but good things happen every day.
Today was awful.	Some bad things happened today, but tomorrow is another day.
All you do is criticize me.	I feel bad when you criticize me, but I appreciate it when you bring me coffee in the morning.

Harmful Thought 	Helpful Thought 
Exaggerating	
If he leaves me, I'll die.	I would like to keep my marriage, but many people go on to live happily after a divorce if they have to, and I could too.
My kid is a terrible mess.	My kid is having some problems right now, but I know he will learn from his mistakes.
Life is too hard.	Sometimes it feels hard to have the energy to keep trying, but I know that I can take one step at a time.
Trying to stay sober is impossible.	Getting sober can be tough, but I will take things one day at a time and try my hardest.
Labeling	
I am a total mess.	I have trouble with some things, but I am good at others; for example, I am good at being a friend.
My daughter is horrid.	I don't like my daughter's behavior right now, but I am proud that she is so bright.
My life is a disaster.	I have had many difficult losses, but many things in my life are good, including my friends and my health.
I'm nothing but a drunk.	I have had trouble drinking too much alcohol, but I am working hard to get sober. And there are good parts of me that have nothing to do with drinking.
Not giving oneself credit	
I'm lucky I lived.	I lived because I worked hard with my doctors and did everything they said before the surgery.
I don't deserve my job.	I have made mistakes in my job, but I have also made valuable contributions.
My husband makes our household work.	I contribute to our family in different ways from my husband.
It's just luck that I got clean.	I worked really hard to get off drugs.
Blaming oneself	
I should support my family better.	I supported my family for years and there are still many things I can do for them.
My divorce is my fault.	I made some mistakes in my marriage, but not all of the problems were my fault.
I failed at my job.	I was fired from this job, but I did the best I could at the time.

Harmful Thought 	Helpful Thought 
Overgeneralization	
When I had that drink, I ruined my sobriety.	I had a lapse, but that doesn't mean that I'll have a full-blown relapse. I can still be proud of the time I was sober and of my efforts to stay sober now.
You can't trust anyone.	There are some people you can trust, and others you cannot.
"Should"ing	
I should have known better than to trust him.	I am learning that I need to move slowly when learning to trust others and wait to make sure they are trustworthy.
He should be nicer to me.	I would like it if he wasn't so rude, but he is who he is.
Mind reading	
I know John is mad at me; he didn't even speak.	John may be having his own problems.
My boss frowned at me; I'm going to get fired.	I don't really know why my boss frowned at me. Maybe he is having a bad day.
Negative fortune telling	
I just know something terrible is about to happen.	I'm worried right now, but that doesn't mean something bad is bound to happen.
This will never work.	This may work or not, but it is worth trying.
Everything will turn out bad.	Some things won't turn out the way I want, but others will.

Catch It, Check It, Change It

Leader Tips

Time: 30 minutes
Group Member's Workbook: Page 64

1. Say: *The Catch It, Check It, Change It method combines some of the other strategies that we have been talking about. This exercise ties together the process of identifying a harmful thought, questioning the thought, and then coming up with a replacement thought.*

2. Introduce the text "Catch It, Check It, Change It." **Ask** for questions as you discuss the material.

3. Say: *Look at the table in your workbook.* **Read** the instructions for the table.

4. Catch It. **Say:** *For "Catch It," we are trying to catch the thought that made our mood go down. Sometimes it is easier to notice your feeling first. Think of a negative emotion or low mood as a stop sign to "catch" your thought. Think about a time in the last week when you noticed your mood get worse. What was the situation? What were your feelings? What were your thoughts?*

5. Check It. **Say:** *Now, let's "check" whether this thought is accurate, complete, and balanced.*

First, is the thought accurate? Remember, "accurate" means almost the same thing as "true." Is the statement true?

Is the thought complete? Remember, a complete thought includes all the important and relevant facts.

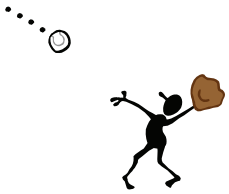
Is the thought balanced? If the thought is balanced, it isn't too extreme. It is fair and reasonable.

Does this thought fall into any of the categories of harmful thinking habits?

6. Change It. **Say:** *Now, let's "change" this harmful thought to a more helpful thought. Can you think of a replacement thought for the harmful thought?*

7. Practice the exercise one or two times on the board, then say: *Take a minute and try filling out the table with your own example.*

8. After allowing time to complete the exercise, try to review as many examples from the group as possible.

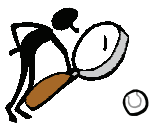


1. Catch It

The first step is to notice—or "catch"—your harmful thought.

If you find that your feelings are easier to catch than your thoughts, you can use your feelings as a signal to stop and focus on what you are thinking. For example, when you notice that your mood changes or that you feel sad or angry, stop. Ask yourself some questions.

- What thought was I having when I noticed a change in my mood?
- What was happening at the time?



2. Check It

Examine your thought more closely. You can ask yourself the following questions to help you consider whether your thought is helpful or harmful—that is, whether the consequences of the thought are good or bad for you.

Is the thought:

- **Inaccurate (not true)?** "It's just luck that I got clean."

  or

- **Accurate (true)?** "I worked really hard to get off drugs and alcohol."

- **Incomplete (leaves out some facts)?** "I used yesterday. I will never stay clean."

  or

- **Complete (includes all the facts)?** "I had a slip after being sober for a month. But I should give myself credit for the time I was clean and continue to work hard to maintain my recovery."

- **Unbalanced (too extreme)?** "Nothing has worked out for me. I know I will start using again."

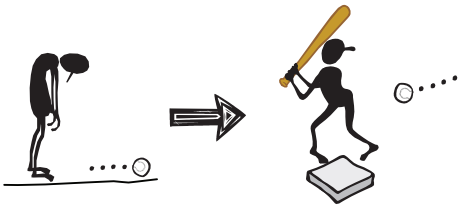
  or

- **Balanced (fair and reasonable)? "**Starting recovery is stressful, but that doesn't mean I will start using again."

Does the thought fall into any of the categories of harmful thinking?

If a thought is not accurate, complete, and balanced, it can bring your mood down and increase the chances that you will use drugs or alcohol. It is harmful to you because it has negative consequences.

3. Change It



How could you change your harmful thought? What helpful thought could replace your harmful thought?

Catch It, Check It, Change It

Think about a time in the last week when you noticed a change in your mood. Then try to answer the questions in the table below. (Examples are provided, but think about your own situation.)







What happened? *I had a fight with my partner.*	**What were your feelings?** *Sad, angry.*	**What was your thought?** *My partner always gets his/her way.*	**Examine your thought. Is it accurate, complete and balanced?** *Was there a time when I got what I wanted? Maybe my thought isn't complete.*	**Replace the harmful thought with a helpful thought.** *We won't always agree. My partner gets his/her way sometimes, but I often get what I want, too.*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



KEY MESSAGES

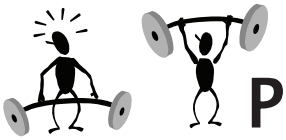
LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 67

1. **Read** the key messages aloud.

2. **Ask** the group if they have any questions or comments.

- You can learn ways to "talk back" to your harmful thoughts to improve your mood.
- You can examine your thoughts to learn more about them and decide whether they are harmful or helpful.
- You can learn to replace a harmful thought with a helpful thought.



PRACTICE

LEADER TIPS

Time: 10 minutes

Group Member's Workbook: Page 67

Quick Mood Scale

1. Remind group members that the Quick Mood Scale now includes a place at the bottom to indicate whether they were able to notice their harmful thoughts.

Catch It, Check It, Change It

2. Say: *Look at the chart in your workbooks after the Quick Mood Scale. It is like the one we looked at when we talked about "Catch It, Check It, Change It." We would like you to practice completing this exercise this week when you notice your mood gets worse.* Go over the directions at the top of the chart and in the first row.

3. Ask group members if they have any questions.

1. Track your mood using the Quick Mood Scale. Don't forget to try to notice your harmful thoughts each day.

2. Use the Catch It, Check It, Change It steps in the next week to notice your thoughts and feelings, examine them, and change your harmful thoughts to helpful thoughts. **Fill in the Catch It, Check It, Change It chart** that you will find after the Quick Mood Scale.

QUICK MOOD SCALE

Instructions

- Fill in the days of the week across the top of the scale. For example, if you start rating your moods for the week on a Wednesday, write "Wednesday" (or "W") on the first line, "Thursday" (or "Th") on the second line, etc. You can also write down the date (4/15, 4/16, etc.) if you want to keep track of how you are improving from week to week.
- Keep the scale beside your bed. Before you go to bed, think about your mood for the day and circle a number that matches your mood.
- Try to use all the numbers, not just 1, 5, or 9.
- There is no right answer. Only you know how you have felt each day.
- If you want to track your mood over a period of time longer than a week, write down the number rating for your daily moods on a calendar.
- At the bottom, answer "Yes" or "No" indicating how successful you were in noticing your thoughts.

Day of the Week	____	____	____	____	____	____	____
Best mood	**9**	**9**	**9**	**9**	**9**	**9**	**9**
	8	**8**	**8**	**8**	**8**	**8**	**8**
	7	**7**	**7**	**7**	**7**	**7**	**7**
	6	**6**	**6**	**6**	**6**	**6**	**6**
OK/average mood	**5**	**5**	**5**	**5**	**5**	**5**	**5**
	4	**4**	**4**	**4**	**4**	**4**	**4**
	3	**3**	**3**	**3**	**3**	**3**	**3**
	2	**2**	**2**	**2**	**2**	**2**	**2**
Worst mood	**1**	**1**	**1**	**1**	**1**	**1**	**1**
Were you able to notice your harmful thoughts?	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
	No	**No**	**No**	**No**	**No**	**No**	**No**

Catch It, Check It, Change It

Think about a time in the last week when you noticed a change in your mood. Then try to answer the questions in the table below. (Examples are provided, but think about your own situation.)







What happened? *I had a fight with my partner.*	**What were your feelings?** *Sad, angry.*	**What was your thought?** *My partner always gets his/her way.*	**Examine your thought. Is it accurate, complete and balanced?** *Was there a time when I got what I needed? Maybe my thought isn't complete.*	**Replace the harmful thought with a helpful thought.** *We won't always agree. My partner gets his/her way sometimes, but I often get what I want too.*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



Feedback

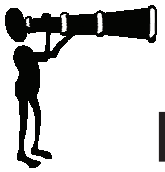
Leader Tips

Time: 2 minutes
Group Member's Workbook: Page 70

Encourage group members to comment on today's session.

The group leaders will ask for your comments about how the session went. They might ask the following questions.

- What was helpful about today's session?
- What was less helpful?
- What was difficult about this session?
- What suggestions do you have to improve your therapy?



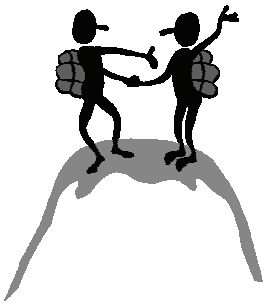
LOOKING AHEAD

LEADER TIPS

Time: 1 minute
Group Member's Workbook: Page 70

Give group members a preview of the next session. **Read aloud** the text.

In Session 4 of the Thoughts module, we will talk about more strategies for changing your harmful thoughts to helpful ones. We also will review the Thoughts module.



GROUP LEADER SELF- EVALUATION FORM: THOUGHTS, SESSION 3

Instructions

Taught/Done: Were you able to cover the material? If you didn't do this in this session but you do it later, when it is done write in the date you covered it.

Difficult to Teach: How hard was it to teach this part of the session? If it was neither easy nor hard, you can write "medium."

	Taught/Done? (Yes/No)	**How Difficult Was It to Lead This Part of the Session? (Easy/Hard)**
Welcome	_____	_____
Purpose and Outline	_____	_____
Announcements	_____	_____
How Have You Been Feeling?	_____	_____
Review		
Practice	_____	_____
Last Session	_____	_____
New Topic: What Can You Do Once You Have Identified Your Harmful Thoughts?		
Examine the Evidence	_____	_____
Find a Replacement Thought	_____	_____
Catch It, Check It, Change It	_____	_____
Key Messages	_____	_____
Practice	_____	_____
Feedback	_____	_____
Looking Ahead	_____	_____

SESSION 4: HOW TO HAVE MORE HELPFUL THOUGHTS TO IMPROVE YOUR MOOD

Leader Tips

Materials Needed

Group Member's Workbooks ("Thoughts and Your Mood")—a few copies to loan in case some group members forget to bring their workbook

Pens—enough for everyone in the group

Dry erase board, chalkboard, or large sheets of paper to present material to group

Certificates of Achievement for graduating group members

Kleenex or other facial tissue

Group Leaders' Goals

- Teach more strategies for having helpful thoughts.
- Talk about how helpful thoughts can help group members live the life they want.
- Look back and review the Thoughts module
- Say goodbye to graduating group members.

Leader Tips

Welcome Group Members

As group members arrive, greet them by name. Ask them informally how their practice went.

Purpose and Outline

Introduce the Purpose and Outline.

PURPOSE

- Learn strategies for having more helpful thoughts
- Understand that having more helpful thoughts can improve your mood and help you live the life you want.
- Say goodbye to graduating group members

OUTLINE

I. Announcements

II. Review

III. New Topic: How to Have More Helpful Thoughts

  A. Identify Your Helpful Thoughts

  B. Balancing Your Thoughts with “Yes, But” Statements

  C. Set Aside Some Worry Time

IV. Key Messages

V. Practice

VI. Feedback

VII. Review of Module

VIII. Goodbye to Graduating Group Members

IX. Looking Ahead to the Next Module



ANNOUNCEMENTS

LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 72

1. If any members of your group will have completed all four modules at the end of this session, they will be "graduating" from CBT. Tell the group who these graduates are and say *"congratulations."*

2. Say: *At the end of this session, we will be talking more with these group members to find out how they are feeling and what their plans are for the future.*

The group leaders will make any announcements that might be necessary.

Is there anything you need to let the leaders know about?

Review

Leader Tips

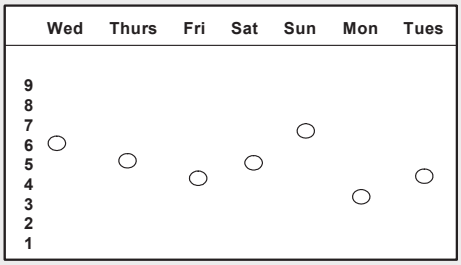
Time: 20 minutes
Group Member's Workbook: Page 72

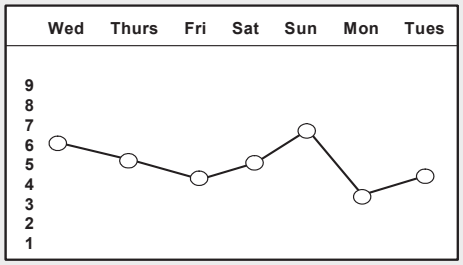
Quick Mood Scale

Ask group members about how they did tracking their moods on their Quick Mood Scales. Make a graph based on one group member's Quick Mood Scale.

1. Start the graph with the day of the week the group meets. If your group meets on a Wednesday, write "Wednesday" or "Wed" in the first space at the top of the graph.

2. Ask for a volunteer from the group to share the numbers on his or her Quick Mood Scale. Make a graph on the board like the example below. If the group member's mood was a 6 on the first day, mark a dot at 6 below "Wed."





3. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

4. Possible follow-up questions: *What do notice about your mood during the last week? Your mood was the lowest on* [day]. *What were your thoughts on that day* [integrate thoughts recorded on index cards or workbooks]*? Your mood was higher on* [day]. *What thoughts were you having on that day? What do you notice about the connection between your thoughts and your mood?*

Catch It, Check It, Change It

5. Say: *Your practice also included filling in the Catch It, Check It, Change It table. Who would like to share what they wrote down?* Write examples on the board. Try to connect replacing harmful thoughts with helpful thoughts to their mood ratings on the Quick Mood Scale.

Last Session

6. It may be difficult for group members to remember what you talked about in the last session. Use this time to remind them of the key messages, and to help them understand how today's lesson follows.

7. Say: *In the last session, we talked about the fact that after you have learned how to identify your thoughts, you can learn how to respond to your harmful thoughts to feel better.*

8. Go over the text under "Last Session."

Practice

1. Track your mood using the Quick Mood Scale. Don't forget to try to notice your harmful thoughts each day.

2. Use the Catch It, Check It, Change It steps in the next week to notice your thoughts and feelings, examine them, and change your harmful thoughts to helpful thoughts.

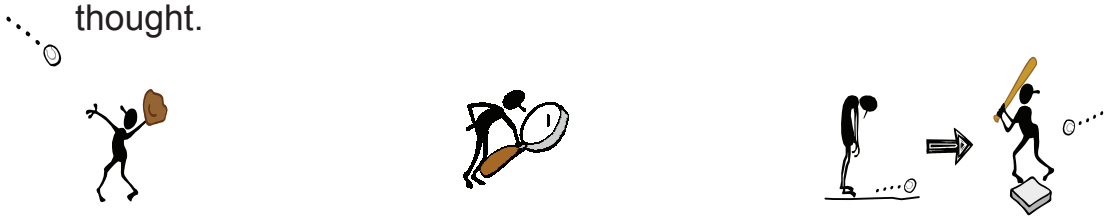
Last Session

1. Last session we talked about three ways to manage a harmful thought.

- Examine the evidence. 
- Replace a harmful thought 

  with a helpful thought. 

- **Catch** the thought, **check** the thought, and **change** the thought.



2. What do you remember most from the last session?

Key messages from last session are:

- You can learn ways to talk back to your thoughts to improve your mood.
- You can examine your thoughts to learn more about them and decide whether they are harmful or helpful.
- You can learn to replace a harmful thought with a helpful thought.

NEW TOPIC: HOW TO HAVE MORE HELPFUL THOUGHTS

Identify Your Helpful Thoughts

LEADER TIPS

Time: 20 minutes
Group Member's Workbook: Page 74

1. Say: *Now let's try to identify some thoughts that are accurate, complete, and balanced—in other words, helpful.*

Can you remember a time in the last week when you felt good? Take a moment to close your eyes and try to picture yourself in the situation you were in when you felt good. [Wait a moment to allow the group members to picture the moment.] *Now, with your eyes still closed, try to remember the thoughts you were having at the time.*

2. Say: *Ok, now open your eyes and write your thoughts on the lines in your workbook.*

3. Say: *What thoughts did you notice?* **Write some of** the group members' thoughts on the board.

4. Say: *We can look at these thoughts by using the questions you see in your workbook.* **Read aloud** the questions one at a time and discuss them in relation to the thoughts shared by group members.

Try to remember a time in the last week when you felt good. Close your eyes and try to picture yourself in the situation you were in then. What were you thinking? Write down these thoughts.

_____

_____

Questions to think about:



- How does this thought make you feel?
- What thoughts help you feel good about yourself?
- What thoughts give you strength?
- What thoughts can keep you feeling good?

Balancing Your Thoughts With "Yes, But" Statements

Leader Tips

Time: 20 minutes
Group Member's Workbook: Page 75

1. **Say:** *In the last session we talked about strategies for replacing harmful thoughts. Today, we'll discuss some ways to have more helpful thoughts. When you have more helpful thoughts and feel less depressed, you can start to think about how you want your life to be.*

2. **Say:**

- *Sometimes depression gets in the way of having helpful thoughts.*
- *Helpful thoughts can affect mood positively.*
- *A different way of thinking takes time and must be practiced.*
- *Having more accurate, complete, and balanced thoughts does not mean that your life will be perfect or without problems. Instead, your life can be more balanced.*

3. **Introduce the text.** Discuss the ideas with the group members.

4. **Say:** *Let's look at the "yes, but" table. I will read the first example aloud.* **Read aloud** the text in the first row.

5. **Say:** *Now I would like you to try filling in your own example.* Group members will work individually but help them as much as they need.

6. After a few minutes, **ask:** *Would anybody like to read what they wrote?*

7. **Ask:** *Do you have any comments or questions before we look at another way to have more helpful thoughts?*

What If Your Thought Is True?

What if you examine the evidence and find that your thought is true? For example, it may be true that when you were depressed and using alcohol or drugs you were not able to do your best work and you lost a job. Can you accept what you can't change and let go of it so that it doesn't bring your mood down?

Imagine What You Would Say to Someone Else in the Same Situation

You might find that you are more accepting of other people than you are of yourself. If a friend had the same thought or was in the same situation, what would you say? Try giving yourself the same advice you would give to your friend.

Accept the Truth and Move On—Add "Yes, But" to Your Thinking

When you are depressed, you might find it difficult to think helpful thoughts about yourself or your situation. One way to fight back is to add "yes, but" to your thoughts. You don't have to ignore or deny your problems—but you can add balance to your thinking.

Strategies for Talking Back to Harmful Thoughts:

Add "Yes, But"





Example of a harmful thought	Add a *"yes, but"* statement
I was fired because I performed poorly at my job. Nobody will want to hire such a terrible worker.	**Yes**, I was fired because I didn't do my best work, **but** I now am putting a lot of effort into improving my depression and staying sober. I will find another job and do great work.
I am always depressed.	**Yes**, I may be depressed right now, **but** I am going to group therapy to help me change my mood.
I will never stop drinking.	**Yes**, I have relapsed in the past, **but** I am working hard at a realistic plan for staying sober.

My examples of harmful thoughts	**Add a *"yes, but"* statement**
	Yes, **but**
	Yes, **but**
	Yes, **but**

Set Aside Some Worry Time

Leader Tips

Time: 10 minutes
Group Member's Workbook: Page 77

1. Say: *We have talked a lot about replacing your harmful thoughts with helpful thoughts. But it is not realistic to think that any of us will never have a harmful thought or worry about our troubles. So we are going to talk about a way to manage your harmful thoughts. It is called worry time.*

2. Say: *Close your eyes for a few minutes and focus on your harmful thoughts.*

3. Wait quietly for a few minutes, and when group members are deeply into their "worry time," tell them to shift their attention to something else. Tell the group members to stop, and redirect their thoughts to something that will "wake them up," distract them from their harmful thoughts, and get them thinking about something different. For example, ask them to remember their Social Security Number or count backwards from 100 (silently, in their own minds). Negative thought can still be in their mind, but they can choose to shift attention onto something more positive/helpful.

4. Ask: *What happened to your thoughts when I told you to stop and you thought about something else?* Suggest that they probably stopped thinking about their harmful thoughts because there was something else in the way.

5. Read aloud the text. Help group members fill out their worry time plan.

Totally avoiding thoughts that make us feel stressed is not realistic—there are some situations that ***are*** difficult to solve. But you can limit how often you focus on these draining thoughts by planning a "worry time" once each day. Set aside five or ten minutes a day where you allow yourself to focus on your worries. Don't try to do anything else during this time. Just consider alternatives for how you might deal with what's worrying you.

When the worry time is over, move on with the rest of your day. Try out the solutions you came up with, think pleasant thoughts, or do activities you enjoy. You could set a timer to go off at the end of your worry time and have an activity ready to do, or plan to meet a friend so you have to "break your thoughts" and focus on something

pleasant. While you may not be able to dismiss your worries entirely, consciously focusing on more helpful thoughts and activities may improve your mood.

The point is to set aside time to consider things that you really need to face, but not to allow the worrying to color your whole day.

My Worry Time Plan



I am worried about my problems. But I know that if I worry 24 hours a day, I will feel bad all the time and not solve anything. I am going to set aside some time and allow myself to think about my problems.



My worry time will be on:

_____

(every day, or only on a certain day of the week?)

My worry time will be at:



_____o'clock.

(what time each day?)

I will worry for:



_____minutes.

(how many minutes?)





Then I will stop worrying and move on with the rest of my day. If I find myself worrying again, I will shift my focus of attention to something more positive/helpful remind myself that I have set aside time to worry later. I will keep a pen and paper handy in case I want to write down something to think about later during worry time.

_____

(your signature)



KEY MESSAGES

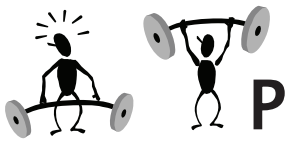
LEADER TIPS

Time: 5 minute
Group Member's Workbook: Page 79

1. Read aloud the key messages.

2. Ask group members if they have any questions or comments.

- You can use strategies to have more helpful thoughts.
- Having more helpful thoughts can improve your mood and help you live the life you want.



PRACTICE

LEADER TIPS

Time: 10 minute
Group Member's Workbook: Page 79

Quick Mood Scale

1. Remind group members that the Quick Mood Scale now includes a place at the bottom to indicate whether they were able to notice their harmful thoughts.

Increasing Helpful Thoughts

2. Say: *We would like you to review the ideas in your workbook for how to have more helpful thoughts. We discussed using the "Yes, But" technique and setting aside some worry time. Try out both ideas. Think about which one works best for you.*

1. Track your mood using the Quick Mood Scale.

2. Try adding a "Yes, But" to your harmful thoughts. Try setting aside some worry time. Think about which method worked for you.

QUICK MOOD SCALE

Instructions

- Fill in the days of the week across the top of the scale. For example, if you start rating your moods for the week on a Wednesday, write "Wednesday" (or "W") on the first line, "Thursday" (or "Th") on the second line, etc. You can also write down the date (4/15, 4/16, etc.) if you want to keep track of how you are improving from week to week.
- Keep the scale beside your bed. Before you go to bed, think about your mood for the day and circle a number that matches your mood.
- Try to use all the numbers, not just 1, 5, or 9.
- There is no right answer. Only you know how you have felt each day.
- If you want to track your mood over a period of time longer than a week, write down the number rating for your daily moods on a calendar.
- At the bottom, answer "Yes" or "No" indicating how successful you were in noticing your thoughts.

Day of the Week	____	____	____	____	____	____	____
Best mood	**9**	**9**	**9**	**9**	**9**	**9**	**9**
	8	**8**	**8**	**8**	**8**	**8**	**8**
	7	**7**	**7**	**7**	**7**	**7**	**7**
	6	**6**	**6**	**6**	**6**	**6**	**6**
OK/average mood	**5**	**5**	**5**	**5**	**5**	**5**	**5**
	4	**4**	**4**	**4**	**4**	**4**	**4**
	3	**3**	**3**	**3**	**3**	**3**	**3**
	2	**2**	**2**	**2**	**2**	**2**	**2**
Worst mood	**1**	**1**	**1**	**1**	**1**	**1**	**1**
Were you able to notice your harmful thoughts?	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
	No	**No**	**No**	**No**	**No**	**No**	**No**



Feedback

Leader Tips

Time: 2 minutes
Group Member's Workbook: Page 81

Encourage group members to comment on today's session and on the Thoughts module.

The group leaders will ask for your comments about how Session 4 and the Thoughts module went. They might ask the following questions:

- What was helpful about today's session and in the Thoughts module?
- What was less helpful?

REVIEW OF MODULE: "THOUGHTS AND YOUR MOOD"

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 81

1. **Introduce** the text below and the questions. Stop after each question, inviting the group to comment.

2. **Review** the key messages from the module.

Key messages from "Thoughts and Your Mood" are:

Session 1: Your Thoughts and Mood Are Connected

- A thought is a sentence you say to yourself or a picture in your mind.
- A feeling is an emotion or mood.
- Your thoughts can affect how you feel.
- You can use your thoughts to improve your mood.

Session 2: How to Identify Harmful and Helpful Thoughts

- A harmful thought can lead to another harmful thought, bringing your mood down.
- A helpful thought can lead to another helpful thought, bringing your mood up.
- You can learn to notice your harmful thoughts by being aware of common ways of thinking.
- You can begin to question your harmful thoughts.
- You can try to think in ways that help you have a healthy mood.

Session 3: Talking Back to Your Harmful Thoughts

- You can learn ways to talk back to your thoughts to improve your mood.
- You can examine your thoughts to learn more about them and decide whether they are harmful or helpful.
- You can learn to replace a harmful thought with a helpful thought.

Session 4: How to Have More Helpful Thoughts to Improve Your Mood

- You can use strategies to have more helpful thoughts.
- Having more helpful thoughts can improve your mood and help you live the life you want.



GOODBYE TO GRADUATING GROUP MEMBERS

LEADER TIPS

Time: 20 minutes
Group Member's Workbook: Page 83

Leader goals

- Reinforce the work the group members have done and the changes they have made.
- Help the group members develop a specific plan for what they will do if they become depressed again. Focus on what they can try on their own, but remind them that it is ok to seek treatment again.

1. It is important to talk with group members who have completed all the CBT modules and who will be leaving the group. If nobody in your group is graduating, skip this section.

2. Say: *As you know, some members of the group have finished CBT and will be leaving the group. Our graduates are* _____ (say their names).

3. Look at the graduates and say: *How do you feel about leaving?* Give them a few minutes to respond.

4. Discuss the questions listed.

5. Say: *Would other group member like to share what they have noticed about changes these group members have made or what you appreciated about having them in group?*

6. Say something specific to each group member who is leaving. (Think about what you want to say ahead of time.) Be direct about the group member's contribution to the group and the changes you have seen the group member make.

7. Present certificates of achievement to the graduating group members. (You can photocopy the sample certificate from the group leader's introduction. See the section called "Supplies You Will Need.")

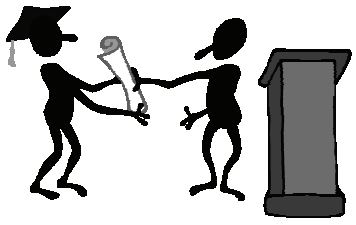
If you have completed all four modules in CBT, you are now a CBT graduate.

CONGRATULATIONS!

Since you are leaving the group, you might want to talk about the following.

1. What have you learned that you think will help you feel better?
2. What have you learned that will help you reach some of your goals?
3. How will you get support in your everyday life when you are no longer coming to group meetings?
4. What will you do the next time you feel depressed?
5. What will you do the next time you feel like using?

If you still feel depressed, tell your group leader, and he or she will help you get further treatment.





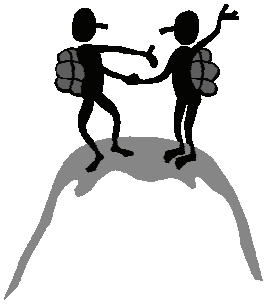
LOOKING AHEAD TO THE NEXT MODULE

LEADER TIPS

Time: 1 minute
Group Member's Workbook: Page 84

Say: *Next week we will begin another module in CBT. The new module is about how your activities can affect your mood. You can improve your mood by doing more activities. We also will be welcoming new group members who are just starting CBT.*

The next module is called "Activities and Your Mood." One of the symptoms of depression is that you may not feel like doing the things that you used to enjoy. In the Activities module, we will discuss the importance of doing activities even when you don't feel like it because they will help you feel better.



GROUP LEADER SELF- EVALUATION FORM: THOUGHTS, SESSION 4

Instructions

Taught/Done: Were you able to cover the material? If you didn't do this in this session but you do it later, when it is done write in the date you covered it.

Difficult to Teach: How hard was it to teach this part of the session? If it was neither easy nor hard, you can write "medium."

	Taught/Done? (Yes/No)	**How Difficult Was It to Lead This Part of the Session? (Easy/Hard)**
Welcome	_____	_____
Purpose and Outline	_____	_____
Announcements	_____	_____
Review		
Practice	_____	_____
Last Session	_____	_____
New Topic: How to Have More Helpful Thoughts		
Identify Your Helpful Thoughts	_____	_____
Balancing Your Thoughts with "Yes, But" Statements	_____	_____
Set Aside Some Worry Time	_____	_____
Key Messages	_____	_____
Practice	_____	_____
Feedback	_____	_____
Review of Module	_____	_____
Goodbye to Graduating Group Members	_____	_____
Looking Ahead to the Next Module	_____	_____

RESOURCES FOR GROUP MEMBERS

ORGANIZATIONS THAT PROVIDE HELP FOR DEPRESSION AND SUBSTANCE ABUSE

Alcoholics Anonymous (AA)
1-800-923-9722

Depression and Bipolar Support Alliance (DBSA)
1-800-826-3632
www.dbsalliance.org

Narcotics Anonymous (NA)
www.na.org

National Alliance for the Mentally Ill (NAMI)
1-800-950-6264
www.nami.org

Project Return (wellness and support for people with mental illness)

Recovery Inc. (self-help program for mental health)
1-312-337-5661
www.recovery-inc.org

BOOKS AND VIDEOTAPES ABOUT DEPRESSION AND SUBSTANCE ABUSE

Control Your Depression
Authors: Peter M. Lewinsohn, Ricardo F. Muñoz, Mary A. Youngren, and Antonette M. Zeiss.
Published by Fireside Books, New York, New York, 1992.

Coping with Depression **(videotape)**
Author: Mary Ellen Copeland
Published by New Harbinger Publications, Inc., Oakland, California, 1994.

Feeling Good: The New Mood Therapy
Author: David D. Burns
Published by William Morrow, New York, New York, 1980.

The Loneliness Workbook: A Guide to Developing and Maintaining Lasting Connections
Author: Mary Ellen Copeland.
Published by New Harbinger Publications, Inc., Oakland, California, 2000.

Mind Over Mood: Change How You Feel by Changing the Way You Think
Authors: Dennis Greenberger and Christine A. Padesky.
Published by Guilford Press, New York, New York, 1995.

GROUP LEADER'S MANUAL

Building Recovery by Improving Goals, Habits, and Thoughts

A Group Cognitive Behavioral Therapy for Depression in Clients with Co-Occurring Alcohol and Drug Use Problems

Activities and Your Mood



RAND HEALTH

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This is your book to keep. Feel free to write in it.

This workbook belongs to:

_____

(Name)

_____

(Date)

TABLE OF CONTENTS

SESSION 1: HELPFUL ACTIVITIES CAN IMPROVE YOUR MOOD 1

PURPOSE 3
OUTLINE 3
GROUP RULES 4
ANNOUNCEMENTS 6
INTRODUCTIONS 7
WHAT IS DEPRESSION? 9
WHAT IS COGNITIVE BEHAVIORAL THERAPY? 12
HOW HAVE YOU BEEN FEELING? 19
REVIEW 20
PRACTICE 20
LAST MODULE 21
NEW TOPIC: THE CONNECTION BETWEEN ACTIVITIES AND YOUR MOOD 23
HOW DOES DEPRESSION GET IN THE WAY OF DOING ACTIVITIES? 24
WHAT ACTIVITIES DID YOU USED TO ENJOY? 26
COMING TO GROUP CBT IS A HELPFUL ACTIVITY 27
KEY MESSAGES 29
PRACTICE 30
FEEDBACK 33
LOOKING AHEAD 34
GROUP LEADER SELF-EVALUATION FORM: ACTIVITIES, SESSION 1 35

SESSION 2: DOING A NEW ACTIVITY 37

PURPOSE 38
OUTLINE 38
ANNOUNCEMENTS 38
REVIEW 39
PRACTICE 40
LAST SESSION 40
NEW TOPIC: DOING NEW ACTIVITIES 42

THE LINK BETWEEN ACTIVITIES AND MOOD: A CHAINING ACTIVITY....42
GETTING PAST DEPRESSION: DOING ACTIVITIES EVEN WHEN YOU DON'T FEEL LIKE IT....47
HOW TO GET IDEAS FOR ACTIVITIES....49
MORE IDEAS FOR HELPFUL ACTIVITIES....53
KEY MESSAGES....55
PRACTICE....56
FEEDBACK....58
LOOKING AHEAD....59
GROUP LEADER SELF-EVALUATION FORM: ACTIVITIES, SESSION 2....60

SESSION 3: OVERCOMING OBSTACLES TO DOING HELPFUL ACTIVITIES 61

PURPOSE....63
OUTLINE....63
ANNOUNCEMENTS....64
HOW HAVE YOU BEEN FEELING?....64
REVIEW....65
PRACTICE....65
LAST SESSION....66
NEW TOPIC: OVERCOMING OBSTACLES....68
PROBLEM SOLVING....68
PACING YOURSELF....72
BALANCING YOUR ACTIVITIES....74
PREDICTING PLEASURE....79
KEY MESSAGES....80
PRACTICE....81
FEEDBACK....84
LOOKING AHEAD....85
GROUP LEADER SELF-EVALUATION FORM: ACTIVITIES, SESSION 3....86

SESSION 4: DOING HELPFUL ACTIVITIES TO SHAPE YOUR FUTURE 87

PURPOSE....88
OUTLINE....88
ANNOUNCEMENTS....89

REVIEW 90
PRACTICE 91
LAST SESSION 91
NEW TOPIC: DOING ACTIVITIES TO SHAPE YOUR FUTURE 92
THE IMPORTANCE OF SETTING GOALS 92
WHAT ARE YOUR DREAMS FOR THE FUTURE? 95
LONG-TERM AND SHORT-TERM GOALS 100
STEPS TO REACH MY SHORT-TERM GOAL 101
CELEBRATE! 102
KEY MESSAGES 103
PRACTICE 104
FEEDBACK 106
REVIEW OF MODULE: ACTIVITIES AND YOUR MOOD 107
GOODBYE TO GRADUATING GROUP MEMBERS 109
LOOKING AHEAD TO THE NEXT MODULE 111
GROUP LEADER SELF-EVALUATION FORM: ACTIVITIES, SESSION 4 112
RESOURCES FOR GROUP MEMBERS **113**
ORGANIZATIONS THAT PROVIDE HELP FOR DEPRESSION AND SUBSTANCE ABUSE 113
BOOKS AND VIDEOTAPES ABOUT DEPRESSION AND SUBSTANCE ABUSE 114

SESSION 1: HELPFUL ACTIVITIES CAN IMPROVE YOUR MOOD

Leader Tips

Materials Needed

- **Group Member's Workbooks** ("Activities and Your Mood")—enough for everyone in the group
- **Pens**—enough for everyone in the group
- **The PHQ-9 depression measure**—enough copies for everyone in the group
- **Dry erase board**, **chalkboard,** or large sheets of paper to present material to group
- **Kleenex** or other facial tissue

Group Leaders' Goals

- Make all group members feel welcome.
- Discuss group rules.
- Introduce yourselves and provide phone numbers.
- Begin to encourage group sharing and support by having group members introduce themselves.
- Help group members understand what depression is.
- Help group members understand CBT and how it can help depression.
- Remind group members of topics and skills introduced in the previous module ("Thoughts and Your Mood").
- Introduce the new topic: the connection between activities and depression.

Leader Tips

Welcome Group Members

As group members arrive:

- Introduce yourselves and invite group members to sit anywhere.
- Pass out the Group Member's Workbooks ("Activities and Your Mood").
- Pass out the PHQ-9 depression measure. Ask group members to fill it out, put their names on it, and return it to you. Tell group members that you will talk more about it later.
- Scan the questionnaires quickly as you collect them. Notice any major changes in the severity of group members' depression symptoms, including thoughts of suicide. If a group member reports thoughts of suicide, follow the procedures that you have worked out with your supervisor in advance regarding how to handle these situations. Often this involves having one group leader meet privately with the client either during group or immediately following to further assess the client's risk of suicide or "handing off" the client to another clinician who will conduct this assessment. Consult with your supervisor immediately in the case of a client who is suicidal.

Begin the group:

- Welcome all group members. **Say:** *Welcome to the BRIGHT Group Cognitive Behavioral Therapy for Depression. This is the module called "Activities and Your Mood." We will talk more about Cognitive Behavioral Therapy in a few minutes.*
- **Say:** *Some of the group members have attended one or more previous modules and others are entering the group for the first time.*
- **Identify** members of the group who will be graduating (completing all four CBT modules) at the end of this module.
- **Say:** *Congratulations to everyone for being brave enough to come to the group.*
- **Say:** *Turn to the first page after the cover in your books and put your name and the date on the lines.*
- **Say:**
    - *The workbooks belong to you.*
    - *You will be writing in them.*
    - *You should bring your workbooks to every group meeting.*
    - *You will keep them when the group is over.*
- **Say:** *We will not take formal breaks, but you should feel free to get up and use the restroom whenever you need to.*

Purpose and Outline
Group Member's Workbook: Page 1

1. **Say:** *Every session begins with a few points about the purpose of the session and an outline of the session. We will go over these now.*
2. **Introduce** the Purpose and Outline.
3. **Ask:** *Does anybody have any questions so far?*

PURPOSE

- Get an overview of the group, Cognitive Behavioral Therapy, and depression.
- Understand the connection between activities and mood.
- Understand why you are not doing the activities you used to enjoy.
- Identify activities you enjoyed in the past that do not involve using drugs or alcohol.
- Choose one activity that you can still do.

OUTLINE

I. Welcome
II. Group Rules
III. Announcements
IV. Introductions
V. What Is Depression?
VI. What Is Cognitive Behavioral Therapy (CBT)?
VII. How Does CBT Treat Depression?
VIII. How Have You Been Feeling?
IX. Review
X. New Topic: The Connection Between Activities and Your Mood
    A. How Does Depression Get in the Way of Doing Activities?
    B. What Activities Did You Used to Enjoy?
    C. Coming to Group CBT Is a Helpful Activity
XI. Key Messages
XII. Practice
XIII. Feedback
XIV. Looking Ahead

GROUP RULES

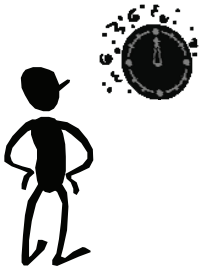
LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 2

1. Go over group rules before anyone discloses any personal information. Don't forget to talk about the exceptions to confidentiality (#3). Tell the group the name of your supervisor (#3). Ask if anybody in the group has questions or comments about any of the rules.

1. Come to every group meeting. If you can't make it, call us at this number:

(_____)_____-_____ (Contact number)



2. Come to group meetings on time.



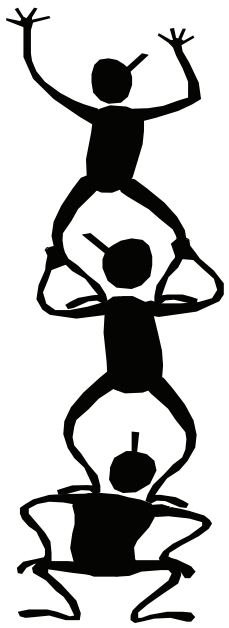
3. Maintain the confidentiality of the group.
Please do not share what you hear in the group with anybody else. Likewise, group leaders will not repeat what you say. There are three exceptions.

First, your group leaders share information with each other and with the licensed mental health professional that is supervising the group.

Second, if group leaders hear something that makes them think your health or safety is in danger they will talk with your doctor or others.

Finally, by law, a group leader must report:

- If a child or dependent adult is being abused or neglected.
- If an older adult is being abused or neglected.
- If someone is in danger of hurting himself or herself or someone else.



4. Be respectful and supportive of others in the group. The group is based on respect for all people. If you have a problem with another group member and your feelings are getting in the way of your group therapy, discuss the problem with a group leader.

5. Find a balance between talking and listening. You and the other group members will get the most out of the group if everybody has a chance to talk about their thoughts, feelings, problems, and experiences.

Plus, in each session, the group leaders need time to introduce new ideas that will help everybody in the group. Unfortunately, the time allowed for each group session is limited. The group leaders will:

- Keep track of the time for each session.
- Gently remind you to give others a turn to talk.

6. Know that you don't have to share everything.

7. Practice. Practicing on your own will help you learn how to use the skills you learn and make it more likely that you will get well.

8. Tell us if you are unhappy with the group or your treatment.



ANNOUNCEMENTS

LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 3

1. Make announcements if there are any. Answer group members' questions right away if they relate to the way the group is run.

2. Time will not allow for group members to add big items to the agenda. However, each person should have a chance to talk about personal issues that add to his or her depression. Each person needs to feel that he or she has been heard and understood by the group. Many of the group members' concerns can be addressed in the work of the session. If necessary, arrange to talk with a group member individually after the session.

The group leader will make any announcements that might be necessary. For example, if the next session is scheduled on a day that is a holiday, the day of that session may be changed. During this time, you will have a chance to tell the group leader ahead of time if, for example, you need to be late for a session.

Is there anything you would like to let the leader know about?



INTRODUCTIONS

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 4

1. **Give group members phone numbers** where they can contact you.

   - Write your names and the phone numbers on the board.
   - Suggest that group members write the information in their workbooks where it will be easy to find.

Say: *Now we would like for everyone to get to know each other. You will have a chance to talk about your depression and substance abuse later during the sessions. For now, let's start the introductions with the subjects in your workbook.*

2. Introduce the text. Provide a model for the group members by introducing yourselves first. **Answer one or two questions** in the workbook.

- If some members begin to provide more information than necessary, gently remind them that they will have time to talk about other issues during the group. For now the focus is on introductions.
- It may be helpful to ask group members questions that result in short answers, such as, *"Where did you grow up?"*
- If members focus on their depression or their substance abuse when they describe themselves, stop them and remind them that the group wants to know who they are and what they are like apart from their depression or substance abuse. (It is very useful for them to present their "other" self to the group.)

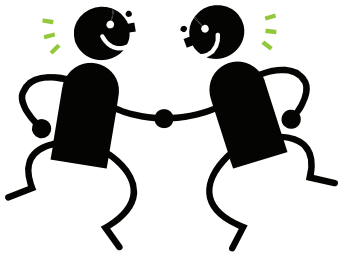
Group Leaders

Your group leaders are:

_____(_____)_____
(Name) (Contact number)

_____(_____)_____
(Name) (Contact number)

Group Members



You will be coming to group CBT with the group of people you are meeting in this session. Talking with them will be an important part of CBT.

Now group members will introduce themselves. We will be talking about your experiences with depression or substance abuse as the group progresses. At this time, we want to know a bit about you as an individual. Begin by telling the group your name, and then **choose one or two of the following** subjects to talk about.

- Where you grew up
- Your family
- What kind of work you have done
- Your main interests or hobbies
- Something about yourself that you think is special

WHAT IS DEPRESSION?

LEADER TIPS

Time: 15 minutes
Group Member's Workbook: Page 5

No matter how different group members might be from each other, the information about depression allows them to see that they are not alone. They share common feelings and a common enemy—depression.

1. Introduce "Depression Is Common."

2. Say: *What is depression like for you?*

- One group leader should write the symptoms named by the group on the board.
- As group members mention a symptom, ask whether other group members have had similar concerns.
- If some symptoms of depression are not mentioned by group members, add them to the list at the end. **Say:** *Everybody in this group has experienced symptoms of depression, and what we're trying to do is help you overcome these symptoms and feel better.*

3. Introduce "Depression Is," "The 9 Symptoms of Depression," and "Possible Triggers for Depression." **Ask:** *What was happening in your life when you got depressed?*

- Take notes and use this information to understand the needs of group members and to plan the sessions to make them as helpful as possible. (You probably already know something about group members based on the contact you made with them before the group started.)
- If any of the triggers listed in the "Depression" box are not mentioned by group members, tell them that other things can cause depression and read from the list.

4. Introduce the section called "What You Can Do." **Say:** *Tell one of the group leaders if you have thoughts of suicide. Depression is very treatable and you can feel better.*

5. Sum up by emphasizing these key points:

- Depression is defined by the experience of five or more symptoms occurring most of the time for a period of at least two weeks and interfering with your life or activities a lot.
- Depression is common.
- A person can get help for depression and feel better.

Depression Is Common

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

What is depression like for you?

Depression Is:

- A low mood or sad feelings that make it hard to carry out daily duties.
- Possible at any point in your life.
- Possible diagnosis if you have five or more of the following symptoms most of the day, almost every day, for two weeks or more:

The Nine Symptoms of Depression

1. Feeling depressed, down, or irritable nearly every day.
2. Loss of interest or pleasure in activities that you normally enjoy.
3. Significant increases or decreases in your weight or appetite.
4. Sleeping too much or too little.
5. Change in the way you move (moving restlessly or slowly).
6. Feeling tired or fatigued.
7. Feeling worthless or having terrible guilt.
8. Trouble concentrating or making decisions.
9. Repeated thoughts of death or suicide.

Possible Triggers for Depression

- Use of drugs or alcohol
- Being sick with medical problems
- Biological/chemical imbalance in your body
- Economic/money problems
- Losing someone you love
- Upsetting things happening, or continual problems
- Struggles with people you are close to
- Big life changes
- Stress that lasts a long time

What was happening in your life when you got depressed?

What You Can Do

- Come to this CBT group!
- Practice the skills you learn during the CBT group.
- Get help and support from family members, friends, and others.
- Discuss how you feel with your doctor, nurse, therapist, or counselor.
- Ask your doctor if antidepressant medicines might be helpful.

Let the group leader know if you have thoughts of death or suicide. We can help you get the support you need to feel better.

WHAT IS COGNITIVE BEHAVIORAL THERAPY?

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 7

1. **Introduce** the text.

2. Stop after each section and ask for questions and comments. Or ask for a volunteer among those who have been through other CBT modules to explain CBT to the group. Encourage questions and discussion.

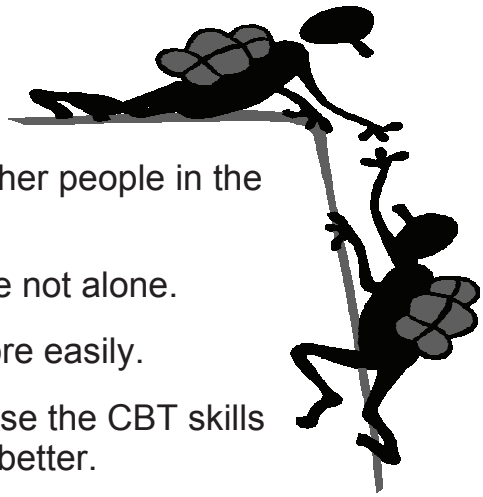
This treatment provides a specific kind of help—Cognitive Behavioral Therapy, or CBT for short—to people who are depressed. CBT teaches skills to help you change your thoughts and behaviors. These changes can improve the way you feel.

Making changes in your thinking and behavior can help your depression no matter what caused you to feel down. This approach does not mean that your thoughts and behaviors caused your depression in the first place.

"Managing" your depression means to:

- Make the feelings of depression less intense.
- Make the time that you are depressed shorter.
- Learn ways to prevent getting depressed again, despite real problems.
- Learn how staying free of drugs or alcohol can improve your mood.

The group meetings are helpful because they:



- Provide you with support from other people in the group.
- Help you understand that you are not alone.
- Help you learn the CBT skills more easily.
- Show many ways other people use the CBT skills to deal with depression and feel better.

During the group you will learn skills to:



- Change your thoughts.
- Change your behaviors, including your
  - Activities
  - Interactions with other people.
- Improve the way you feel and support your recovery.

During the group you will NOT be asked to:



- Lie down on a couch.
- Share all your painful thoughts and experiences.
- Talk at length about your family or childhood.

The group will focus on practical strategies to improve things right now.

What does the name "Cognitive Behavioral Therapy" mean?

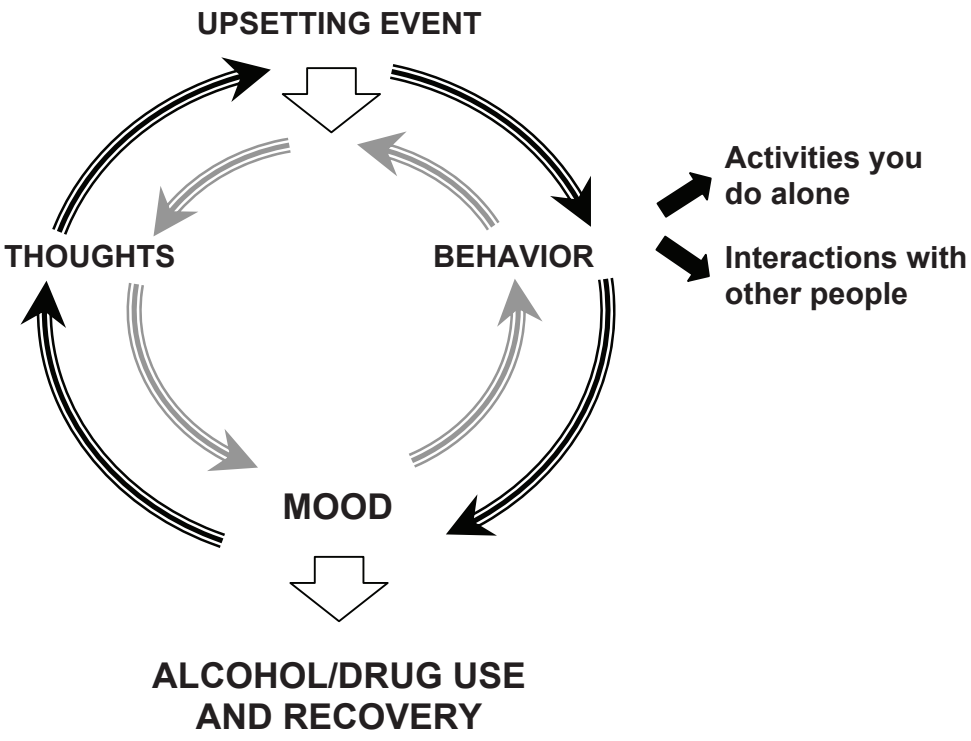
Cognitive refers to **thoughts**.

Behavioral refers to **how you act** or **what you do**. In CBT, when we talk about behavior, we mean how you act, including what activities you do and how you interact with other people.

We will focus on your thoughts and your behavior to improve your mood.

Because this CBT program is for people with depression and substance abuse, we will also discuss how mood and substance abuse are connected.

The CBT Circle



This CBT treatment program is organized into four modules, with four sessions in each module.

- Module: How your **thoughts** affect your mood **= 4 sessions**
- Module: How your **activities** affect your mood **= 4 sessions**
- Module: How your **interactions with other people** affect your mood **= 4 sessions**
- Module: How **using drugs or alcohol** affects your mood **= 4 sessions**

Total CBT sessions = 16 sessions

Group members can join the group at any module. However, each group member must begin with Session 1 of a module. That means that if the Activities module is #1 for you, the People Interactions module will be #2.

Each module focuses on one subject, but they overlap with each other, and you will find that we mention the other subjects throughout the treatment.

How does CBT treat depression?

Leader Tips

Time: 5 minutes
Group Member's Workbook: Page 11

Say: *Imagine an event, such as losing a job, or something less extreme, such as being late to work. It would be natural to feel upset. But other factors can make your suffering even worse.*

Refer to parts of the CBT circle, as you read the text below.

Thoughts. *If a person loses a job, he or she might have thoughts like "I am useless now that I don't work." This can lead to feelings of depression. Feeling depressed can then lead to other harmful thoughts such as "nothing will ever work out for me." This, in turn, will likely worsen the depression. Now, imagine a second person who, in response to the same event, instead thinks he or she learned a lot and got great experience at the job. The second person is less likely to become depressed. Being in a better mood may also lead to additional helpful thoughts like, "My past experience will help me get a new job."*

Activities. *Another factor is how we act. Going back to our example, in response to losing a job one person might start sleeping a lot more and avoid going out of the house. These behaviors can lead to a worsening of depression, which in turn could lead to additional harmful behaviors, such as neglecting personal care—skipping meals, not showering, and so on. In contrast, if a person in response to losing his or her job decides to engage in healthy behaviors such as looking for new work or taking advantage of time at home to work on hobbies or other personal projects, this person's mood is likely to be better. This, in turn, may make it easier for the person to engage in other healthy behaviors.*

People. *Depression can also negatively affect the amount or kinds of contact we have with other people. A person who loses their job might isolate from others. This may lead to feeling depressed, which in turn may lead to additional harmful interpersonal behaviors, such as spending time with one's old drinking buddies. In contrast, if after losing a job a person seeks out support from others, this can help improve mood and lead to other healthy contacts with others—like getting advice on finding new work.*

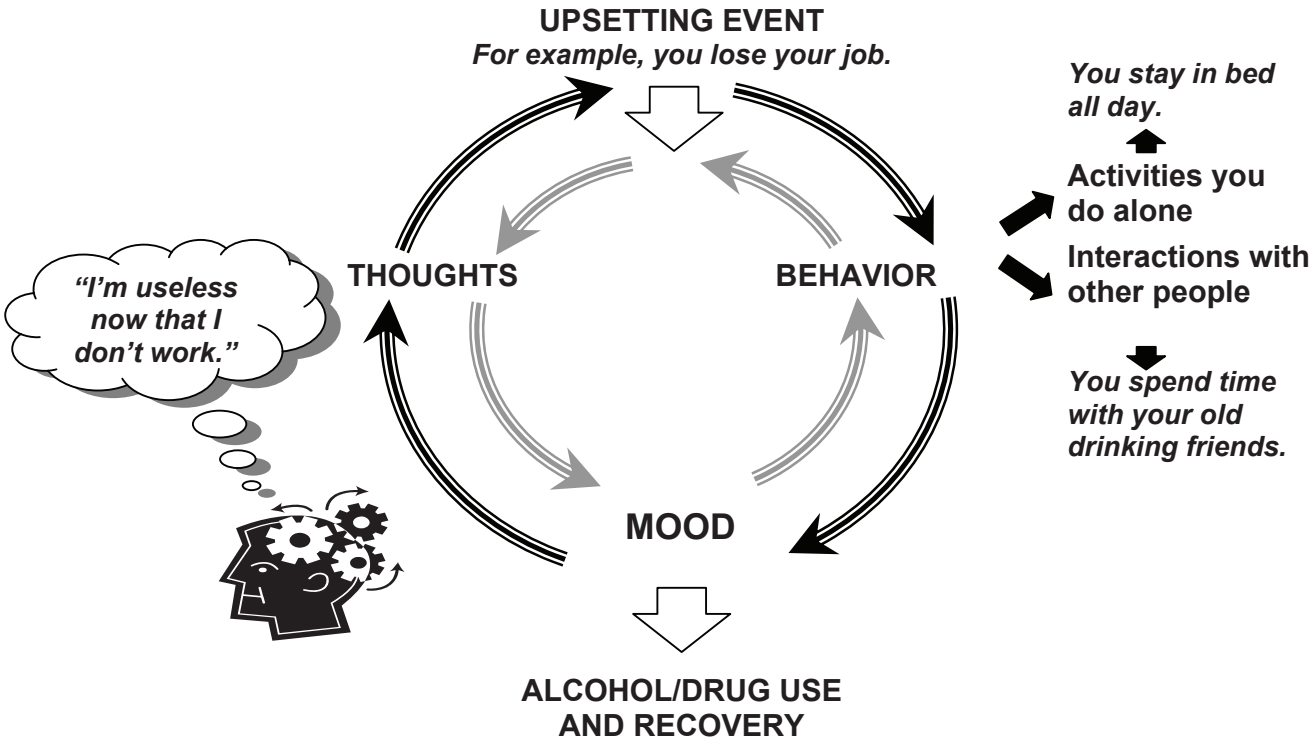
Substance abuse. *In addition to harmful thoughts, behaviors, and contacts with people worsening depression, these factors can also lead to increased use of drugs and alcohol. Then another vicious cycle can develop in which increased substance use worsens depression, and the worsened depression, in turn, increases substance use. So when we put all these parts together, we see that CBT can help prevent this cycle of increased depression and substance use by helping a person to learn new ways to think and behave in response to stressors.*

Ask questions to involve group members. For example *"How can you relate the CBT Circle to your own lives?"*

Using the CBT Circle, we can understand the cycle of depression. An upsetting event might happen, such as losing a job or the death of a relative. An upsetting event can also be less extreme, such as being late to work or having a disagreement with a friend. These upsetting events are real, and almost anyone would feel a certain amount of sadness, anger, or frustration because of them. But other factors can add to your suffering. They include:

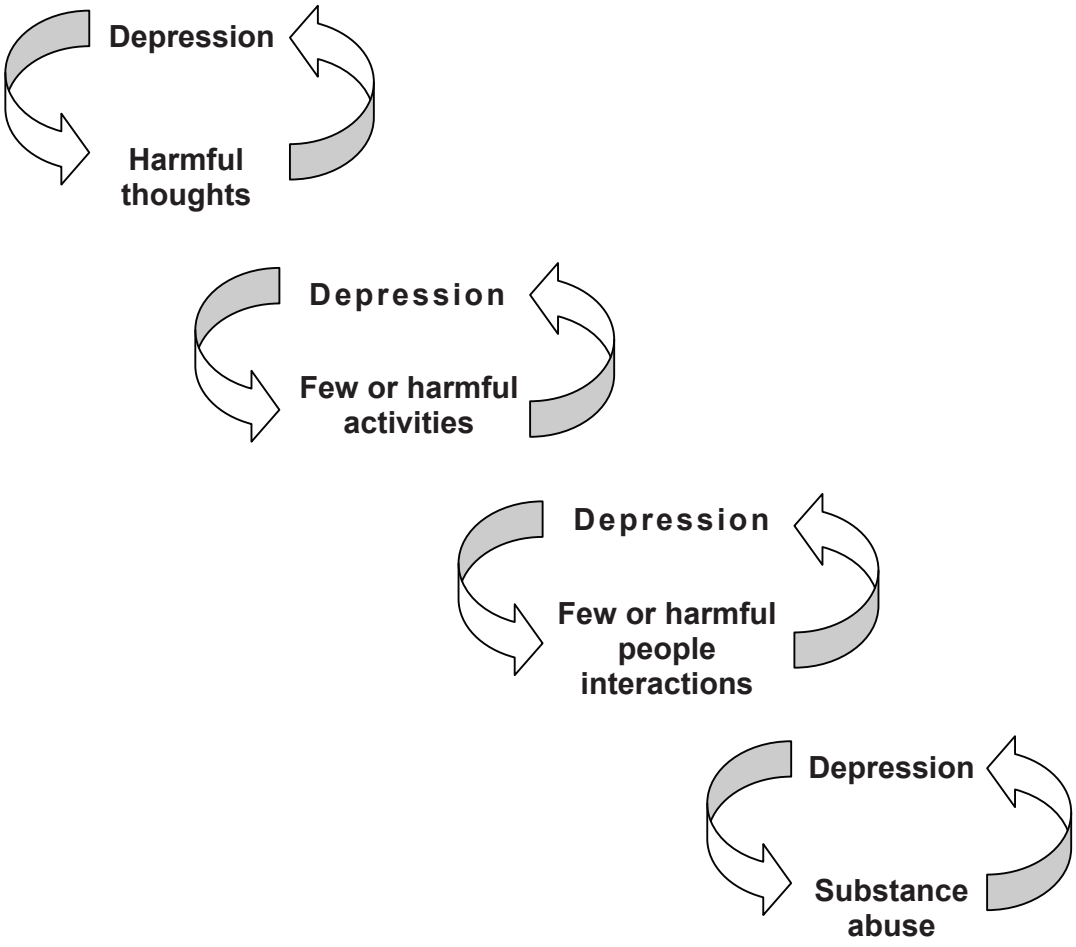
- Your thoughts.
- The way you act (your behavior).
- Interactions you have with other people.
- Use of drugs or alcohol.

The CBT Circle

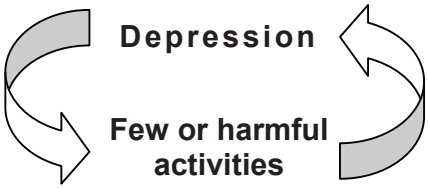


CBT helps break this cycle of depression by teaching you that for each of these factors—thoughts, activities, people interactions, and substance abuse—there is a part that you can manage and change. Also, because they are all connected, you can make changes in one area to affect the other areas.

We will be working on breaking these connections.



In this module, we focus on the connection between depression and activities.



How have you been feeling?

Leader Tips

Time: 5 minutes
Group Member's Workbook: Page 13

1. **Introduce** the text in the Group Member's Workbook.

2. After the session, **compare** each group member's PHQ-9 measure with the ones he or she has filled out before. This comparison will allow you to monitor each group member's progress.

The depression questionnaire you filled out at the beginning of the session is called the "Patient Health Questionnaire," or PHQ-9 for short. You will fill out the PHQ-9 before Session 1 and Session 3 of each CBT module. It allows you and your group leaders to check how you are feeling today and to keep track of how you are feeling while you are attending the group.

Review

Practice

Leader Tips

Time: 15 minutes
Group Member's Workbook: Page 13

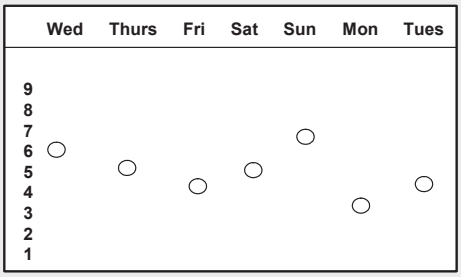
Say: *At least some of you may be continuing CBT from the last module. We'll do a quick review of the module and the practice before we start a new topic.*

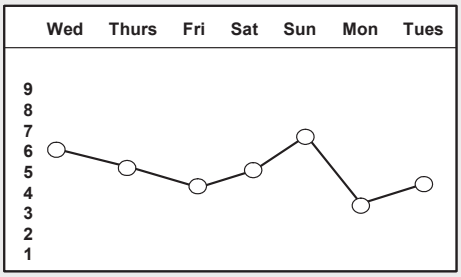
Quick Mood Scale

Ask group members about how they did tracking their moods on their Quick Mood Scales. Make a graph based on one group member's Quick Mood Scale.

1. **Start** the graph with the day of the week the group meets. If your group meets on a Wednesday, write "Wednesday" or "Wed"" in the first space at the top of the graph.

2. **Ask** for a volunteer from the group to share the numbers on his or her Quick Mood Scale. Make a graph on the board like the example below. If the group member's mood was a 6 on the first day, mark a dot at 6 below "Wed."





3. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

4. **Possible follow-up questions:** *What do notice about your mood during the last week? Your mood was the lowest on* [day]. *What were your thoughts on that day* [integrate thoughts recorded on index cards or workbooks]*? Your mood was higher on* [day]. *What thoughts were you having on that day? What do you notice about the connection between your thoughts and your mood?*

5. **Ask:** *What did you do to have more helpful thoughts?*

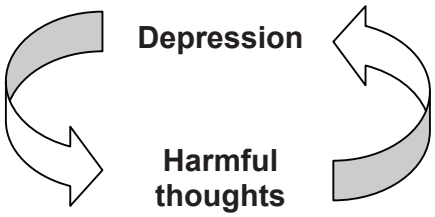
If you were part of the CBT program for the last module ("Thoughts and Your Mood"), you have been practicing CBT skills. How is your practice going? At the end of the last module, we asked you to:

1. Use the Quick Mood Scale to track your moods and your thoughts.

2. Review in your workbook the ideas for how to have more helpful thoughts. Try them out and think about which worked best for you.

Last Module

The key messages from the Thoughts module were:



Session 1: Your Thoughts and Mood are Connected

- A thought is a sentence you say to yourself or a picture in your mind.
- A feeling is an emotion or mood.
- Your thoughts can affect how you feel.
- You can use your thoughts to improve your mood.

Session 2: How to Identify Harmful and Helpful Thoughts

- A harmful thought can lead to another harmful thought, bringing your mood down.
- A helpful thought can lead to another helpful thought, bringing your mood up.
- You can learn to notice your harmful thoughts by being aware of common ways of thinking.
- You can begin to question your harmful thoughts.
- You can try to think in ways that help you have a healthy mood.

Session 3: Talking Back to Your Harmful Thoughts

- You can learn ways to talk back to your thoughts to improve your mood.
- You can examine your thoughts to learn more about them and decide if they are harmful or helpful.
- You can learn to replace a harmful thought with a helpful thought.

Session 4: How to Have More Helpful Thoughts to Improve Your Mood

- You can use strategies to have more helpful thoughts.
- Having more helpful thoughts can improve your mood and help you live the life you want.

NEW TOPIC: THE CONNECTION BETWEEN ACTIVITIES AND YOUR MOOD

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 16

Help group members understand that doing activities can help them feel better.

1. **Say:** *In this session, we will talk about what you choose to do each day and how that can affect your mood.*
2. **Go over** the text.
3. **Say:** *The diagram with the arrows shows the connection between activities and your mood. Why do you think the arrows point both ways?*
4. Make sure group members understand that when they are depressed, they are less likely to do helpful activities and that when they don't do helpful activities, they are more likely to be depressed.

What you do affects the way you feel. Things that you do are called activities. When you are active and do things that are helpful for you, your mood is likely to improve.

Doing helpful activities:

- Can help you feel more positive.
- Creates pleasant thoughts—memories—that stay in your head even after the activity is over.
- Gives you a break from your worries.
- Can help you become healthier physically.

How Does Depression Get in the Way of Doing Activities?

Leader Tips

Time: 10 minutes
Group Member's Workbook: Page 16

1. **Help** group members understand that their lack of interest in activities is a normal part of depression.

2. **Say:** *We have talked about how your mood often improves when you do activities. In a way, we are suggesting that doing things is a kind of medicine. Just as you might take a multivitamin every day to help keep your body healthy, you may need to do some pleasant activities every day to keep your mood healthy.*

But we know that this is not easy. How does depression get in the way of doing helpful activities?

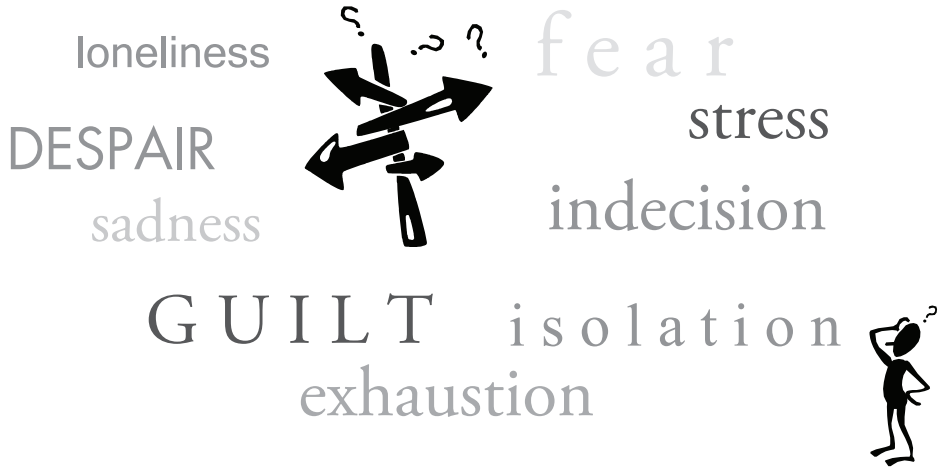
3. Write on the board the group's ideas about how depression gets in the way of doing helpful activities.

4. After the group has brainstormed a list, **introduce the text and the check boxes** on the next page.

5. **If you have time, ask:** *How does doing drugs or alcohol get in the way of doing helpful activities?*

The thoughts below might get in the way of doing activities. Check any that sound familiar to you. ***They are related to depression. You can feel better, and CBT can help!***

- ☐ I don't really feel like doing anything.
- ☐ Nothing sounds that enjoyable to me.
- ☐ I don't remember what I did when I was sober.
- ☐ All I want to do is sleep.
- ☐ I don't have the energy to take a shower or get dressed.
- ☐ I don't deserve to have fun.
- ☐ I have to do all my work before I do anything else.
- ☐ I need to focus on getting better.





How else does depression get in the way of doing activities?

What Activities Did You Used to Enjoy?

Leader Tips

Time: 10 minutes
Group Member's Workbook: Page 17

Help group members name at least one activity that they enjoy now or used to enjoy.

1. **Say:** *Can you remember what you felt like before you became depressed? What activities did you enjoy? We would like to help each of you remember at least one activity that you enjoy now, or that you used to enjoy doing.*

2. **Ask** group members to share what they used to enjoy doing or what they enjoy doing now. Write their ideas on the board.

3. **Ask** group members to write down one activity that they used to enjoy.

What activities did you enjoy before you became depressed, and before you started using drugs and alcohol?

Write down one activity you used to enjoy.

_____

Coming to Group CBT Is a Helpful Activity

Leader Tips

Time: 10 minutes
Group Member's Workbook: Page 18

1. Introduce the text.

2. Ask group members to rate their mood before and after coming to this CBT meeting. Remind them that they can use all the numbers, not just 1, 5, or 9.

Remember that this is the first session for group members who started CBT with the Activities module, but it is not the first session for everybody in the group. Their answers might be different depending on how long they have been coming to CBT.

3. Caution: Once in a while, a group member may report that he or she feels worse after coming to CBT. Be very warm and supportive. Tell the individual that it is normal to feel uncomfortable with new activities. Remind the whole group that one of the group rules is that they should tell you if they are unhappy with the group or your treatment. Ask the group member how the group could be better for him or her.

You might say to the group member:

You did a great job of getting yourself up and to the group meeting. What did it take to accomplish this? What did you have to do to get yourself to come to this group meeting?

4. Ask the whole group: *What did you do to help yourselves get up and out to the group meeting?* After some discussion, you might suggest that group members can use the same strategies when they try to do other activities.

Did you find it hard to come to this CBT group? You are normal! When you are depressed, it is hard to do activities. It is also normal to feel nervous about sharing your feelings with a new group of people.

Give yourself a pat on the back—by coming to the group meeting you are doing a helpful activity to help yourself feel better.

Try to remember how you felt before you came to today's session and rate your mood on the scale. Then rate what your mood is now. Can you see that the effort to do an activity can help you feel better?

Rate Your Mood Before and After CBT

Before I came to CBT today my mood was (circle one number).	
Best mood	9
	8
	7
	6
OK/average mood	5
	4
	3
	2
Worst mood	1

Now my mood is (circle one number).	
Best mood	9
	8
	7
	6
OK/average mood	5
	4
	3
	2
Worst mood	1



KEY MESSAGES

LEADER TIPS

Time: 5 minute
Group Member's Workbook: Page 19

1. Say: *Today we've talked about the relationship between your mood and the activities you do. Remember that when you do an activity, you also create memories and healthy thoughts. You can improve your mood by doing helpful activities.*

2. Review the key messages and ask group members if they have any questions or comments.

3. Help group members feel hopeful that CBT can help them get over their depression.

- What you do can affect how you feel.
- It is common for people who have depression to lose interest in doing activities.
- Doing helpful activities can help you feel better. And when you feel better, you will feel more like doing helpful activities.



PRACTICE

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 19

Practice

Say: *I would like to talk about the importance of practicing the skills you learn in the group. Some of you may be thinking: "what do you mean by practice?" Practice means doing brief activities on your own outside of the group.*

You can think of the skills you learn here as tools to use in your everyday life to improve your mood. By trying out your new skills at home while you are still coming here, you can report back to the group and let us know what worked for you and what didn't work. Then we can come up with ways to make them work better.

The Quick Mood Scale

1. Say: *Each week, we would like all of you to keep track of your mood using the Quick Mood Scale. There is a copy of the Quick Mood Scale in your guidebook at the end of every session. With the Quick Mood Scale, you can learn to recognize how you are feeling and how your thoughts and behaviors affect your mood. This will help you to learn which thoughts and behaviors improve your mood and which make it worse.*

2. Draw the Quick Mood Scale on the board or ask group members to look in their guidebooks.

3. Say: *The Quick Mood Scale runs from 1 to 9, with 1 indicating a worst mood and 9 indicating a best mood. Each day, you circle the number that indicates what your mood was that day. This important tool will help you see the progress you are making in improving your mood through CBT.*

4. Go over the instructions that are on the top of the Quick Mood Scale.

Do an Activity That You Used to Enjoy

5. Remind group members that each of them thought of at least one activity that they used to enjoy. Their practice includes actually *doing* the activity.

6. **Say:** *We encourage you to do these projects, even though you may not feel like it. They are an important part of the treatment process. You are here for only a short time, and eventually you will have completed the entire CBT program. Once you have completed the group therapy, the skills you have learned will help you keep your mood healthy. Therefore, it is important that you try them out until you feel confident that you can use them on your own.*

7. **Ask:** *Does anybody have any questions about the practice activities?*

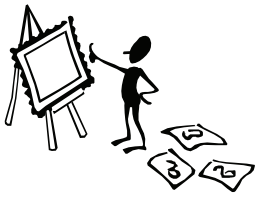
This treatment will be successful for you if you learn skills for managing your mood and you feel confident using these skills in your daily life. You will need to practice. If you don't practice the skills, you won't learn them.

Each session's practice will consist of one or more projects that everybody in the group will do. This session's practice is:

1. Track your mood using the Quick Mood Scale. The Quick Mood Scale and instructions for how to use it are on the next page. The scale provides a "quick" way for you to keep track of your moods. Try to complete the Quick Mood Scale at the same time each day—for example, before you go to sleep each night. As the treatment progresses, and as you practice the skills you learn in each session, you will probably find that your mood improves.

2. Do an activity that you used to enjoy.

What activity will you do?



_____

_____

QUICK MOOD SCALE

Instructions

- Fill in the days of the week across the top of the scale. For example, if you start rating your moods for the week on a Wednesday, write "Wednesday" (or "W") on the first line, "Thursday" (or "Th") on the second line, etc. You can also write down the date (4/15, 4/16, etc.) if you want to keep track of how you are improving from week to week.
- Keep the scale beside your bed. Before you go to bed, think about your mood for the day and circle a number that matches your mood.
- Try to use all the numbers, not just 1, 5, or 9.
- There is no right answer. Only you know how you have felt each day.
- If you want to track your mood over a period of time longer than a week, write down the number rating for your daily moods on a calendar.

Day of the Week	_____	_____	_____	_____	_____	_____	_____
Best mood	**9**	**9**	**9**	**9**	**9**	**9**	**9**
	8	**8**	**8**	**8**	**8**	**8**	**8**
	7	**7**	**7**	**7**	**7**	**7**	**7**
	6	**6**	**6**	**6**	**6**	**6**	**6**
OK/average mood	**5**	**5**	**5**	**5**	**5**	**5**	**5**
	4	**4**	**4**	**4**	**4**	**4**	**4**
	3	**3**	**3**	**3**	**3**	**3**	**3**
	2	**2**	**2**	**2**	**2**	**2**	**2**
Worst mood	**1**	**1**	**1**	**1**	**1**	**1**	**1**



Feedback

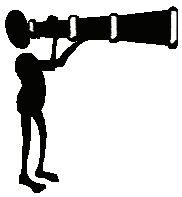
Leader Tips

Time: 2 minutes
Group Member's Workbook: Page 21

Encourage group members to comment on today's session. When you plan later sessions, you can think about their comments and, as much as possible, tailor the treatment to the individuals in the group.

The group leaders will ask for your comments about the session. They might ask the following questions.

- What was helpful about today's session?
- What was less helpful?
- What did you learn that was most helpful in terms of improving your mood?
- What suggestions do you have to improve your treatment?



LOOKING AHEAD

LEADER TIPS

Time: 1 minute
Group Member's Workbook: Page 21

The purpose of the preview is to encourage group members to return for the next session by giving them a glimpse of the topic to be covered. Group members are welcome to read ahead.

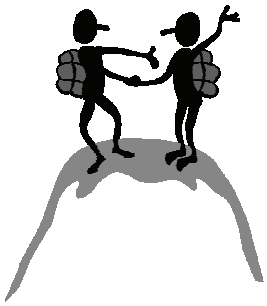
Say:

The workbooks are yours to keep, but ***please bring them to each session.***

In the next session we will talk about how you can make a plan to do a new activity.

Congratulations for attending the group. Coming to the group is a big step in improving your mood.

In the next session we will talk about how to think of new activities you might enjoy doing.



GROUP LEADER SELF- EVALUATION FORM: ACTIVITIES, SESSION 1

Instructions

Taught/Done: Were you able to cover the material? If you didn't do this in this session but you do it later, when it is done write in the date you covered it.

Difficult to Teach: How hard was it to teach this part of the session? If it was neither easy nor hard, you can write "medium."

	Taught/Done? (Yes/No)	**How Difficult Was It to Lead This Part of the Session? (Easy/Hard)**
Welcome		
Purpose and Outline		
Announcements		
Group Rules		
Introductions		
What is Depression?		
What is Cognitive Behavioral Therapy (CBT)?		
How Does CBT Treat Depression?		
How Have You Been Feeling?		
Review		
Practice		
Last Module		
New Topic: The Connection Between Activities and Your Mood		
How Does Depression Get in the Way of Doing Activities?		
What Activities Did You Used to Enjoy?		
Coming to Group CBT is a Helpful Activity		
Key Messages		
Practice		
Feedback		
Looking Ahead		

SESSION 2: DOING A NEW ACTIVITY

Leader Tips

Materials Needed:

Group Member's Workbook ("Activities and Your Mood")—a few copies to loan in case some group members forget to bring their workbooks

Pens—enough for everyone in the group

Dry erase board, chalkboard, or large sheets of paper to present material to group

Kleenex or other facial tissue

Group Leaders' Goals:

- Review the connection between activities and mood.
- Help group members learn how to get up and do an activity even when they don't feel like it.
- Help group members identify a new helpful activity that they might enjoy.

Leader Tips

Welcome Group Members

As group members arrive, greet them by name. Ask them informally how their practice went.

Purpose and Outline

Group Member's Workbook: Page 23

Introduce the Purpose and Outline.

PURPOSE

- Find a way to do activities even when you don't feel like it.
- Get some ideas for activities you might like to do.
- Make a commitment to doing a new activity.

OUTLINE

I. Announcements
II. Review
III. New Topic: Doing New Activities
  A. The Link Between Activities and Mood: A Chaining Activity
  B. Getting Past Depression: Doing Activities Even When You Don't Feel Like It
  C. How to Get Ideas for Activities
  D. Think About Activities That You Can Do
  E. More Ideas for Helpful Activities
IV. Key Messages
V. Practice
VI. Feedback
VII. Looking Ahead



ANNOUNCEMENTS

The group leader will make any announcements that might be necessary.

Is there anything you would like to let the leader know about?

Review

Leader Tips

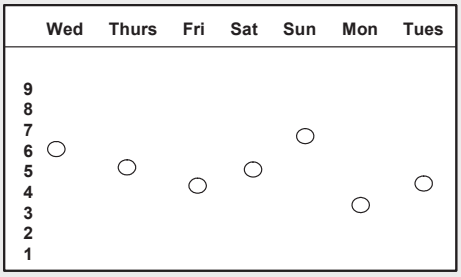
Time: 15 minutes
Group Member's Workbook: Page 24

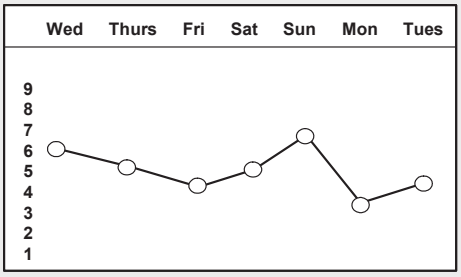
Quick Mood Scale

Ask group members about how they did tracking their moods on their Quick Mood Scales. Make a graph based on one group member's Quick Mood Scale.

1. Start the graph with the day of the week the group meets. If your group meets on a Wednesday, write "Wednesday" or "Wed"" in the first space at the top of the graph.

2. Ask for a volunteer from the group to share the numbers on his or her Quick Mood Scale. Make a graph on the board like the example below. If the group member's mood was a 6 on the first day, mark a dot at 6 below "Wed."





3. When you are finished adding dots that represent the volunteer's mood for each day, **draw** lines between the dots to show how mood can change up and down.

4. Say: *What did you notice about your mood during the past week? What activities did you do on the day that your mood was the lowest? What activities did you do on the day that your mood was the highest?* Help group members to notice the connection between doing more healthy activities and improved mood.

Doing an Activity You Used to Enjoy

5. Ask: *Were you able to do an activity that you used to enjoy? How was it? If not, what got in the way?*

Practice

In Session 1, we talked about some practice activities. How did your practice go?

1. Track your mood using the Quick Mood Scale.

2. Do an activity that you used to enjoy.

Last Session

Leader Tips

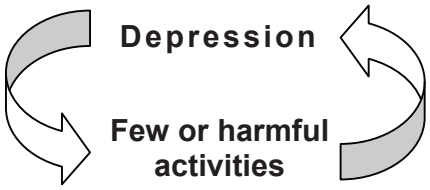
Time: 5 minutes
Group Member's Workbook: Page 25

1. It may be difficult for group members to remember what you talked about in the last session. Use this time to remind them of the key messages, and to help them understand how today's lesson follows.

2. **Say:** *In the last session, we talked about the connection between activities and mood. Do you remember the diagram with the arrows? It shows that there is a connection and that it works both ways: when you do activities, your mood will improve. And when your mood improves, you will feel like doing more activities.*

3. **Review** the key messages.

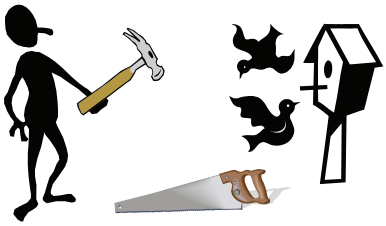
Key messages from last session are:

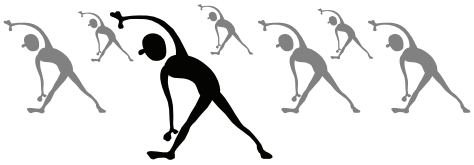


- What you do can affect how you feel.
- It is common for people who have depression to lose interest in doing activities.
- Doing helpful activities can help you feel better. And when you feel better, you will feel more like doing helpful activities.

Today we will talk more about the connection between activities and mood. You will get some ideas for new activities that you might enjoy.







NEW TOPIC: DOING NEW ACTIVITIES

The Link Between Activities and Mood: A Chaining Activity



LEADER TIPS

Time: 30 minutes
Group Member's Workbook: Page 26

(**Note:** This review activity is repeated in the other modules. In this module the focus is on activities.)

1. Say: *We have talked about how the downward spiral of depression can begin with a simple fact, or event. For example, "I got a divorce" or "I stopped drinking." The event doesn't have to be big. It could be that you lost your house keys or were late to work.*

We will do a "chaining" exercise in which you can see how your mood can spiral down or up, in a continuous chain, depending on what you do. The goal of the exercise is to help you understand that what you do affects how you feel, and that you can make choices about how you spend your time that can make you feel better or worse.

An example of this exercise is included in your workbook, but we will do one together on the board.

2. Quickly **draw** on the board the numbers 1 through 9, with 9 at the top, 8 on the next line below the 9, etc. (See the example on next page.)

3. Say: *Just like the Quick Mood Scale, the chaining activity uses a scale of 1 to 9 to rate your mood. "1" is the worst mood and "9" is the best. The chaining activity begins with a fact or an event. Can anybody suggest a statement of fact that we can put in the middle on line #5? Would you like to share something that happened recently?*

Use a real event in one of the group member's lives and use the chaining activity to illustrate how activities can help that person feel better or worse. An example is provided on the next page.

9.

8.

7.

6.

5. I have just stopped drinking alcohol.

4.

3.

2.

1.

4. *Now I'd like you to think about something you might do that would bring your mood down to a 4. What would bring you down just one step?*

If you are working with a person in the group, **ask** other group members to help him or her think of activities he or she might do that would make the mood worse.

If the first response seems too drastic, check with the group for guidance by saying: *If you did* [name the activity that the group member just suggested]*, would it bring your mood down to a 4? Or even lower?* Write the activity next to the number where the group feels it belongs.

If someone in the group suggests a thought instead of an activity, **say**: *If you had that thought, what might you do?* Write the activity on the board.

5. Next **ask** for an activity that would lead to a mood of about 3, and write it on the board next to the 3. Do the same for moods rated 2 and 1.

Note: While it is best to complete all the numbers, you do not need to fill in all the numbers in this exercise. If group members understand the idea, just fill in one or two going down and one or two going up.

9.

8.

7.

6.

5. I have just stopped drinking alcohol.

4. Lie around and watch reruns on TV

3. Stay home all day

2. Hang out with a friend who drinks

1. Go in late to work with a hangover.

6. Complete the rest of the chaining activity spiraling up. **Say:** *Let's return to the statement of fact that we wrote down at number 5. What might you do that would bring your mood up to a 6?*

Repeat the process for moods up to 9.

9. Join a hiking group
8. Meet a sober friend at the movies
7. Go to an AA meeting and get support
6. Take a walk outside
5. I have just stopped drinking alcohol.
4. Lie around and watch reruns on TV
3. Stay home all day
2. Hang out with a friend who drinks
1. Go in late to work with a hangover

7. Ask group members if they understand that what they do can make them feel better.

8. Say: *Now try the same activity on your own—fill in the blanks in the table in your workbook*.

9. Here is another example. This one does not relate to the use of drugs or alcohol.

9. Join a bowling league
8. Go bowling with my new friend
7. Make a new friend at work
6. Join a divorce support group
5. I got a divorce.
4. Don't see old friends who knew my husband too
3. Don't answer the phone
2. Don't get dressed on weekends
1. Stay in bed all day

Instructions

1. In the table on the next page, **write a statement of fact or an event** on the line next to #5.

2. Think about things you could do that would bring your mood down. What activity might bring your mood down just a little? Don't take a step that is too big. Choose an activity instead of a thought and make sure it is realistic. **Write that activity next to #4.**

3. Think of a continuous chain of activities that make you feel worse, until your mood is at its lowest. Write that chain of activities on lines #3, #2, and #1.

4. Complete the rest of the chaining activity spiraling up. What is an activity that would make your mood improve just a little? **Write that activity next to #6.**

5. Fill in lines #7 and #8.

6. What activity might make you really happy? **Write that next to #9**.



Example

Best mood	**9.**	Join a bowling league.
↑	**8.**	Go bowling with my new friend.
	7.	Make a new friend at work.
	6.	Join a divorce support group.
Okay/ average mood	**5.**	**I got a divorce.**
↓	**4.**	Don't see old friends who knew my husband too.
	3.	Don't answer the phone.
	2.	Don't get dressed on weekends.
Worst mood	**1.**	Stay in bed all day.

Your Chaining Activity 

Best mood	**9.**	
	**8.**	
	7.	
	6.	
Okay/ average mood	**5.**	**Statement of fact:** _____
	**4.**	
	3.	
	2.	
Worst mood	**1.**	

The chaining activity illustrates that:

- When you do one activity, you often start a chain—one activity could lead to another activity, other thoughts, other feelings, and contacts with other people. In general, more helpful activities lead to more helpful thoughts and feelings. So it is important to keep in mind that you have some choice in the thoughts and activities you engage in.
- Activities are linked to mood. When you feel down, it may be hard to find the energy to do helpful activities. But when you do activities you are more likely to:
  - Feel happier and healthier.
  - Have helpful thoughts about yourself and your life.
  - Have helpful contact with other people.

Getting Past Depression: Doing Activities Even When You Don't Feel Like It



Leader Tips

Time: 10 minutes

Group Member's Workbook: Page 29

1. Say: *You know that doing activities can make you feel better, but you also know that depression can get in the way of your desire to do anything. This puts you in a difficult spot.*

2. Introduce the text. Give the group time to fill in answers.

Depression presents a sneaky problem.

When you are depressed you often don't feel like doing activities …

but

… activities can help you feel less depressed.

How can you solve this problem? What thoughts might help you to do an activity even when you don't feel like it? Try to finish these sentences to help you get going.

1. Yes, I don't feel like doing an activity, but _____

_____

2. If I don't do an activity, I will feel _____

_____

3. If I do an activity, I might feel _____

_____

How can you increase the chances that you will do a helpful activity?

Act "as if."

Even if you are feeling down, see what it feels like to act "as if" you feel good. Smile, even if you don't feel like smiling. Research shows that smiling can help people feel better.

The same applies to doing activities. Try to do an activity even if you don't feel like it. You might be surprised at how your mood improves.



***Make a move* by taking small steps.**



Once you get started doing an activity, it is easier to keep going. What small step could you take right now? If you are standing in your living room, you could either sit down or put on your walking shoes. ***Make a move***— put on your walking shoes. What step could you take next? Opening the door? Take one step or walk to the end of the block. See what happens next!

How to Get Ideas for Activities

Leader Tips

Time: 30 minutes
Group Member's Workbook: Page 31

Say: *We have talked about how to get around depression and get started doing some activities. But how do you get ideas for what to do? Here are three ideas.*

1. Introduce the first point under number one. Stop and ask group members if that question gives them any ideas for activities they might do. Ask one group member to share his or her idea. Discuss the rest of the points.

2. Introduce the text under number 2.

Draw the table on the board and explain it. Ask group members to suggest activities and write them down in the boxes on the board.

After the group has finished suggesting activities, **ask the group these questions.**

Do you all like to do the same things? What are some differences?

Did your mood change just by thinking about activities that you could do?

Were you surprised at how many free activities there are?

3. Ask the group to make a commitment to do one of the activities before the group meets again. They can sign their name and the date to seal their commitment.

Note: It is important to identify activities specific to the group's location. Name some parks, movie theaters, video stores, or museums that group members might go to in your local area.

4. Say: *Activities tend to be of four different types. When you are trying to think of activities, it might be helpful to think about these types.*

Go over the points in number 3.



Ask yourself some questions that get you thinking. For example:

- Before you were depressed, did you have plans to try something you had never done before?
- What have you been meaning to do, but keep putting off?
- What were your dreams when you were a child? What did you want to "be" when you grew up? Do those dreams give you ideas for something new you might try?
- What do other group members enjoy? What do your family, friends, or coworkers enjoy (other than drugs or alcohol)?
- When you look at the newspaper or walk outside, do you see people doing helpful activities that you could do?



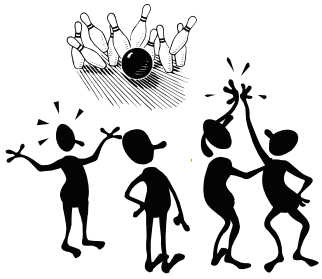
Think about activities that you can do:

- ***Alone***
- ***With other people***
- ***For free***
- ***Quickly and simply***

It is good to have activities you can do alone.

- You can control when you do them and you are not dependent on anyone else.
- It is important to have time alone to think and enjoy your own thoughts.

It is also good to have activities you can do with other people.



- Pleasant contacts with people often make us feel better.
- Other people may increase your motivation to do the activity.
- Doing fun stuff together helps people enjoy each other more, and can build and improve relationships.

Activities that are inexpensive or free are important.

- You can do more of them.
- You won't feel stressed because you are spending money.
- You can do them at any time, whether you have extra money or not.



Activities that don't take too much time are important.

- You can do more of them.
- They are useful when you are busy and can't find a lot of time.
- Brief activities give you a glimpse of the beauty of the world.

Helpful Activities: What Could You Do?

Alone	
With other people	
Free or low cost	
Short and simple	

"I will do one or more of these activities before the next CBT session."

_____

Your Signature



It may be helpful to think about helpful activities in four general categories.

Self-care activities are the things you do to take care of yourself and the business of your life. For example:

- Taking a shower
- Getting to sleep on time
- Paying the electric bill
- Going to AA meetings

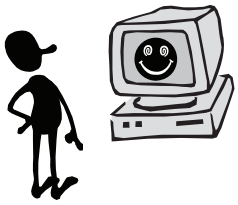


Fun activities are simple, helpful things you do that bring you pleasure. For example:

- Going to a movie with a friend
- Walking
- Listening to music
- Watching a bird in a tree

Learning activities give you a sense of accomplishment or of having learned to do something well. For example:

- Learning how to work a computer
- Starting an exercise program
- Reading a book or newspaper
- Practicing the CBT skills



Meaningful activities fit with your values. Meaningful activities boost your healthy self image and bring purpose to your life. For example:

- Being a good parent or friend
- Working
- Letting somebody else go first in line
- Participating in church, social, political, or community activities

More Ideas for Helpful Activities

Leader Tips

Time: 10 minutes
Group Member's Workbook: Page 35

1. Say: *Hopefully, you are getting some ideas about activities that you used to enjoy or activities that are new to you that you would like to try. This list includes over 50 ideas for helpful activities. What activities would you like to try?*

2. Allow time for group members to add their own ideas at the end of the list.

Note: The individuals in your group may enjoy activities that are not mentioned in their workbook, or that are not on the list of examples. Think about who is in your group and examples that might fit them.

Additional ideas for people who abuse substances include:

- Go to an AA meeting.
- Work the steps.
- Give thanks for being alive and sober.
- Spend play time with family and children.

People who used to use drugs or alcohol may have an especially difficult time thinking of activities that don't involve drugs or alcohol. It is possible that nothing else will sound fun to them. Help them think of ideas, and ask for ideas from other group members.

Here are some ideas of helpful activities that you could do.



1. Wear clothes you like
2. Listen to the radio
3. Watch people
4. Look at clouds
5. Eat a good meal
6. Help a neighbor mow the lawn
7. Care for a houseplant
8. Show an interest in what others say
9. Notice good things that happen
10. Give a compliment or praise someone
11. Talk about sports or current events
12. See beautiful scenery
13. Take a walk
14. Make a new friend
15. Go to a movie or play
16. Go to a museum
17. Play cards or chess
18. Watch a sunset
19. Do artwork or crafts
20. Learn something new
21. Collect things
22. Join a club
23. Read something inspiring
24. Volunteer at the animal shelter
25. Go to a garage sale
26. Help someone
27. Rearrange your room or house
28. Talk on the telephone
29. Volunteer
30. Accept a compliment
31. Read books, magazines, or poetry
32. Daydream
33. Brush your teeth
34. Cook a good meal
35. Do crossword puzzles
36. Take a long bath or shower
37. Talk about old times
38. Write stories or poetry
39. Spend time with friends
40. Sing
41. Go to church
42. Read the newspaper
43. Go to a meeting or a lecture
44. Exercise
45. Solve a personal problem
46. Listen to music
47. Do outdoor work
48. Get a haircut or your hair done
49. Pray
50. Sit in the sun
51. Have peace and quiet
52. Go to a park, fair, or zoo
53. Write letters
54. Listen to birds sing
55. Go to the library
56. Keep a clean house
57. Plant flower seeds
58. Spend play time with family/children
59. Eat a piece of fresh fruit
60. Do your laundry
61. Shine your shoes
62. Recycle
63. Practice playing the guitar
64. Take a class
65. Improve your math or reading skills
66. Have the oil changed in your car
67. Learn yoga or Tai Chi

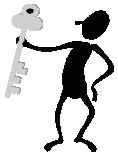
Add your own ideas for helpful activities.

68. _____

69. _____

70. _____

71. _____



KEY MESSAGES

LEADER TIPS

Time: 5 minute
Group Member's Workbook: Page 36

1. **Review** the key messages from this session.

2. **Say:** *Congratulations! You have completed two sessions in this module. You are working hard to get over your depression, and you can feel better.*

- Because of your depression, it may feel difficult to get started doing helpful activities.
- Remember that activities can be things you do alone, with other people, or for free. They can be short and simple.
- Activities can fall into four categories: self-care, fun, learning, and meaningful.



PRACTICE

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 36

1. **Explain** to group members that from now on the Quick Mood Scale will include a place at the bottom to write down how many healthy activities they do each day

2. **Remind** group members that they made a commitment to doing a new helpful activity.

1. Track your mood using the Quick Mood Scale. Notice that at the bottom there is a place for you to keep track of how many helpful activities you do each day.

2. *Do one or more new activities*. They can be activities:

- You do alone
- You do with other people
- That are free or low cost
- That are quick and simple

They can be any of the four types of activities:

- Self-care
- Fun
- Learning
- Meaningful

Hint: You don't have to feel like doing something to start doing it. Do an activity anyway.

QUICK MOOD SCALE

Instructions

- Fill in the days of the week across the top of the scale. For example, if you start rating your moods for the week on a Wednesday, write "Wednesday" (or "W") on the first line, "Thursday" (or "Th") on the second line, etc.
- Keep the scale beside your bed. Before you go to bed, think about your mood for the day and circle a number that matches your mood.
- Try to use all the numbers, not just 1, 5, or 9.
- There is no right answer. Only you know how you have felt each day.
- If you want to track your mood over a period of time longer than a week, write down the number rating for your daily moods on a calendar.
- Try to remember about how many helpful activities you did each day and write the number at the bottom of each column.

Day of the Week	_____	_____	_____	_____	_____	_____	_____
Best mood	**9**	**9**	**9**	**9**	**9**	**9**	**9**
	8	**8**	**8**	**8**	**8**	**8**	**8**
	7	**7**	**7**	**7**	**7**	**7**	**7**
	6	**6**	**6**	**6**	**6**	**6**	**6**
OK/average mood	**5**	**5**	**5**	**5**	**5**	**5**	**5**
	4	**4**	**4**	**4**	**4**	**4**	**4**
	3	**3**	**3**	**3**	**3**	**3**	**3**
	2	**2**	**2**	**2**	**2**	**2**	**2**
Worst mood	**1**	**1**	**1**	**1**	**1**	**1**	**1**
How many helpful activities did you do each day?							



Feedback

Leader Tips

Time: 2 minutes
Group Member's Workbook: Page 38

Encourage group members to comment on today's session.

The group leaders will ask for your comments about the session. They might ask the following questions.

- What was difficult about today's session?
- What did you learn that was most helpful in terms of improving your mood?
- What suggestions do you have to improve your treatment?



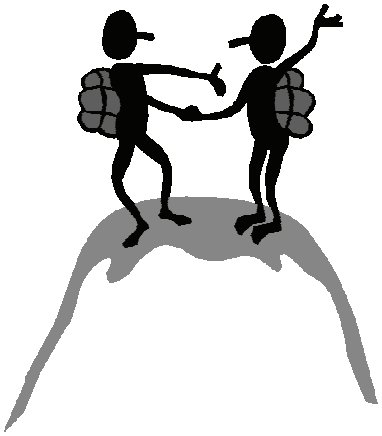
LOOKING AHEAD

LEADER TIPS

Time: 1 minute
Group Member's Workbook: Page 38

Let group members know that in the next session you will begin talking about specific ways that they can overcome the obstacles that get in the way of doing activities.

The next session, Session 3 in "Activities and Your Mood" is called "Overcoming Obstacles to Doing Helpful Activities."



GROUP LEADER SELF- EVALUATION FORM: ACTIVITIES, SESSION 2

Instructions

Taught/Done: Were you able to cover the material? If you did not do it this session but did it later, when it is done write in the date you covered it.

Difficult to Teach: How hard was it to teach this part of the session? If it was neither easy nor hard, you can write "medium."

	Taught/Done? (Yes/No)	**How Difficult Was It to Lead This Part of the Session? (Easy/Hard)**
Welcome		
Purpose and Outline		
Announcements		
Review		
Practice		
Last Session		
New Topic: Doing New Activities		
The Link Between Activities and Mood: A Chaining Activity		
Getting Past Depression: Doing Activities Even When You Don't Feel Like It		
How to Get Ideas for Activities		
More Ideas for Helpful Activities		
Key Messages		
Practice		
Feedback		
Looking Ahead		

SESSION 3: OVERCOMING OBSTACLES TO DOING HELPFUL ACTIVITIES

LEADER TIPS

Materials Needed

Group Member's Workbook ("Activities and Your Mood")—a few copies to loan in case some group members forget to bring their workbooks

Pens—enough for everyone in the group

PHQ-9 depression measure—enough copies for everyone in the group

Dry erase board, chalkboard, or large sheets of paper to present material to group

Kleenex or other facial tissue

Group Leaders' Goals

- Help group members feel good about themselves for starting to at least think about doing activities.
- Help group members identify the obstacles that get in the way of doing helpful activities.
- Give group members some ideas for how to keep going and overcome obstacles.
- Reinforce the connection between activities and mood, and the importance of doing activities to feel better.

Leader Tips

Welcome Group Members

- Greet group members by name. Ask them informally how their practice went.
- Pass out the PHQ-9 depression measure. Ask group members to fill it out, put their names on it, and return it to you. Tell group members that you will talk more about it later.
- Scan the questionnaires quickly as you collect them. Notice any major changes in the severity of group members' depression symptoms, including thoughts of suicide. If a group member reports thoughts of suicide, follow the procedures that you have worked out with your supervisor in advance regarding how to handle these situations. Often this involves having one group leader meet privately with the client either during group or immediately following to further assess the client's risk of suicide or "handing off" the client to another clinician who will conduct this assessment. Consult with your supervisor immediately in the case of a client who is suicidal.

Purpose and Outline
Group Member's Guidebook: Page 39

Introduce the Purpose and Outline.

PURPOSE

- Identify the obstacles that may come up as you begin to do helpful activities.
- Learn how to overcome obstacles.
- Learn how to create balance in your life with a variety of activities.

OUTLINE

I. Announcements
II. How Have You Been Feeling?
III. Review
IV. New Topic: Overcoming Obstacles
    A. Problem Solving
    B. Pacing Yourself
    C. Balancing Your Activities
    D. Predicting Pleasure
V. Key Messages
VI. Practice
VII. Feedback
VIII. Looking Ahead



ANNOUNCEMENTS

The group leader will make any announcements that might be necessary.

Is there anything you would like to let the leader know about?

HOW HAVE YOU BEEN FEELING?

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 40

1. **Read aloud** the text in the Group Member's Workbook.

2. After the session, **compare** each group member's survey with the ones he or she has filled out before. This comparison will allow you to monitor each group member's progress.

The questionnaire you filled out at the beginning of Session 1 and again today is called the "Patient Health Questionnaire," or PHQ-9 for short. It allows you and your group leaders to check how you are feeling today and to keep track of how you are feeling while you are attending the group.

Review

Practice

Leader Tips

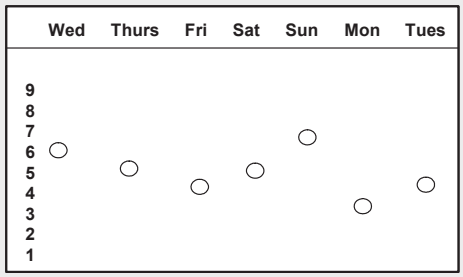
Time: 15 minutes
Group Member's Workbook: Page 41

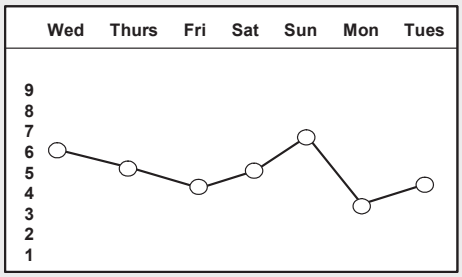
Quick Mood Scale

Ask group members about how they did tracking their moods on their Quick Mood Scales. Make a graph based on one group member's Quick Mood Scale.

1. Start the graph with the day of the week the group meets. If your group meets on a Wednesday, write "Wednesday" or "Wed"" in the first space at the top of the graph.

2. Ask for a volunteer from the group to share the numbers on his or her Quick Mood Scale. Make a graph on the board like the example below. If the group member's mood was a 6 on the first day, mark a dot at 6 below "Wed."





3. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

4. Say: *How many helpful activities did you do on the day your mood was the lowest? What about the day that you had the highest mood? How many helpful activities did you do on that day? What got in the way of doing more helpful activities? What did you notice about the connection between the number of helpful activities you did and your mood each day?*

Doing a New Activity

5. Ask: *Did you do the activity that you planned? How did it go?* Link group members' attempts to do a new activity to their Quick Mood Scale ratings.

1. Track your mood using the Quick Mood Scale.

Did you track your mood using the Quick Mood Scale? Did you count the helpful activities you did each day?

2. Do a new activity. Were you able to do the new activity you committed to doing? How did you make it happen? How did you feel after doing the activity? If not, what got in the way?

Last Session

Leader Tips

Time: 5 minutes
Group Member's Workbook: Page 41

1. It may be difficult for group members to remember what you talked about in the last session. Use this time to remind them of the key messages, and to help them understand how today's lesson follows.

2. **Say:** *In the last session, we talked about how depression can make it difficult to get going and do new activities. You also made a list of activities. Some you can do alone, some with others, some for free, and some quickly and simply. You signed a commitment to do one of those activities.*

3. **Say:** *We also talked about different categories of activities. Can anybody name an activity that would be a self-care activity? A fun activity? Learning? Meaningful?*

4. **Say:** *Finally, we looked at a long list of ideas for activities you could do.*

5. **Review** the key messages.

Last session's key messages were:

- Because of your depression, it may feel difficult to get started doing helpful activities.
- Remember that activities can be things you do alone, with other people, or for free. They can be short and simple.
- Activities can fall into four categories: self-care, fun, learning, and meaningful.



NEW TOPIC: OVERCOMING OBSTACLES

Problem Solving

LEADER TIPS

Time: 30 minutes
Group Member's Workbook: Page 42

1. Say: *We have talked about how depression gets in the way of doing activities. But now many of you have done an activity and are planning to do more. Today we are going to talk about how to keep going once you get started.*

2. Say: *First, we are going to look at a technique called problem solving. You probably already use aspects of problem solving. But it's easy to forget to use problem-solving skills when we are under stress. Understanding the steps can be useful.*

3. Ask the group to look at the page in their workbooks that has the picture of the detective at the top. **Say:** *CBT requires that you be a good detective. Now we are going to ask you to examine the things that get in the way of doing activities.*

Step 1: Identify the problem (obstacles)

1. Say: *The first step is to figure out what the obstacles are. In other words, you need to answer some questions: "What is keeping me from doing activities?" Or, "I did one activity, what is keeping me from doing more?"*

2. Ask group members to brainstorm a list of things that get in the way of dong activities. First tell the group what it means to "brainstorm":

- Brainstorming is a group method for problem solving.
- It involves working together to make a list of ideas.
- All group members should join in.
- They should feel free to make any suggestion even if it seems a little strange.
- The group will not laugh at or criticize any ideas.

3. Make a list of the group's ideas on the left side of the board under the heading "Obstacles." An example of what the list might look like is shown below, except that the group's brainstorming is likely to produce more ideas. If you have group members who do not read well, you may want to include simple pictures of the obstacles next to the words.

Some group members may have brought up specific obstacles during the review of their practice activities. They may not have completed practice due to an obstacle. Make sure the list includes examples of obstacles that group members have already shared.

Obstacles	
1. No time	
2. No money	
3. Tried an activity and didn't like it	
4. No energy (don't feel like doing anything)	
5. Too many work or family obligations	
6. My harmful thoughts	
7. Planned a lot of activities and felt overwhelmed	
8. Don't think I'll enjoy a new activity	
9. No transportation	
10. Boring without drugs or alcohol	
11. Physical pain	

Step 2. Think of solutions to the problem

1. Keep the list on the board. **Say:** *Congratulations on identifying so many obstacles. You have just taken the first step toward overcoming these obstacles. The second step is to think about all the possible ways you can get around these obstacles, without evaluating them. There should be several possible solutions.*

2. **Say:** *First, I have a little story to tell you about getting over obstacles. Some researchers did a study with several classrooms of school children. They showed all the children a picture of a young man in a wheel chair. They asked some of the children* ***if*** *the man could drive. Those children overwhelmingly said "no" and left it at that. In other classrooms, they asked the children* ***how*** *the man could drive. Those children came up with many ideas. The lesson from this story is that we should all ask ourselves* ***how*** *we can do something,* ***not whether we can****.*

3. Ask the group to think of solutions to obstacle #1. Remind them that they are just brainstorming. They don't need to think about whether a solution is really the right one.

4. Write down on the board the solutions they come up with for each of the obstacles they named. Depending on who is in your group, you may want to emphasize different ideas and different skills than those presented in the example.

Obstacles	Solutions
1. No time.	Activities don't have to be big, or take a long time. Make time for activities; schedule them into your life.
2. No money	Activities don't have to be expensive. Look at the list of activities in this guidebook for some ideas. Do free activities. Save up money to do a special activity once in a while.
3. Tried an activity and didn't like it	Try it one more time to make sure. Do something different to make it more enjoyable; maybe take a friend. Or try a different activity the next time. There are lots to choose from.
4. No energy (don't feel like doing anything)	Remember the cycle. You may have more energy after you do an activity. Try doing an activity as an experiment and see how you feel afterward.
5. Forgot what I like to do	When you get an idea for something you would like to do, write it down so you don't forget. Look at the list of activities in this guidebook and see if you get any ideas.
6. My harmful thoughts; for example, I am afraid that I will drink or use drugs if I go out	Remind group members that Thoughts is one of the CBT modules. Ask those who have already been through the Thoughts module how they learned to change their thoughts to help them do more activities. Ask how those who are in recovery confront this obstacle.
7. Planned a lot of activities and felt overwhelmed	Take it slow. You don't have to do everything at once. Choose one or two activities and do those first.
8. Don't think I'll enjoy the activity	Try doing the activity anyway, and see if you enjoy it more than you expected to.
9. No transportation	Look for free transportation; get a ride from a friend or acquaintance; walk; bicycle; ride the bus; get reduced-price bus tokens.
10. No fun without drugs or alcohol	What was fun before drugs/alcohol? What are the alternatives? o Try it anyway. o Entertain yourself.
11. Physical pain	Do things at home. Invite people over. See a doctor for pain management.

Step 3. Choose the solution that makes the most sense.

Say: *Now that you have **identified** the problem and **thought** about all the possible solutions, it is time to **choose** one or two solutions and try them.*

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

Step 4. Try the solution and see if it works.

Step 5. If the solution doesn't work, try a different solution.

Ask: *How did it feel to look at things that have been obstacles for you and try to find ways to overcome them?*

Be a detective. Try using this problem-solving method to figure out what is making it hard for you to do activities, and then to get past the obstacles.



Step 1: Identify the Problems	Step 2: How can you overcome the obstacles?
Tell yourself out loud or in your head what is getting in your way. • I would have done it BUT… • I can't do it BECAUSE…	Think about all the possible solutions to the problems. Don't think about whether the solutions are good or bad, possible or not.
1. I would have done an activity after work, but I worked late and didn't have time.	1. Do an activity that does not take a lot of time. You could: • Call a friend to plan an activity for another day. • Water a plant. • Read a story in the newspaper. • Eat an apple. • Take a warm bath before bed.
2.	2.
3.	3.
4.	4.

Step 3	**Choose the solution that is the best for you**, even if it isn't perfect. Or combine two or three of your ideas.
Step 4	**Try the solution** and see if it works.
Step 5	**If the solution doesn't work, choose a different solution** and try it.

Pacing Yourself

Leader Tips

Time: 15 minutes
Group Member's Workbook: Page 43

Say: *If you have already been through the CBT "Thoughts" module, you may remember the category of thinking called "all-or-nothing" thinking. This is an extreme type of thinking where you tell yourself that you are perfect or a failure, all good or all bad. A similar kind of thinking is common when you begin to do activities. You might feel like you have to do everything and that if you can't, you are a failure and you might as well do nothing. Do you feel this way?*

1. Say: *When you first start to do activities, remember that you have to pace yourself.*

2. Ask: *What does it mean to you to pace yourself?* If the group doesn't offer these ideas, make sure the group understands that it can mean several things:

- Go at your own speed.
- You don't have to do everything at once.
- Start slow, and take small steps.

3. Say: *What are important factors to consider when you pace yourself?* Here are some ideas.

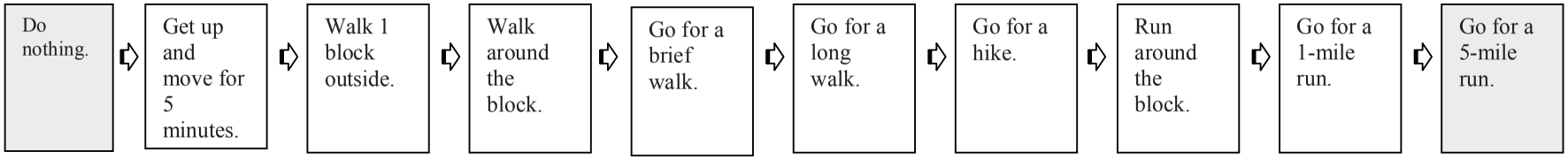
- Energy level
- Time
- Health/pain
- Interest
- How long it has been since you did the activity or a similar activity
- Demands of others

4. Introduce the "Pace Yourself" exercise in the Group Member's Workbook. Help group members answer the questions.

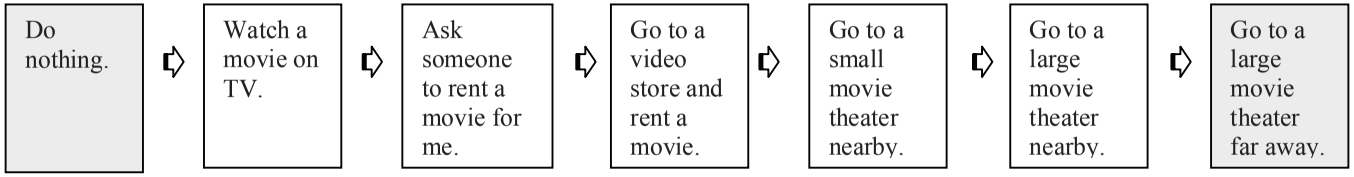
Pacing Yourself

When you begin to do more activities, you can start small, at your own speed—you don't have to run a marathon the first time you step outside. It is more important to do ***something*** than it is to do ***everything***. What pace is right for you?

1. Given my energy level, health, and time, if I wanted to exercise, what might I do? **(Circle one or write your own.)**



2. If I wanted to see a movie, what might I do? **(Circle one.)**



What kind of movie might I watch, given my energy level, health, time, mood, and personal preference?

(Circle one.) romantic comedy comedy action adventure drama horror documentary

3. What is something else I would like to do? _____

4. How can I make sure that I do activities at a pace that fits me? _____



Balancing Your Activities

LEADER TIPS

Time: 20 minutes
Group Member's Workbook: Page 44

1. Ask group members to turn to the page with the pictures of the balance beam.

Say: *One of the ways we create obstacles for ourselves is by doing too many of one kind of activity and not enough of other kinds of activities. Of course, certain activities are necessary in life. But to feel happy and have a good life, most people need a combination of different kinds of activities.*

2. **Ask:** *What do you notice in the first picture?* Discuss the picture with the group.

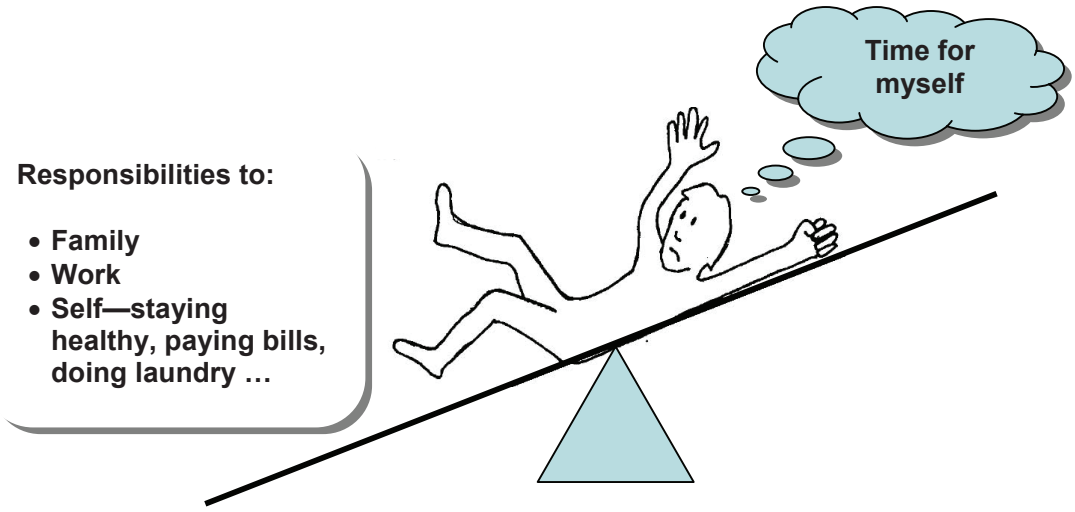
Say: *You can see that the person is sliding towards the heavy side of the scale where his responsibilities are piling up. We all do activities because we have responsibilities in life. These activities are necessary and they help to make us happy and feel connected to other people. But we all need time to do other kinds of activities also.*

3. **Ask:** *What do you notice in the second picture?* Discuss the picture with the group.

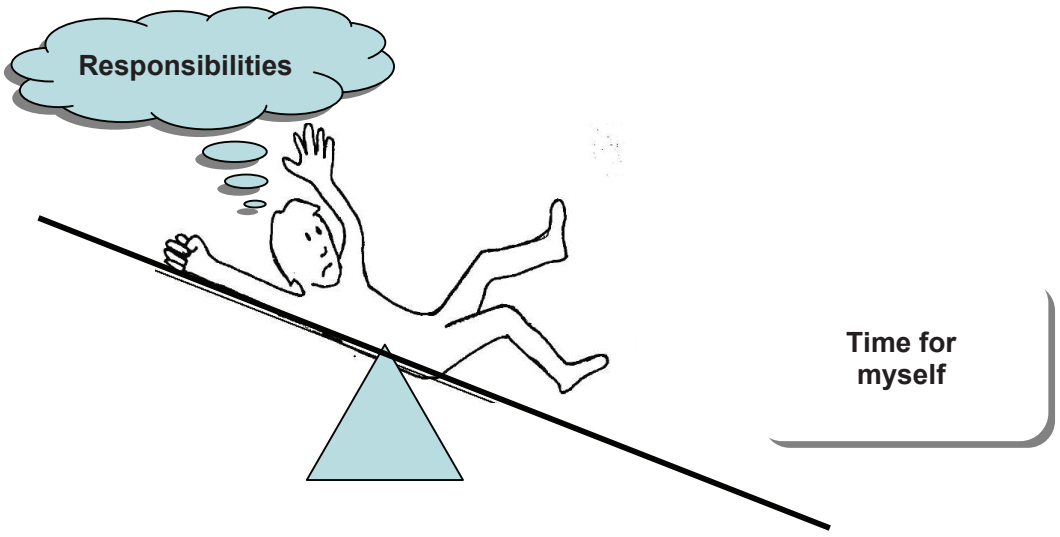
Say: *This person seems to have forgotten that he has responsibilities to other people and to himself. Most people find that doing some activities because they need to—like working and cleaning house—gives them a sense of satisfaction. In the long run, this person will feel happier and healthier if he takes care of business.*

4. **Say:** *In the last picture, the person has a variety of activities. Most people find that a balanced life is a happier life.*

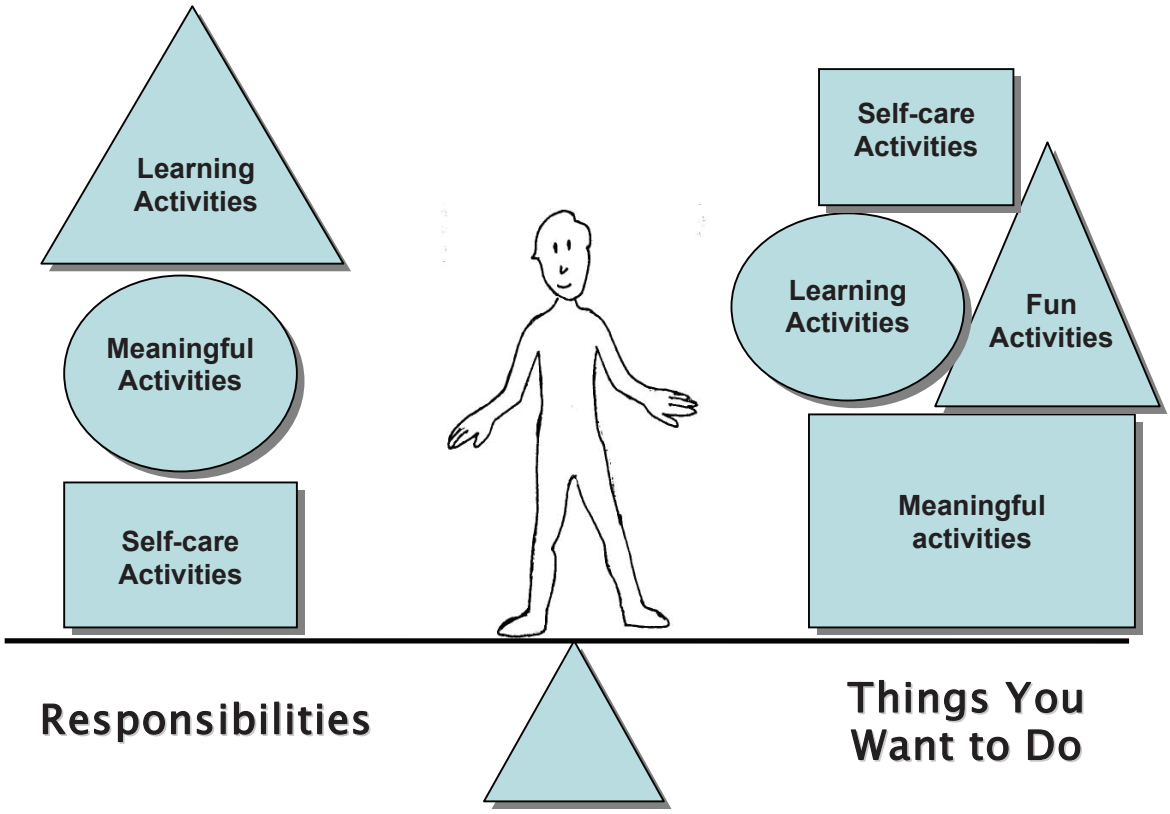
5. **Say:** *Now pretend that you are on the balance beam. You are going to make a "To-Do" list for yourself. Write a few activities on each side—make sure your life is in balance with a variety of activities.* Allow time for group members to complete the figure. Then briefly discuss what the group members wrote.



How you spend your time is important to how you feel. If you spend much of your time doing activities of only one kind, you are likely to feel down more than if you ***balance*** the types of activities that you do.



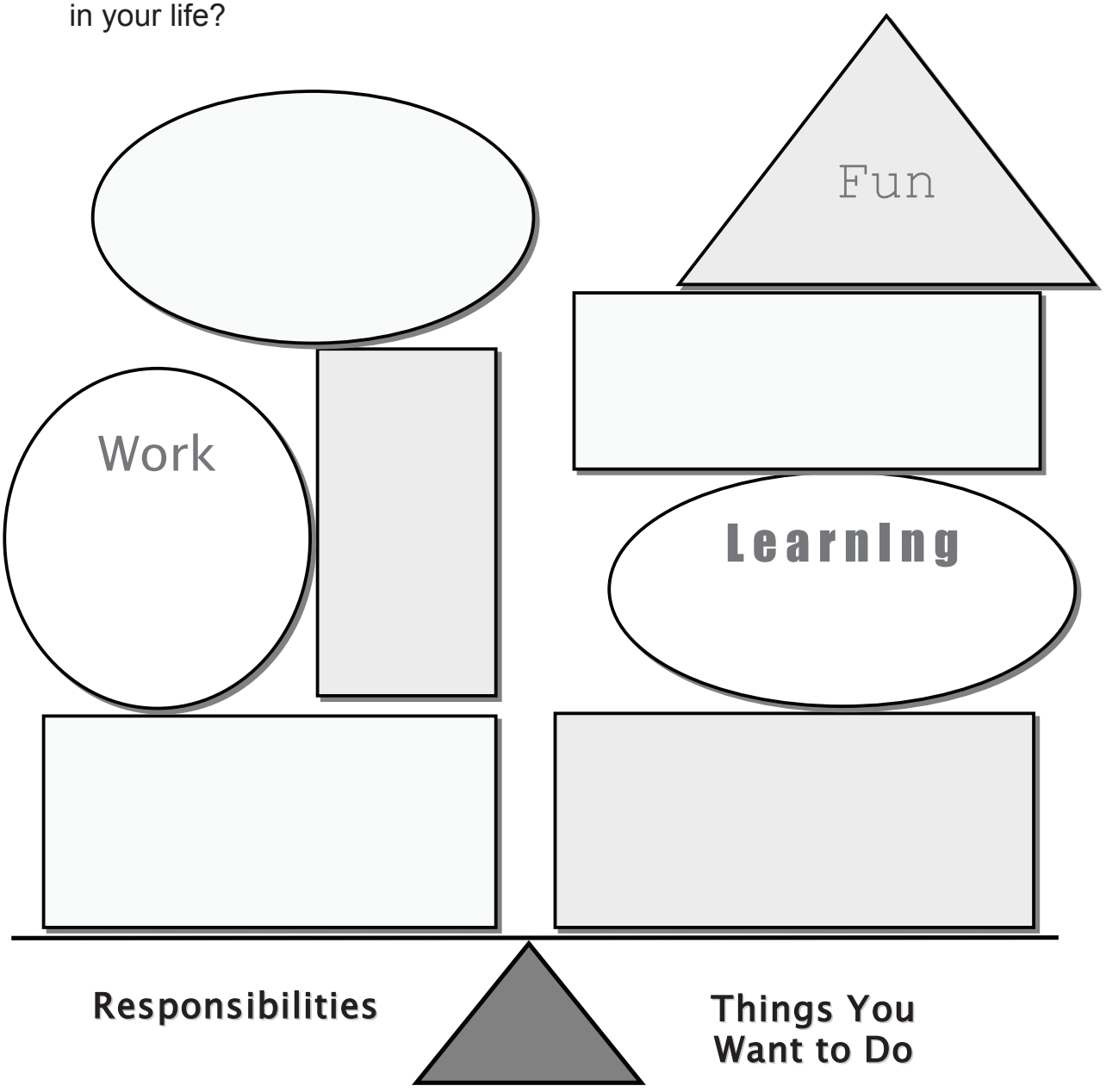
Most people feel best when they balance their time among all types of activities. They take care of themselves and their families, work, have fun, learn, and do things that are meaningful for them.



Make your own to-do list

Make a to-do list of some activities that you will do. Write your list in the shapes below. Make sure your list includes a variety of activities so that your life is in balance.

Is one side of the scale heavier than the other? Do you have balance in your life?



Leader Tips

Predicting Pleasure

Time: 10 minutes
Group Member's Workbook: Page 47

1. Note: A common problem for people who are depressed is that they underestimate how much they will enjoy an activity before they do it. They avoid doing activities, thinking "what's the use?" Predicting pleasure helps group members understand that if they make an effort to do something, they will often find that they enjoy it, and then their mood will improve and they will feel like doing more activities. **Note: A full pleasure-predicting chart is part of this session's practice. The short chart here will allow you to explain to group members how to fill out their practice chart.**

2. Say: *You can't always just wait until you feel like doing something. Sometimes you have to* ***make*** *yourself do activities. Look at the Predicting Pleasure page in your workbooks.*

3. Go over the text. Help group members fill in the empty row in the small chart at the bottom of the page.

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

4. Ask: *What thoughts do you have about yourself or others after doing the activity?*

5. Say: *Pleasure predicting will be part of your practice for this session. We will talk more about that in a few minutes.*

Predicting Pleasure



A common problem for people who are depressed is that even before they do an activity they think it won't be enjoyable. They avoid doing activities, thinking "what's the use?"

You can do three things to increase the chances that you will DO activities and that you will ***enjoy*** them.

- ***First***, pick an activity that sounds like it might be ***fun for you***. Write it down in the first column in the chart at the bottom of the page.
- ***Second***, do the activity under ***conditions that will make it most enjoyable for you***. For example, if you have picked a movie to see, choose whether you see it alone or with someone. Choose the time that you go and where you sit to make the activity as much fun as possible for you.
- ***Third***, do some "pleasure predicting." Before you do an activity, ***guess how much you think you will enjoy it.*** Even if you don't think you will enjoy it, do it anyway. After you have done the activity, ***think about how much you actually enjoyed it***. Most people find that they enjoyed doing the activity more than they expected—and then they are motivated to do another activity.

Pleasure Predicting Chart (Sample)

Star rating system: * not at all ** a little bit *** moderately **** quite a bit ***** extremely		
Activity	**Before** How much do you **think** you will enjoy this activity?	**After** How much did you **actually** enjoy this activity?
Going to a museum	**	***



KEY MESSAGES

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 48

1. **Read** the key messages aloud.

2. **Ask** the group if they have any questions or comments.

3. **Ask** the group which of the techniques might be most useful to them.

- You can use problem-solving to help you find solutions to what is getting in the way of doing activities.
- Once you start doing more activities, it is still important to think about obstacles and not create new ones for yourself.
  - Go at your own pace.
  - Balance your activities.
  - Use pleasure predicting to remind you of how enjoyable an activity can be.



PRACTICE

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 48

1. Quick Mood Scale

Remind group members that the Quick Mood Scale now includes a place at the bottom to write down how many healthy activities they do each day.

2. Review the other practice activities. Ask group members if they have any questions.

1. Track your mood using the mood scale.

Continue tracking the number of helpful activities you do each day.

2. Pick one activity from each of the four categories—self-care, fun, learning, and meaningful—and do them.

3. Before and after you do a new activity, ***fill out the Pleasure Predicting Chart*** (it is in your workbook after the Quick Mood Scale).

4. If you find it difficult to do the activities, ***try using the strategies we talked about*** to overcome obstacles—problem solving, pacing yourself, balancing activities, and predicting pleasure.

QUICK MOOD SCALE

Instructions

- Fill in the days of the week across the top of the scale. For example, if you start rating your moods for the week on a Wednesday, write "Wednesday" (or "W") on the first line, "Thursday" (or "Th") on the second line, etc.
- Keep the scale beside your bed. Before you go to bed, think about your mood for the day and circle a number that matches your mood.
- Try to use all the numbers, not just 1, 5, or 9.
- There is no right answer. Only you know how you have felt each day.
- If you want to track your mood over a period of time longer than a week, write down the number rating for your daily moods on a calendar.
- Try to remember about how many helpful activities you did each day and write the number at the bottom of each column.

Day of the Week	_____	_____	_____	_____	_____	_____	_____
Best mood	**9**	**9**	**9**	**9**	**9**	**9**	**9**
	8	**8**	**8**	**8**	**8**	**8**	**8**
	7	**7**	**7**	**7**	**7**	**7**	**7**
	6	**6**	**6**	**6**	**6**	**6**	**6**
OK/average mood	**5**	**5**	**5**	**5**	**5**	**5**	**5**
	4	**4**	**4**	**4**	**4**	**4**	**4**
	3	**3**	**3**	**3**	**3**	**3**	**3**
	2	**2**	**2**	**2**	**2**	**2**	**2**
Worst mood	**1**	**1**	**1**	**1**	**1**	**1**	**1**
How many helpful activities did you do each day?							



Pleasure Predicting Chart

Instructions: See how good you are at predicting fun. Write in the left column some new activities that you could do. Use the star rating system to predict how much you will enjoy the activities. Do two or more of the activities, then afterwards rate how much you actually enjoyed the activities.

Do you see a pattern? What have you learned? Notice in the examples that sometimes a person enjoys an activity more than he or she expects to.

* **not at all** ** **a little bit** *** **moderately** **** **quite a bit** ***** **extremely**

Activity	**Before you do the activity:** **How much do you think you will enjoy this activity?**	**After you do the activity:** **How much did you actually enjoy this activity?**
Going to a museum	**	***
Talking to a friend	***	*****



Feedback

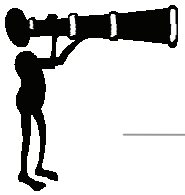
Leader Tips

Time: 2 minutes
Group Member's Workbook: Page 51

Encourage group members to comment on today's session.

The group leaders will ask for your comments about the session. They might ask the following questions.

- What was helpful about today's session?
- What was less helpful?
- What did you learn that was most helpful in terms of improving your mood?
- What suggestions do you have to improve your treatment?



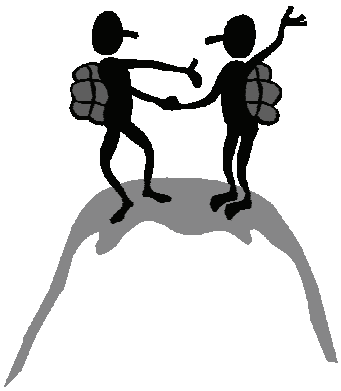
Looking ahead

Leader Tips

Time: 1 minute
Group Member's Workbook: Page 51

Give group members a preview of the next session.

In the next session of the Activities module, we will talk about how doing activities can help you meet some goals.



GROUP LEADER SELF- EVALUATION FORM: ACTIVITIES, SESSION 3

Instructions

Taught/Done: Were you able to cover the material? If you didn't do this in this session, but do it later, when it is done write in the date you covered it.

Difficult to Teach: How hard was it to teach this part of the session? If it was neither easy nor hard, you can write "medium."

	Taught/Done? (Yes/No)	**How Difficult Was It to Lead This Part of the Session? (Easy/Hard)**
Welcome		
Purpose and Outline		
Announcements		
How Have You Been Feeling?		
Review		
Practice		
Last Session		
New Topic: Overcoming Obstacles		
Problem Solving		
Pacing Yourself		
Balancing Your Activities		
Predicting Pleasure		
Key Messages		
Practice		
Feedback		
Looking Ahead		

SESSION 4: DOING HELPFUL ACTIVITIES TO SHAPE YOUR FUTURE

Leader Tips

Materials Needed

Group Member's Workbook ("Activities and Your Mood")—a few copies to loan in case some group members forget to bring their workbooks

Pens—enough for everyone in the group

Dry erase board, chalkboard, or large sheets of paper to present material to group

Certificates of Achievement for graduating group members

Kleenex or other facial tissue

Group Leaders' Goals

- Help group members see that there is a connection between doing activities and meeting goals.
- Help group members see how setting and reaching goals can help them shape their future.
- Help group members set their own manageable goals.
- Look back and review the Activities module.

Leader Tips

Welcome Group Members

As group members arrive, greet them by name. Ask them informally how their practice went.

Purpose and Outline
Group Member's Workbook: Page 53

Introduce the Purpose and Outline.

PURPOSE

- Talk about setting reachable goals
- Set a long-term goal
- Define some short-term steps that will help in reaching the long-term goal
- Say goodbye to graduating group members

OUTLINE

I. Announcements
II. Review
III. New Topic: Doing Activities to Shape Your Future
    A. The Importance of Setting Goals
    B. What Are Your Dreams for the Future?
    C. Long-Term and Short-Term Goals
    D. Steps to Reach My Short-Term Goal
    E. Celebrate
IV. Key Messages
V. Practice
VI. Feedback
VII. Review of Activities Module
VIII. Goodbye to Graduating Group Members
IX. Looking Ahead to the Next Module



ANNOUNCEMENTS

LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 54

1. If any members of your group will have completed all four modules at the end of this session, they will be "graduating" from CBT. Tell the group who these graduates are and say *"congratulations."*

2. **Say:** *At the end of this session, we will be talking more with these group members to find out how they are feeling and what their plans are for the future.*

The group leader will make any announcements that might be necessary.

Is there anything you would like to let the leader know about?

Review

Leader Tips

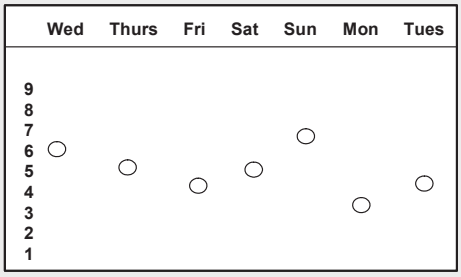
Time: 15 minutes
Group Member's Workbook: Page 54

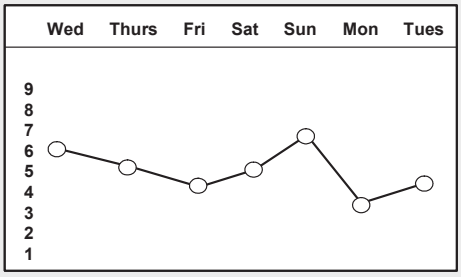
Quick Mood Scale

Ask group members about how they did tracking their moods on their Quick Mood Scales. Make a graph based on one group member's Quick Mood Scale.

1. Start the graph with the day of the week the group meets. If your group meets on a Wednesday, write "Wednesday" or "Wed"" in the first space at the top of the graph.

2. Ask for a volunteer from the group to share the numbers on his or her Quick Mood Scale. Make a graph on the board like the example below. If the group member's mood was a 6 on the first day, mark a dot at 6 below "Wed."





3. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

4. Say: *How many helpful activities did you do on the day your mood was the lowest? What about the day that you had the highest mood? How many helpful activities did you do on that day? What got in the way of doing more helpful activities? What did you notice about the connection between the number of helpful activities you did and your mood each day?*

Do an Activity You Used to Enjoy

5. Ask: *Were you able to do an activity that you used to enjoy? How was it? If not, what got in the way?*

The Pleasure Predicting Chart

6. **Ask** group members if they used the Pleasure Predicting chart. Ask them to share with the group what activity they did and what they learned from filling out the chart. Ask group members if they used one of the strategies they learned to overcome an obstacle.

Last Session

7. **Say:** *In the last session, we talked about overcoming obstacles to doing activities. What are some of the things that you remember most from last session?*

8. **Say:** *Today we will be talking about setting reachable goals, doing activities to reach those goals, and the effect of goal-setting on your mood.*

Practice

- Review your Quick Mood Scale. How many helpful activities were you able to do?
- What did you learn by using the Pleasure Predicting chart?
- What did you do last week when you ran into an obstacle to doing an activity?

Last Session

Last session's key messages were:

- You can use problem-solving to help you find solutions to what is getting in the way of doing activities.
- Once you start doing more activities, it is still important to think about obstacles and not create new ones for yourself.
  - Go at your own pace.
  - Balance your activities.
  - Use pleasure predicting to remind you of how enjoyable an activity can be.

NEW TOPIC: DOING ACTIVITIES TO SHAPE YOUR FUTURE

The Importance of Setting Goals

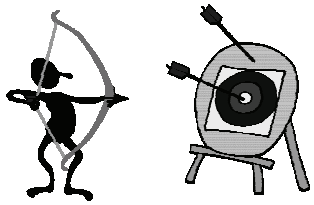
LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 56

1. **Ask:** *What does setting goals mean to you? Why do you think it is important to set goals?*
2. **Go over** the points in their workbook.
3. **Say:** *Do you understand the idea of values, long-term goals, and short-term goals?*
4. **Say:** *Getting over depression is a very good thing. But to continue improving, it helps if you have positive goals to strive for. What we hope to do in this session is help you trace paths for yourselves that will move you beyond depression into living a life that is satisfying, interesting, and happy. We will do this by helping you set goals.*

Depression can take away your motivation. Depressed people often say that they no longer feel a sense of purpose. This makes it difficult to find the energy to do things, even something as simple as getting out of bed. Depression often brings with it the thought: "What's the point?"

As you start to leave depression behind, you may feel a bit unsure of which way to head. Choosing a goal or goals to move toward can provide ***a sense of direction***.



Having a goal helps you to:

- Organize your energy.
- Focus.
- Figure out what is most important to you in life.

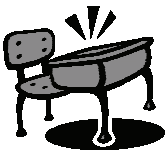
Goals can give meaning to one's life.

If you already have a set of goals in mind, choose those you want to focus on first. If you do not have a set of goals at this time, look to your personal values.

Values are general principles or personal guidelines. Ask yourself, "What do I value?" For example, you may choose to live your life with a focus on:



- Family
- Helping other people
- Being good to the environment
- Achieving as much as you can in your work
- Education
- Practicing your faith
- Expressing yourself artistically
- Physical fitness
- Being outdoors
- Meeting certain financial goals





These values would help shape your **goals**.

Goals are specific objectives.

Values give meaning to goals.

Values and Goals

Values	Long-term Goal	Short-term Goals
Family	Close relationships with immediate and extended family.	Have family dinners five evenings a week. Attend all of child's soccer games. Organize annual birthday parties for mother, sister, and father-in-law.
Helping other people	Make a difference in other people's lives. Teach children to be kind.	Volunteer at a homeless shelter once a month. Take children to visit elderly neighbor once a week.
Respecting the environment	Produce only two pounds of trash per week. Find a job in environmental field.	Recycle. Take a class to learn how to compost. Join Sierra Club and volunteer.
Achieving as much as you can at work	Be promoted within two years.	Be on time every day. Get education and training. Talk often with boss. Take extra assignments.

Warning: Some goals are destructive. For example:

- Perfectionism (because no one is perfect)
- Considering yourself "a failure" if you aren't "the best"
- Setting goals for others and making ***your*** happiness dependent on ***them*** reaching the goals

In the following section, you will work on setting helpful goals. Remember that you can change your goals later. Don't overwhelm yourself by thinking that you have to choose the "best" goals possible, or that your goals have to be ambitious or even special. You are learning to live without depression once again. Think of this as a way to practice setting goals again. Goals can help motivate you to get going.

What Are Your Dreams for the Future?

Leader Tips

Time: 30 minutes
Group Member's Workbook: Page 59

Say: *Look at the page in your workbooks called "What are Your Dreams for the Future?" This exercise gives you the chance to think about what you would like your future to be like.*

Introduce the steps one at a time. Stop after you read each step—the directions below will help you discuss some of the steps with group members.

Step 1. Say: *In order to set goals, it's good to have a picture in your mind of how you see yourself in the future. Close your eyes and think about your dreams for the future. Think about your long-term goal.*

Step 2. Say: *It is wonderful to have dreams, but sometimes dreams are hard to reach because they are a big ideal. It's like reaching for the stars. Is your dream realistic? Is it right for you?* Ask for a group member to volunteer to tell his or her dream.

Step 3. Ask: *Why do you think making your goal specific can be helpful?* **Tell** a story: **Say:** *A young man had a dream. He wanted to "be somebody." However, he was going nowhere fast. He finally realized that he needed to be more specific in his goals! He had to figure out what it meant to "be somebody."*

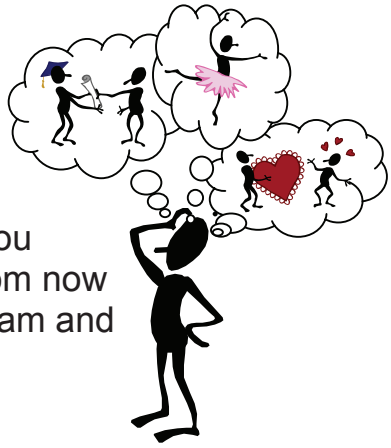
Ask: How do you think the young man could state his goal more specifically, to help him reach his goal?

Step 4. Ask if any group members have questions.

Step 5. Ask: Can anybody think of an example of a short-term goal?

Step 6. Say: *Celebrate. Pat yourself on the back for reaching your goal, and give yourself a small treat. For example, have you been saving up to buy a new CD, or a blouse? Now would be a good time to celebrate your hard work and treat yourself. Other people may not recognize the positive steps you are taking, but you know how hard you have worked.*

Working towards your goals will help you feel better.



The self-care, fun, learning, and meaningful activities that you choose to do now can help you reach your goals for the long term (one year from now or longer). Follow these steps to fulfill your dream and improve your mood.



Step 1. First, set a long-term goal. It is important that the goal is important to you, to make it worth the work.

It is helpful to set a goal to ***do*** something instead of ***not doing*** something. For example, it is easier to "eat more vegetables" than it is to "not eat junk."



Step 2. Make sure your goal is realistic. You might like to travel to Jupiter, but that is a little unlikely. Choose something that is possible and that is right for you.

- Work with the money you have.
- Give yourself a deadline.



***Step 3. Be specific*.** Pick your goals and nail them down, stating when, what, how much, where, and how.

Which is more specific?

I am going to start exercising more, **OR**

I will exercise three times a week starting Monday at the YMCA.

I want to do more activities, **OR**

I will do at least one activity a day, even if it is a small activity that take less than five minutes.



Step 4. Make sure your goal is something* you *can manage.

You can't make other people do what you want or control their actions no matter how much you ask, beg, plead, or yell.

There are many things in life that you can't control. You can't control what other people do or how they feel.

Make sure your goal is under ***your*** control.

Make sure that you aren't setting goals for other people; for example, "Next year my son will get all A's and B's on his report card."

If you do what ***you*** set out to do, you have reached your goal, whether or not other people behave the way you want them to.



Step 5. Break your goal into steps. Long-term goals are often big and complicated. It can be overwhelming to try to reach them.

Breaking goals into steps makes your work easier and less stressful.

Steps are like small goals. They need to be specific and under your control.

It's easier to see the progress you are making towards your goal when you take small steps.

Ask for help when you can't reach your goal alone.



Step 6. Set a short-term goal.

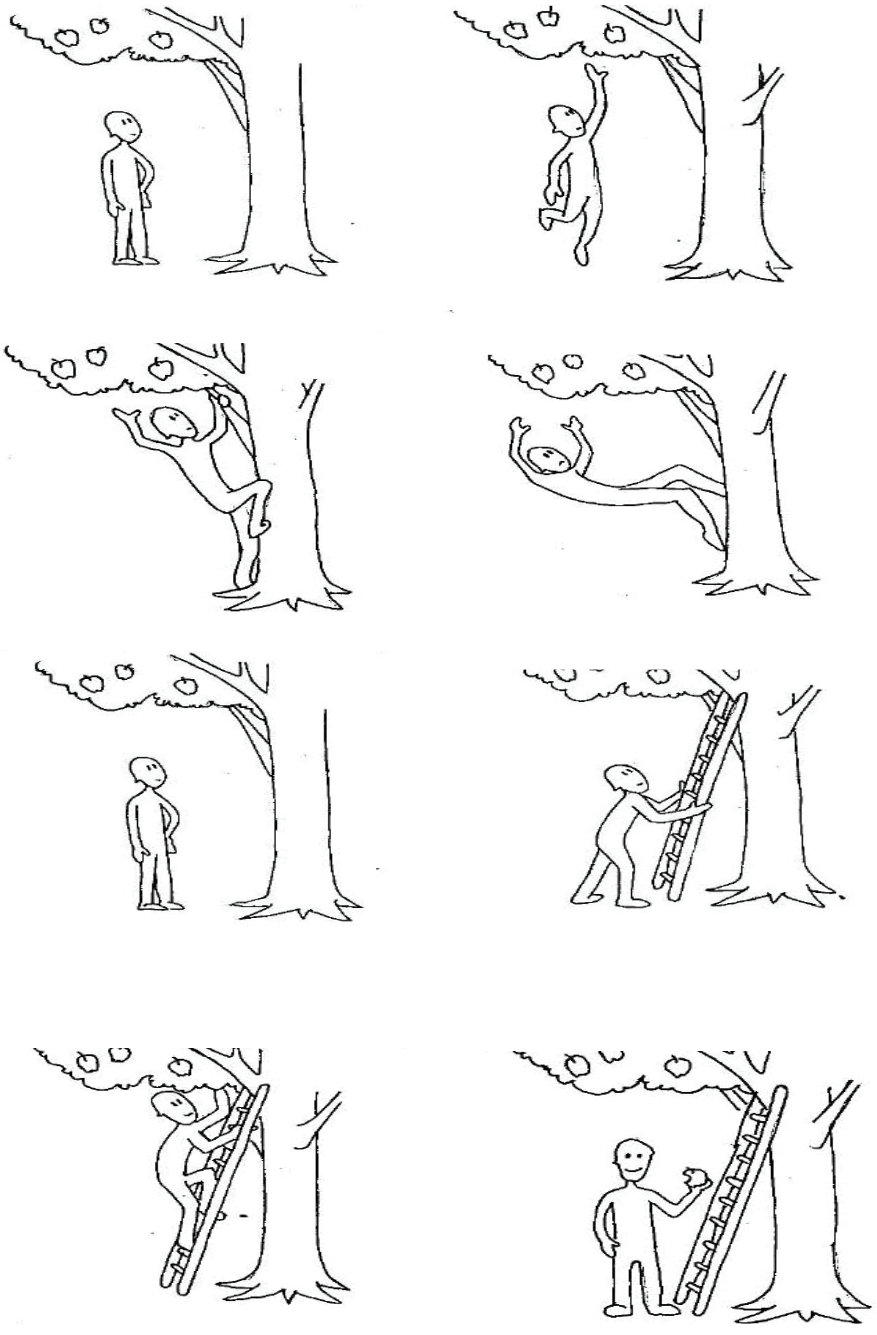
Think of a goal that can be finished in six months—one that will get you closer to your long-term goal.



Step 7. When you reach your goal or complete a step toward your goal, celebrate.

Why is it important to celebrate when you make progress towards your goals?

You can't get to the top of the tree by jumping, but it's easy if you use a ladder and take one step at a time.



Long- Term and Short- Term Goals

Leader Tips

Time: 35 minutes
Group Member's Workbook: Page 63

1. **Say:** *Now that we have talked about how to set goals, we are going to set a long-term goal and a short-term goal. We are going to think about what specific steps you could take to reach your goals.*

2. Have group members get together in groups of two or three people and talk about their long-term goals. Ask them to do the next three pages in their workbooks together. They should:

- Write down a long-term goal.
- Write down a short-term goal that will help them reach their long-term goal.
- Write down the steps they need to take to reach their short-term goal. Remind them that the steps will probably be activities, and that they should be manageable and realistic.
- Tell how they will celebrate once they have reached their goals.

3. As they do this, leaders should walk around and give each small group individual attention. You could **ask:** *How are you doing? Do you have any questions?*

4. After the small groups have finished, get the whole group together again and ask one or two volunteers to share what they wrote.



My long-term goal (at some point in the next year or more)

_____

_____

_____

My short-term goal (in the next six months)

To achieve my long-term goal, I need to set a short-term goal that will help me get there. My short-term goal is to:

_____

_____

_____

Steps to Reach My Short- Term Goal



Think about these questions related to what you need to do to achieve your short-term goal.

I will begin (when):

_____

I will do (what):

_____

_____

I will do this much (how much or how little):

_____

_____

I will do it in this place (where):

_____

_____

I will do it in this way (your method, or the steps you will take):

_____

_____

Celebrate!

I will celebrate reaching my short-term goal by:



_____



_____

_____

I will celebrate reaching my long-term goal by:



_____

_____

_____



KEY MESSAGES

LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 66

Review the key messages.

- To feel good, it is helpful to have daily reasons to enjoy life (activities) and something to look forward to (short-term and long-term goals).
- You can reach your long-term goals by doing short-term activities.
- By setting goals and doing activities, you can shape your future.



PRACTICE

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 66

Emphasize again the importance of practice and talk about the practice activities described in the Group Member's Workbook. Try to draw a clear connection between doing activities and mood.

1. ***Quick Mood Scale.*** Keep track of your mood on the Quick Mood Scale. Track the number of helpful activities you do each day.
2. ***Do one of the steps*** you wrote down to work towards your short-term goal.
3. ***Do another new activity.***

QUICK MOOD SCALE

Instructions

- Fill in the days of the week across the top of the scale. For example, if you start rating your moods for the week on a Wednesday, write "Wednesday" (or "W") on the first line, "Thursday" (or "Th") on the second line, etc.
- Keep the scale beside your bed. Before you go to bed, think about your mood for the day and circle a number that matches your mood.
- Try to use all the numbers, not just 1, 5, or 9.
- There is no right answer. Only you know how you have felt each day.
- If you want to track your mood over a period of time longer than a week, write down the number rating for your daily moods on a calendar.
- Try to remember about how many helpful activities you did each day and write the number at the bottom of each column.

Day of the Week	_____	_____	_____	_____	_____	_____	_____
Best mood	**9**	**9**	**9**	**9**	**9**	**9**	**9**
	8	**8**	**8**	**8**	**8**	**8**	**8**
	7	**7**	**7**	**7**	**7**	**7**	**7**
	6	**6**	**6**	**6**	**6**	**6**	**6**
OK/average mood	**5**	**5**	**5**	**5**	**5**	**5**	**5**
	4	**4**	**4**	**4**	**4**	**4**	**4**
	3	**3**	**3**	**3**	**3**	**3**	**3**
	2	**2**	**2**	**2**	**2**	**2**	**2**
Worst mood	**1**	**1**	**1**	**1**	**1**	**1**	**1**
How many helpful activities did you do each day?							



FEEDBACK

LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 68

Encourage group members to comment on today's session and on the Activities module.

The group leaders will ask for your comments about how Session 4 and the Activities module went. They might ask the following questions.

- What was helpful about today's session and the Activities module?
- What was less helpful?
- What was difficult?

REVIEW OF MODULE: ACTIVITIES AND YOUR MOOD

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 68

1. **Introduce** the questions and invite the group to comment.

2. **Review** the key messages.

Over the past four sessions, we have been focusing on activities, and you have been learning about how the way you act affects how you feel. You have learned to make changes in the way you act to affect the way you feel.

- How have you made changes in what you do since beginning the Activities module?
- What message or ideas will you take away?

The key messages from "Activities and Your Mood" are:

Session 1: Doing Helpful Activities to Improve Your Mood

- What you do can affect how you feel.
- It is common for people who have depression to lose interest in doing activities.
- Doing helpful activities can help you feel better. And when you feel better, you will feel more like doing helpful activities.

Session 2: Doing a New Activity

- Because of your depression, it may feel difficult to get started doing helpful activities.
- Remember that activities can be things you do alone, with other people, or for free. They can be short and simple.
- Activities can fall into four categories: self-care, fun, learning, and meaningful.

Session 3: Overcoming Obstacles to Doing Helpful Activities

- You can use problem solving to help you find out what is getting in the way of doing activities.
- Once you start doing more activities, it is still important to think about obstacles and not create new ones for yourself.
  - Go at your own pace.
  - Balance your activities.
  - Use pleasure predicting to remind you of how enjoyable an activity can be.

Session 4: Doing Helpful Activities to Shape Your Future

- To feel good, it is helpful to have daily reasons to enjoy life (activities) and something to look forward to (short-term and long-term goals).
- You can reach your long-term goals by doing short-term activities.
- By setting goals and doing activities, you can shape your future.



GOODBYE TO GRADUATING GROUP MEMBERS

LEADER TIPS

Time: 20 minutes
Group Member's Workbook: Page 71

Leader goals:

- Reinforce the work the group members have done and the changes they have made.
- Help the group members develop a specific plan for what they will do if they become depressed again. Focus on what they can try on their own, but remind them that it is ok to seek treatment again.

1. It is important to talk with group members who have completed all the CBT modules and who will be leaving the group. If nobody in your group is graduating, skip this section.

2. Say: *As you know, some members of the group have finished CBT and will be leaving the group. Our graduates are* _____ (say their names).

3. Look at the graduates and say: *How do you feel about leaving?* Give them a few minutes to respond.

4. Discuss the questions listed.

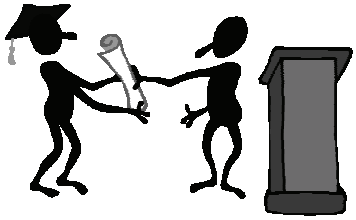
5. Say: *Would other group members like to share what they have noticed about changes these group members have made or what you appreciated about having them in group?*

6. Say something specific to each group member who is leaving. (Think about what you want to say ahead of time.) Be direct about the group member's contribution to the group and the changes you have seen the group member make.

7. Present certificates of achievement to the graduating group members. (You can photocopy the sample certificate from the group leader's introduction. See the section called "Supplies You Will Need.")

If you have completed all four modules in CBT, you are now a CBT graduate.

CONGRATULATIONS!



Since you are leaving the group, you might want to talk about the following.

1. What have you learned that you think will help you feel better?

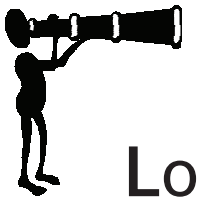
2. What have you learned that will help you reach some of your goals?

3. How will you get support in your everyday life when you are no longer coming to group meetings?

4. What will you do the next time you feel depressed?

5. What will you do the next time you feel like using?

If you still feel depressed, tell your group leader, and he or she will help you get further treatment.



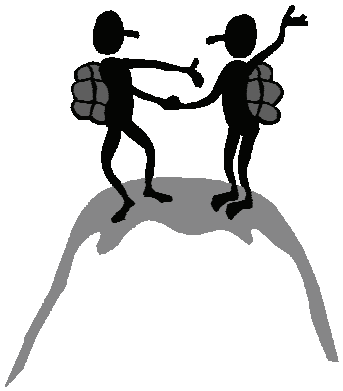
LOOKING AHEAD TO THE NEXT MODULE

LEADER TIPS

Time: 1 minute
Group Member's Workbook: Page 72

Say: *Next session we will begin another module in CBT. The new module is about how your interactions with other people can affect your mood. We also will be welcoming new group members who are just starting CBT.*

The next module is called "People Interactions and Your Mood." You will learn how depression may cause problems in your relationships and how important it is to have helpful contacts with supportive people.



GROUP LEADER SELF- EVALUATION FORM: ACTIVITIES, SESSION 4

Instructions

Taught/Done: Were you able to cover the material? If not done this session but done later, when it is done write in the date you covered it.

Difficult to Teach: How hard was it to teach this part of the session? If it was neither easy nor hard, you can write "medium."

	Taught/Done? (Yes/No)	**How Difficult Was It to Lead This Part of the Session? (Easy/Hard)**
Welcome	_____	_____
Purpose and Outline	_____	_____
Announcements	_____	_____
Review		
Practice	_____	_____
Last Session	_____	_____
New Topic: Doing Activities to Shape Your Future		
The Importance of Setting Goals	_____	_____
What Are Your Dreams for the Future?	_____	_____
Long-Term and Short-Term Goals	_____	_____
Steps to Reach My Short-Term Goal	_____	_____
Celebrate	_____	_____
Key Messages	_____	_____
Practice	_____	_____
Feedback	_____	_____
Review of Module: Activities and Your Mood	_____	_____
Goodbye to Graduating Group Members	_____	_____
Looking Ahead to the Next Module	_____	_____

RESOURCES FOR GROUP MEMBERS

ORGANIZATIONS THAT PROVIDE HELP FOR DEPRESSION AND SUBSTANCE ABUSE

Alcoholics Anonymous (AA)
1-800-923-9722

Depression and Bipolar Support Alliance (DBSA)
1-800-826-3632
www.dbsalliance.org

Narcotics Anonymous (NA)
www.na.org

National Alliance for the Mentally Ill (NAMI)
1-800-950-6264
www.nami.org

Project Return (wellness and support for people with mental illness)

Recovery Inc. (self-help program for mental health)
1-312-337-5661
www.recovery-inc.org

BOOKS AND VIDEOTAPES ABOUT DEPRESSION AND SUBSTANCE ABUSE

Control Your Depression
Authors: Peter M. Lewinsohn, Ricardo F. Muñoz, Mary A. Youngren, and Antonette M. Zeiss.
Published by Fireside Books, New York, New York, 1992.

Coping with Depression **(videotape)**
Author: Mary Ellen Copeland
Published by New Harbinger Publications, Inc., Oakland, California, 1994.

Feeling Good: The New Mood Therapy
Author: David D. Burns
Published by William Morrow, New York, New York, 1980.

The Loneliness Workbook: A Guide to Developing and Maintaining Lasting Connections
Author: Mary Ellen Copeland.
Published by New Harbinger Publications, Inc., Oakland, California, 2000.

Mind Over Mood: Change How You Feel by Changing the Way You Think
Authors: Dennis Greenberger and Christine A. Padesky.
Published by Guilford Press, New York, New York, 1995.

GROUP LEADER'S MANUAL

Building Recovery by Improving Goals, Habits, and Thoughts

A Group Cognitive Behavioral Therapy for Depression in Clients with Co-Occurring Alcohol and Drug Use Problems

People Interactions and Your Mood



RAND HEALTH

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This is your book to keep. Feel free to write in it.

This workbook belongs to:

_____

(Name)

_____

(Date)

TABLE OF CONTENTS

SESSION 1: YOUR PEOPLE INTERACTIONS AND YOUR MOOD ARE CONNECTED.....1

PURPOSE.....3

OUTLINE.....4

GROUP RULES.....5

ANNOUNCEMENTS.....7

INTRODUCTIONS.....8

WHAT IS DEPRESSION?.....10

WHAT IS COGNITIVE BEHAVIORAL THERAPY?.....13

HOW DOES CBT TREAT DEPRESSION?.....17

HOW HAVE YOU BEEN FEELING?.....20

REVIEW.....21
- PRACTICE.....21
- LAST MODULE.....23

NEW TOPIC: THE CONNECTION BETWEEN DEPRESSION AND HELPFUL INTERACTIONS WITH PEOPLE.....25
- THE IMPORTANCE OF HELPFUL RELATIONSHIPS.....25
- THE LINK BETWEEN PEOPLE INTERACTIONS AND MOOD: A CHAINING ACTIVITY.....27
- YOUR SOCIAL SUPPORT NETWORK.....33
- MEETING NEW PEOPLE.....37

KEY MESSAGES.....39

PRACTICE.....40

FEEDBACK.....44

LOOKING AHEAD.....45

GROUP LEADER SELF-EVALUATION FORM: PEOPLE, SESSION 1.....46

SESSION 2: WHAT GETS IN THE WAY OF GOOD RELATIONSHIPS? 47

PURPOSE 48

OUTLINE 49

ANNOUNCEMENTS.....49

REVIEW 50
PRACTICE.....50
LAST SESSION 53

NEW TOPIC: WHAT GETS IN THE WAY OF GOOD RELATIONSHIPS?.....55
RELATIONSHIP PROBLEM AREAS 55
GRIEF AND LOSS.....57
ROLE CHANGES 61
DISAGREEMENTS.....65

KEY MESSAGES 70

PRACTICE 71

FEEDBACK 74

LOOKING AHEAD.....75

GROUP LEADER SELF-EVALUATION FORM: PEOPLE, SESSION 2.....76

SESSION 3: GOOD COMMUNICATION IS KEY TO IMPROVING YOUR RELATIONSHIPS AND YOUR MOOD 77

PURPOSE 78

OUTLINE 79

ANNOUNCEMENTS.....80

HOW HAVE YOU BEEN FEELING? 80

REVIEW 81
PRACTICE.....81
LAST SESSION.....83

NEW TOPIC: COMMUNICATION SKILLS FOR BUILDING BETTER RELATIONSHIPS AND IMPROVING YOUR MOOD 84
LISTENING WELL 85

WHAT IS YOUR COMMUNICATION STYLE? 87
THREE BASIC COMMUNICATION STYLES 88
MAKING REQUESTS ASSERTIVELY 91
EXPRESSING YOUR FEELINGS AND THOUGHTS ASSERTIVELY 94

KEY MESSAGES 97

PRACTICE 98

FEEDBACK 102

LOOKING AHEAD 103

GROUP LEADER SELF-EVALUATION FORM: PEOPLE, SESSION 3 104

SESSION 4: USING YOUR NEW SKILLS TO IMPROVE YOUR RELATIONSHIPS AND YOUR MOOD 105

PURPOSE 106

OUTLINE 107

ANNOUNCEMENTS 108

REVIEW 109
PRACTICE 110
LAST SESSION 111

NEW TOPIC: GETTING AROUND OBSTACLES SO YOU CAN USE YOUR NEW SKILLS 112
FEAR 114
FEELING THAT YOU DON'T HAVE THE RIGHT TO BE ASSERTIVE 117
OLD HABITS IN THE FORM OF RELATIONSHIP RULES 119

KEY MESSAGES 126

PRACTICE 127

FEEDBACK 130

REVIEW OF MODULE: "PEOPLE INTERACTIONS AND YOUR MOOD" 131

GOODBYE TO GRADUATING GROUP MEMBERS 134

LOOKING AHEAD TO THE NEXT MODULE 136

GROUP LEADER SELF-EVALUATION FORM: PEOPLE, SESSION 4 137

RESOURCES FOR GROUP MEMBERS 138

ORGANIZATIONS THAT PROVIDE HELP FOR DEPRESSION AND SUBSTANCE ABUSE.....138

BOOKS AND VIDEOTAPES ABOUT DEPRESSION AND SUBSTANCE ABUSE.....139

SESSION 1: YOUR PEOPLE INTERACTIONS AND YOUR MOOD ARE CONNECTED

Leader Tips

Materials Needed

- **Group Member's Workbooks** ("People Interactions and Your Mood")—enough for everyone in the group
- **Pens**—enough for everyone in the group
- **PHQ-9 depression measure**—enough copies for everyone in the group
- **Dry erase board**, **chalkboard,** or large sheets of paper to present material to group
- **Kleenex** or other facial tissue

Group Leaders' Goals

- Make all group members feel welcome.
- Discuss group rules.
- Introduce yourselves and provide phone numbers.
- Begin to encourage group sharing and support by having group members introduce themselves.
- Help group members understand what depression is.
- Help group members understand CBT and how it can help depression.
- Remind group members of topics and skills introduced in the previous module ("Activities and Your Mood").
- Introduce the connection between people interactions and depression.

Note: This session is the longest session in the CBT treatment program. It is recommended that the first part of the session (up to "New Topic") be covered more quickly than in the other sessions to allow time for this session's new material (estimated time for new material = 83 minutes). You can follow the time estimates, which have been adjusted to make the session fit the 120-minute goal.

Leader Tips

Welcome Group Members

As group members arrive:

- Introduce yourselves and invite group members to sit anywhere.
- Pass out the Group Member's Workbooks ("People Interactions and Your Mood").
- Pass out the PHQ-9 depression measure. Ask group members to fill it out, put their names on it, and return it to you. Tell group members that you will talk more about it later.
- Scan the questionnaires quickly as you collect them. Notice any major changes in the severity of group members' depression symptoms, including thoughts of suicide. If a group member reports thoughts of suicide, follow the procedures that you have worked out with your supervisor in advance regarding how to handle these situations. Often this involves having one group leader meet privately with the client either during group or immediately following to further assess the client's risk of suicide or "handing off" the client to another clinician who will conduct this assessment. Consult with your supervisor immediately in the case of a client who is suicidal.

Begin the group:

- Welcome all group members. **Say:** *This is the BRIGHT Group Cognitive Behavioral Therapy for Depression. This is the module called "People Interactions and Your Mood." We will talk more about Cognitive Behavioral Therapy in a few minutes.*
- **Say:** *Some of the group members have attended one or more previous modules and others are entering the group for the first time.*
- **Identify** members of the group who will be graduating (completing all four CBT modules) at the end of this module.
- **Say:** *Congratulations to each of you for having the courage to come to the group today.*
- **Say:** *Turn to the first page after the cover in your books and put your name and the date on the lines.*
- **Say:**
    - *The workbooks belong to you.*
    - *You will be writing in them.*
    - *You should bring their workbooks to every group meeting.*
    - *You will keep them when the group is over.*
- **Say:** *We will not take formal breaks, but you should feel free to get up and use the restroom whenever you need to.*

Purpose and Outline
Group Member's Workbook: Page 1

1. **Say:** *Every session begins with a few points about the purpose of the session and an outline of the session.*
2. **Introduce** the Purpose and Outline.
3. **Ask:** *Does anybody have any questions so far?*

PURPOSE

- Learn about the Cognitive Behavioral Therapy group and depression.
- Learn that there is a connection between people interactions and mood.
- Identify supportive people in your life.
- Learn how to meet new people and make your support network larger and stronger.
- Talk about managing your mood by making choices about the people you spend time with.

OUTLINE

I. Welcome
II. Group Rules
III. Announcements
IV. Introductions
V. What Is Depression?
VI. What Is Cognitive Behavioral Therapy (CBT)?
VII. How Does CBT Treat Depression?
VIII. How Have You Been Feeling?
IX. Review
X. New Topic: The Connection Between Depression and Helpful Interactions with People
    A. The Importance of Helpful Relationships
    B. The Link Between People Interactions and Mood:
        A "Chaining" Activity
    C. Your Social Support Network
    D. Meeting New People
XI. Key Messages
XII. Practice
XIII. Feedback
XIV. Looking Ahead

GROUP RULES

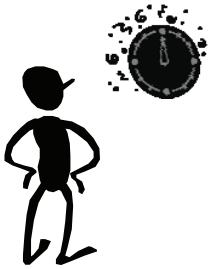
LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 3

1. Go over group rules before anyone discloses any personal information. Don't forget to talk about the exceptions to confidentiality (#3). Tell the group the name of your supervisor (#3). Ask if anybody in the group has questions or comments about any of the rules.

1. Come to every group meeting. If you can't make it, call us at this number:

(_____)_____-_____ (Contact number)



2. Come to group meetings on time.



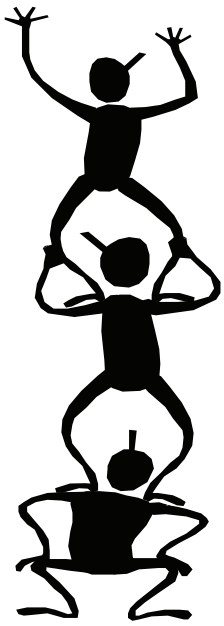
3. Maintain the confidentiality of the group.
Please do not share what you hear in the group with anybody else. Likewise, group leaders will not repeat what you say. There are three exceptions.

First, your group leaders share information with each other and with the licensed mental health professional that is supervising the group.

Second, if group leaders hear something that makes them think your health or safety is in danger, they will talk with your doctor or others.

Finally, by law, a group leader must report:

- If a child or dependent adult is being abused or neglected.
- If an older adult is being abused or neglected.
- If someone is in danger of hurting himself or herself or someone else.



4. Be respectful and supportive of others in the group. The group is based on respect for all people. If you have a problem with another group member and your feelings are getting in the way of your group therapy, discuss the problem with a group leader.

5. Find a balance between talking and listening. You and the other group members will get the most out of the group if everybody has a chance to talk about their thoughts, feelings, problems, and experiences.

Plus, in each session, the group leaders need time to introduce new ideas that will help everybody in the group. Unfortunately, the time allowed for each group session is limited. The group leaders will:

- Keep track of the time for each session.
- Gently remind you to give others a turn to talk.

6. Know that you don't have to share everything.

7. Practice. Practicing on your own will help you learn how to use the skills you learn and make it more likely that you will get well.

8. Tell us if you are unhappy with the group or your treatment.



ANNOUNCEMENTS

LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 4

1. Make announcements if there are any. Answer group members' questions right away if they relate to the way the group is run.

2. Time will not allow for group members to add big items to the agenda. However, each person should have a chance to talk about personal issues that add to his or her depression. Each person needs to feel that he or she has been heard and understood by the group. Many of the group members' concerns can be addressed in the work of the session. If necessary, arrange to talk with a group member individually after the session.

The group leader will make any announcements that might be necessary. For example, if the next session is scheduled on a day that is a holiday, the day of that session may be changed. During this time, you will have a chance to tell the group leader ahead of time if, for example, you need to be late for a session.

Is there anything you would like to let the leader know about?



INTRODUCTIONS

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 5

1. **Give group members phone numbers** where they can contact you.

   - Write your names and the phone numbers on the board.
   - Suggest that group members write the information in their workbooks where it will be easy to find.

Say: *Now we would like for everyone to get to know each other. You will have a chance to talk about your depression and substance abuse later during the sessions. For now, let's start the introductions with the subjects in your workbook.*

2. Introduce the text. Provide a model for the group members by introducing yourselves first. **Answer one or two questions** in the workbook.

- If some members begin to provide more information than necessary, gently remind them that they will have time to talk about other issues during the group. For now the focus is on introductions.
- It may be helpful to ask group members questions that result in short answers, such as, *"Where did you grow up?"*
- If members focus on their depression or their substance abuse when they describe themselves, stop them and remind them that the group wants to know who they are and what they are like apart from their depression or substance abuse. (It is very useful for them to present their "other" self to the group.)

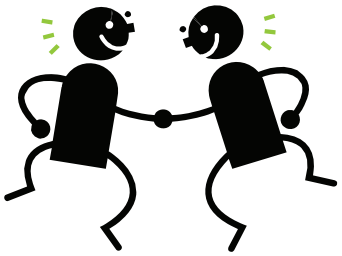
Group Leaders

Your group leaders are:

_____(_____)_____
(Name) (Contact number)

_____(_____)_____
(Name) (Contact number)

Group Members



You will be coming to group CBT with the group of people you are meeting in this session. Talking with them will be an important part of CBT.

Now group members will introduce themselves. We will be talking about your experiences with depression or substance abuse as the group progresses. At this time, we want to know a bit about you as an individual. Begin by telling the group your name, and then **choose one or two of the following** subjects to talk about:

- Where you grew up
- Your family
- What kind of work you have done
- Your main interests or hobbies
- Something about yourself that you think is special

WHAT IS DEPRESSION?

LEADER TIPS

Time: 15 minutes
Group Member's Workbook: Page 6

No matter how different group members might be from each other, the information about depression allows them to see that they are not alone. They share common feelings and a common enemy—depression.

1. **Introduce** "Depression Is Common."
2. **Say:** *What is depression like for you?*
   - One group leader should write the symptoms named by the group on the board.
   - As group members mention a symptom, ask whether other group members have had similar concerns.
   - If some symptoms of depression are not mentioned by group members, add them to the list at the end. **Say:** *Everybody in this group has experienced symptoms of depression, and what we're trying to do is help you overcome these symptoms and feel better.*
3. **Introduce** "Depression Is," "The 9 Symptoms of Depression," and "Possible Triggers for Depression." **Ask:** *What was happening in your life when you got depressed?*
   - Take notes and use this information to understand the needs of group members and to plan the sessions to make them as helpful as possible. (You probably already know something about group members based on the contact you made with them before the group started.)
   - If any of the triggers listed in the "Depression" box are not mentioned by group members, tell them that other things can cause depression and read from the list.
4. **Introduce** the section called "What You Can Do." **Say:** *Tell one of the group leaders if you have thoughts of suicide—depression is very treatable and you can feel better!*
5. **Sum up by emphasizing these key points**:
   - Depression is defined by the experience of five or more symptoms occurring most of the time for a period of at least two weeks and interfering with your life or activities a lot.
   - Depression is common.
   - A person can get help for depression and feel better.

Depression Is Common

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

What is depression like for you?

Depression Is:

- A low mood or sad feelings that make it hard to carry out daily duties.
- Possible at any point in your life.
- Possible diagnosis if you have five or more of the following symptoms most of the day, almost every day, for two weeks or more:

The Nine Symptoms of Depression

1. Feeling depressed, down, or irritable nearly every day.
2. Loss of interest or pleasure in activities that you normally enjoy.
3. Significant increases or decreases in your weight or appetite.
4. Sleeping too much or too little.
5. Change in the way you move (moving restlessly or slowly).
6. Feeling tired or fatigued.
7. Feeling worthless or having terrible guilt.
8. Trouble concentrating or making decisions.
9. Repeated thoughts of death or suicide.

Possible Triggers for Depression

- Use of drugs or alcohol
- Being sick with medical problems
- Biological/chemical imbalance in your body
- Economic/money problems
- Losing someone you love
- Upsetting things happening, or continual problems
- Struggles with people you are close to
- Big life changes
- Stress that lasts a long time

What was happening in your life when you got depressed?

What You Can Do

- Come to this CBT group!
- Practice the skills you learn during the CBT group.
- Get help and support from family members, friends, and others.
- Discuss how you feel with your doctor, nurse, therapist, or counselor.
- Ask your doctor if antidepressant medicines might be helpful.

Let the group leader know if you have thoughts of death or suicide. We can help you get the support you need to feel better.

WHAT IS COGNITIVE BEHAVIORAL THERAPY?

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 8

1. **Introduce** the text.

2. Stop after each section and ask for questions and comments. Or ask for a volunteer among those who have been through other CBT modules to explain CBT to the group. Encourage questions and discussion.

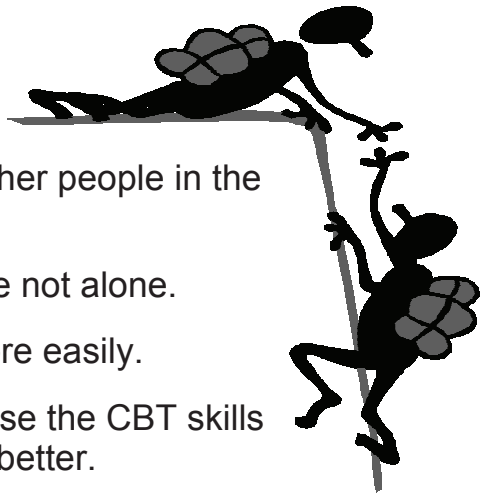
This treatment provides a specific kind of help—Cognitive Behavioral Therapy, or CBT for short—to people who are depressed. CBT teaches skills to help you change your thoughts and behaviors. These changes can improve the way you feel.

This approach does not mean that your thoughts and behaviors caused your depression in the first place. Making changes in your thinking and behavior can help your depression no matter what caused you to feel down.

"Managing" your depression means to:

- Make the feelings of depression less intense.
- Make the time that you are depressed shorter.
- Learn ways to prevent getting depressed again, despite real problems.
- Learn how staying free of drugs or alcohol can improve your mood.

The group meetings are helpful because they:



- Provide you with support from other people in the group.
- Help you understand that you are not alone.
- Help you learn the CBT skills more easily.
- Show many ways other people use the CBT skills to deal with depression and feel better.

During the group you will learn skills to:



- Change your thoughts.
- Change your behaviors, including your
  - Activities
  - Interactions with other people.
- Improve the way you feel and support your recovery.

During the group you will NOT be asked to:



- Lie down on a couch.
- Share all your painful thoughts and experiences.
- Talk at length about your family or childhood.

The group will focus on practical strategies to improve things right now.

What does the name "Cognitive Behavioral Therapy" mean?

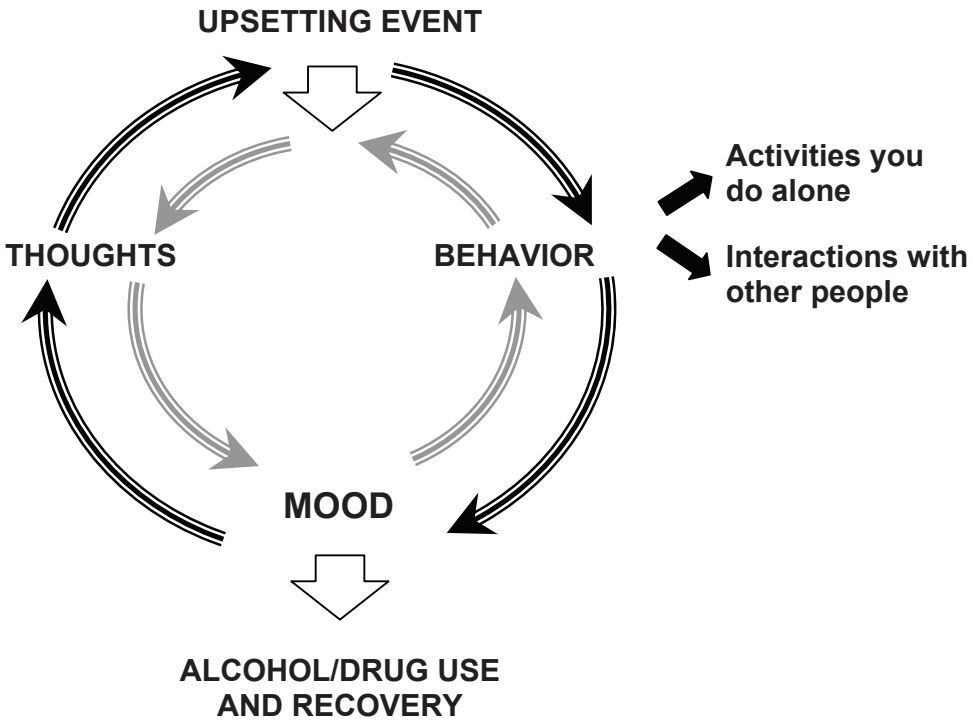
Cognitive refers to **thoughts**.

Behavioral refers to **how you act** or **what you do**. In CBT, when we talk about behavior, we mean how you act, including what activities you do and how you interact with other people.

We will focus on your thoughts and your behavior to improve your mood.

Because this CBT program is for people with depression and substance abuse, we will also discuss how mood and substance abuse are connected.

The CBT Circle



This CBT treatment program is organized into four modules, with four sessions in each module.

- Module: How your **thoughts** affect your mood **= 4 sessions**
- Module: How your **activities** affect your mood **= 4 sessions**
- Module: How your **interactions with other people** affect your mood **= 4 sessions**
- Module: How **using drugs or alcohol** affects your mood **= 4 sessions**

Total CBT sessions = 16 sessions

Group members can join the group at any module. However, each group member must begin with Session 1 of a module. That means that if the Activities module is #1 for you, the People Interactions module will be #2.

Each module focuses on one subject, but they overlap with each other, and you will find that we mention the other subjects throughout the treatment.

How does CBT treat depression?

Leader Tips

Time: 5 minutes
Group Member's Workbook: Page 12

Say: *Imagine an event, such as losing a job, or something less extreme, such as being late to work. It would be natural to feel upset. But other factors can make your suffering even worse.*

Refer back to the CBT circle. Read the text below as you point out the different parts of the circle. Increase interactivity by getting additional examples from the group.

Thoughts. *If a person loses a job, he or she might have thoughts like "I am useless now that I don't work." This can lead to feelings of depression. Feeling depressed can then lead to other harmful thoughts, such as "nothing will ever work out for me." This, in turn, will likely worsen the depression. Now, imagine a second person who, in response to the same event, instead thinks he or she learned a lot and got great experience at the job. The second person is less likely to become depressed. Being in a better mood may also lead to additional helpful thoughts, like "My past experience will help me get a new job."*

Activities. *Another factor is how we act. Going back to our example, in response to losing a job one person might start sleeping a lot more and avoid going out of the house. These behaviors can lead to a worsening of depression, which in turn could lead to additional harmful behaviors, such as neglecting personal care—skipping meals, not showering, and so on. In contrast, if a person in response to losing his or her job decides to engage in healthy behaviors, such as looking for new work or taking advantage of time at home to work on hobbies or other personal projects, this person's mood is likely to be better. This, in turn, may make it easier for the person to engage in other healthy behaviors.*

People. *Depression can also negatively affect the amount or kinds of contact we have with other people. A person who loses their job might isolate from others. This may lead to feeling depressed, which in turn may lead to additional harmful interpersonal behaviors, such as spending time with one's old drinking buddies. In contrast, if after losing a job a person seeks out support from others, this can help improve mood and lead to other healthy contacts with others—like getting advice on finding new work.*

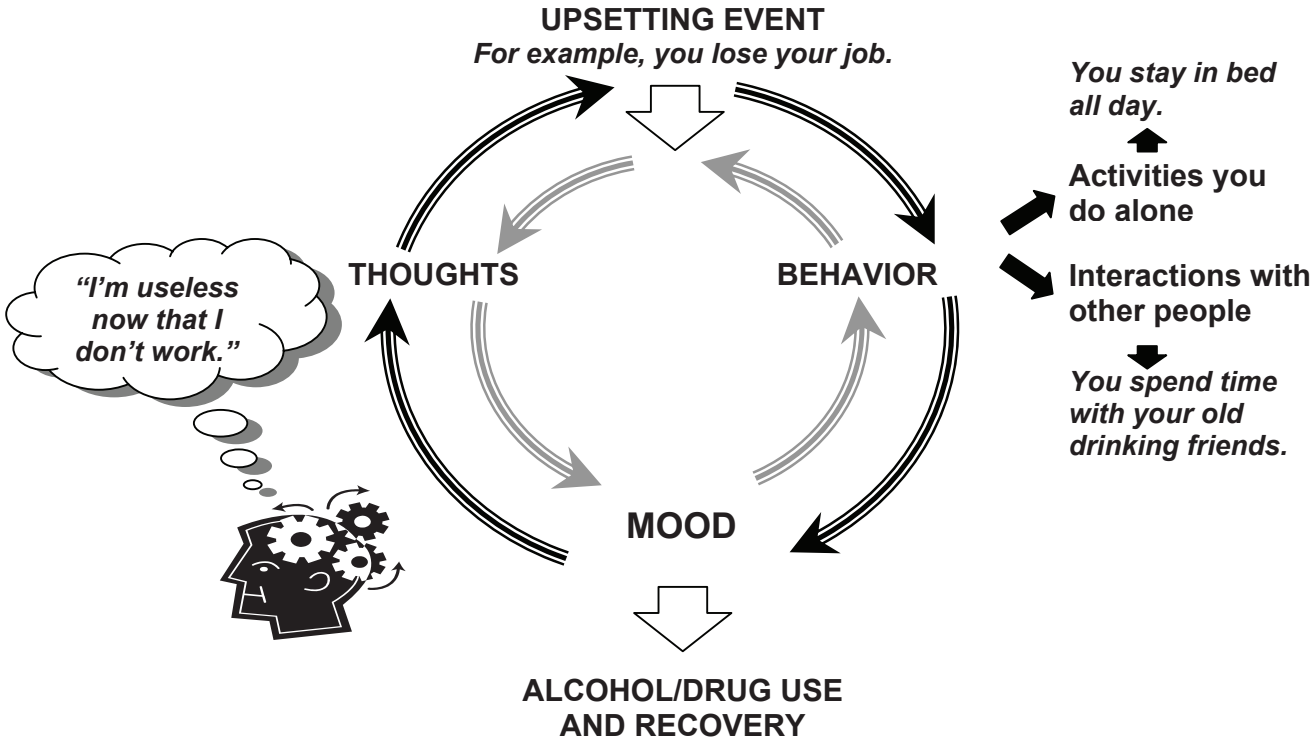
Substance abuse. *In addition to harmful thoughts, behaviors, and contacts with people worsening depression, these factors can also lead to increased use of drugs and alcohol. Then another vicious cycle can develop in which increased substance use worsens depression, and the worsened depression, in turn, increases substance use. So when we put all these parts together, we see that CBT can help prevent this cycle of increased depression and substance use by helping a person to learn new ways to think and behave in response to stressors.*

Ask questions to involve group members. For example *"How can you relate the CBT Circle to your own lives?"*

Using the CBT Circle, we can understand the cycle of depression. An upsetting event might happen such as losing a job or the death of a relative. An upsetting event can also be less extreme, such as being late to work or having a disagreement with a friend. These upsetting events are real, and almost anyone would feel a certain amount of sadness, anger, or frustration because of them. But other factors can add to your suffering. They include:

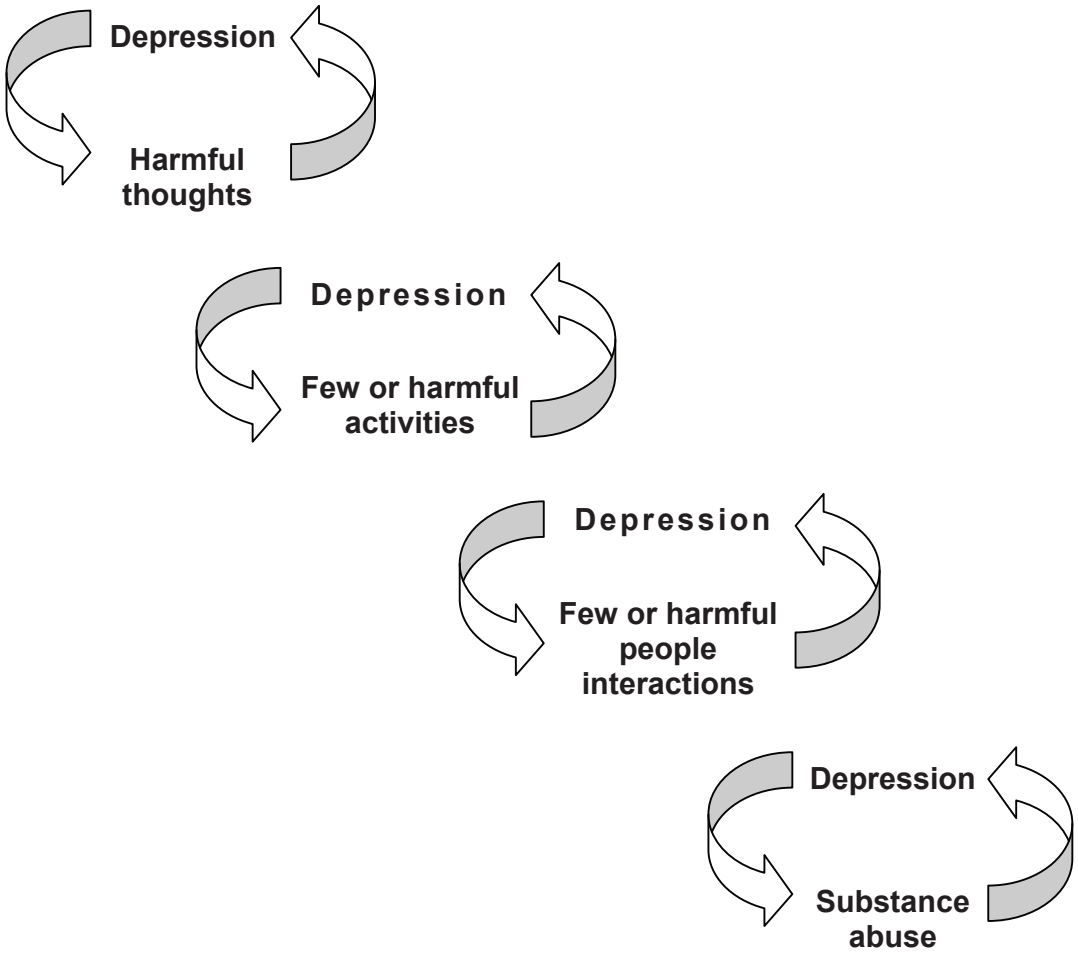
- Your thoughts.
- The way you act (your behavior).
- Interactions you have with other people.
- Use of drugs or alcohol.

The CBT Circle

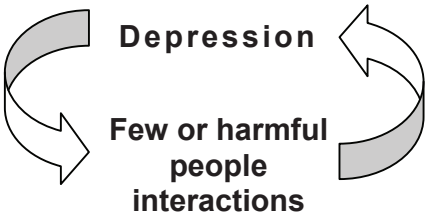


CBT helps break this cycle of depression by teaching you that for each of these factors—thoughts, activities, people interactions, and substance abuse—there is a part that you can manage and change. Also, because they are all connected, you can make changes in one area to affect the other areas.

We will be working on breaking these connections.



In this module, we focus on the connection between depression and people interactions.



How have you been feeling?

Leader Tips

Time: 5 minutes
Group Member's Workbook: Page 14

1. **Introduce** the text.

2. After the session, **compare** each group member's PHQ-9 measure with the ones he or she has filled out before. This comparison will allow you to monitor each group member's progress.

The depression questionnaire you filled out at the beginning of the session is called the "Patient Health Questionnaire," or PHQ-9 for short. You will fill out the PHQ-9 before Session 1 and Session 3 of each CBT module. It allows you and your group leaders to check how you are feeling today and to keep track of how you are feeling while you are attending the group.

Review

Practice

Leader Tips

Time: 15 minutes
Group Member's Workbook: Page 14

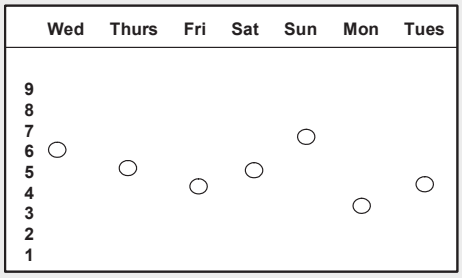
Quick Mood Scale

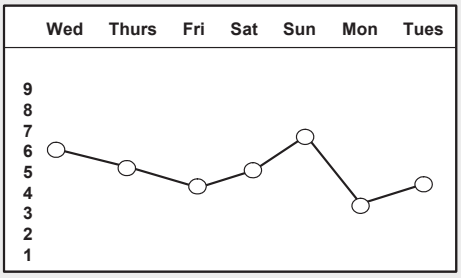
1. Say: *Some of you may be continuing CBT from the last module. We'll do a quick review of the practice and the module before we start a new topic.*

Ask group members about how they did tracking their moods on their Quick Mood Scales. Make a graph based on one group member's Quick Mood Scale.

1. Start the graph with the day of the week the group meets. If your group meets on a Wednesday, write "Wednesday" or "Wed"" in the first space at the top of the graph.

2. Ask for a volunteer from the group to share the numbers on his or her Quick Mood Scale. Make a graph on the board like the example below. If the group member's mood was a 6 on the first day, mark a dot at 6 below "Wed."





3. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

4. Possible follow-up questions: *What did you notice about your mood during the past week? What kinds of activities did you do on the day that your mood was the lowest? What kinds of activities did you do on the day that your mood was the highest?* Help group members to notice the connection between doing healthy activities and improved mood.

Do Another New Activity

5. Ask: *Who would like to share their progress on doing a new activity? How do you think doing the new activity affected your mood?* Link responses on the Quick Mood Scale to the new activities that the group member tried.

Take a Step Toward Your Short-Term Goal

6. Ask: *Who would like to share what step they took toward their short-term goal since the last session?*

Last Module

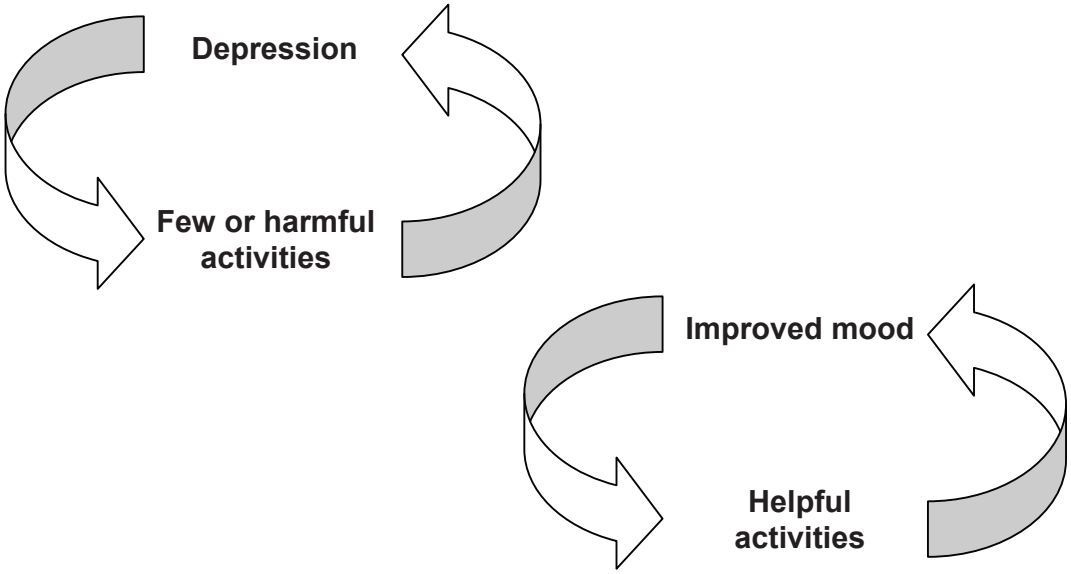
7. Ask: *Who would like to share what they remember from the last module?*

In the last module, we talked about the connection between activities and mood. As you can see in the diagrams, doing helpful activities can improve your mood. Not doing activities, or doing activities that are not helpful for you, can make you feel more depressed.

If you were part of the CBT group for the last module ("Activities and Your Mood"), you have been practicing CBT skills. How is your practice going? At the end of the last module, we asked you to:

1. ***Track your mood using the Quick Mood Scale.***
2. ***Do one of the steps*** you wrote down to work towards your short-term goal.
3. ***Do another new activity.***

Last Module



Key messages from the last module are:

Session 1: Doing Helpful Activities to Improve Your Mood

- What you do can affect how you feel.
- It is common for people who have depression to lose interest in doing activities.
- Doing helpful activities can help you feel better. And when you feel better, you will feel more like doing helpful activities.

Session 2: Doing a New Activity

- Because of your depression, it may feel difficult to get started doing helpful activities.
- Remember that activities can be things you do alone, with other people, or for free. They can be short and simple.
- Activities can fall into four categories: self-care, fun, learning, and meaningful.

Session 3: Overcoming Obstacles to Doing Helpful Activities

- You can use problem solving to help you find solutions to what is getting in the way of doing activities.
- Once you start doing more activities, it is still important to think about obstacles and not create new ones for yourself.
  - Go at your own pace.
  - Balance your activities.
  - Use pleasure predicting to remind you of how enjoyable an activity can be.

Session 4: Doing Helpful Activities to Shape Your Future

- To feel good, it is helpful to have daily reasons to enjoy life (activities) and something to look forward to (short-term and long-term goals).
- You can reach your long-term goals by doing short-term activities.
- By setting goals and doing activities, you can shape your future.

NEW TOPIC: THE CONNECTION BETWEEN DEPRESSION AND HELPFUL INTERACTIONS WITH PEOPLE

The Importance of Helpful Relationships

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 17

1. **Say:** *Over the next four sessions, we will be talking about how your relationships with other people affect your mood.*

2. **Say:** *For now, I would like you to close your eyes. Think back to a time when you shared a positive activity with another person. Of course, choose a time when you were not using drugs or alcohol. Try to see yourself and this person being together. OK, you can open your eyes.*

3. **Ask:** *How did you feel when you were having a nice time with this person? How might helpful interactions with people affect your mood?*

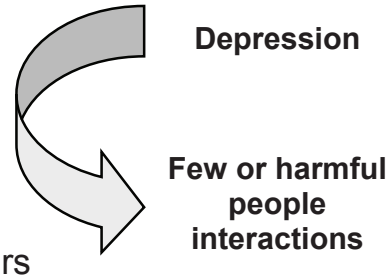
4. **Introduce the text. Ask:** *How do you think your depression affects the way you interact with people? What about when you isolate yourself or have negative interaction with other people? How does that affect your mood?*

5. **Say:** *When you feel down, you are less likely to want to be with others. But not having contact with people can take away a good source of support, and could even make you feel more depressed. When you feel more depressed, you may do even fewer things with people. This cycle can continue until you feel so depressed that you spend much of your time alone. We will talk about how to break this cycle.*

The contacts you have with other people can have a positive effect on your mood, thoughts, and behaviors. Other people can help you handle problems, and they can share life's pleasant moments.

How does depression affect the way you relate to other people?

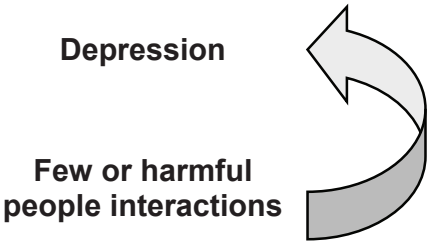
When you feel depressed, you might:



- Have less contact with people and avoid people
- Be more irritable
- Have more conflict or tension with others
- Feel more uncomfortable around people
- Act quieter and less talkative
- Be more sensitive to being ignored, criticized, or rejected
- Trust others less

How do your interactions with other people affect your mood?

When you have less contact or harmful interactions (for example, frequent conflicts or abusive interactions) with other people you might feel:



- Alone
- Sad
- Angry
- Like no one cares
- More depressed

The Link Between People Interactions and Mood: A Chaining Activity



Leader Tips

Time: 20 minutes
Group Member's Workbook: Page 18

(**Note:** This activity is repeated in the other modules and is typically allotted 30 minutes. In this module, the focus is on interactions with people.)

1. Say: *We have talked about how the downward spiral of depression can begin with a simple fact or event. For example, "I got a divorce" or "I stopped drinking." The event doesn't have to be big. It could be that you lost your house keys or were late to work.*

We will do a "chaining" exercise in which you can see how your mood can spiral down or up in a continuous chain, depending on your people interactions. The goal of the exercise is to help you understand that your people interactions affect how you feel, and that you can make choices about who you spend time with and how you interact with people that can make you feel better or worse.

An example of this exercise is included in your workbook, but we will do one together on the board.

2. Quickly draw on the board the numbers 1 through 9, with 9 at the top, 8 on the next line, etc. (See the example on the next page.)

3. Say: *Just like the Quick Mood Scale, the chaining activity uses a scale of 1 to 9 to rate your mood. "1" is the worst mood and "9" is the best. The chaining activity begins with a fact or an event. Can anybody suggest a statement of fact, preferably something recent, that we can put in the middle on line #5?*

Use a real event in one of the group member's lives and use the chaining activity to illustrate how people interactions can help that person feel better or worse.

4. Say: *Now we are going to think of different interactions with people that could bring our mood down. We could also include lack of interactions with people—like isolating yourself in your room. So, let's think of a people interaction you might have that would bring your mood down to a 4. What would bring you down just a little bit?*

If you are working with a person in the group, ask other group members to help him or her think of people interactions that would make the mood worse. They can also think about how avoiding contact with others might cause their mood to spiral down.

If the first response seems too drastic, check with the group for guidance by saying: *If you did* [repeat the people interaction the group suggested]*, would it bring your mood down to a 4? Or even lower?* Write the people interaction next to the number where the group feels it belongs.

If someone in the group suggests a thought instead of a people interaction, say: *If you had that thought, how might you interact with someone around you?* Write the thought and the people interaction on the board.

5. Next ask for a people interaction that would lead to a mood of about 3, and write it on the board next to the 3. Do the same for moods rated 2 and 1.

Note: While it is best to complete all the numbers, you do not need to fill in all the numbers in this exercise. If group members understand the idea, just fill in one or two going down and one or two going up.

9.

8.

7.

6.

5. I have just stopped drinking alcohol.

4. Stay at home and watch TV.

3. Refuse an invitation to go to lunch with sober friends.

2. Get into an argument with a drinking buddy who tells me I am not fun anymore.

1. Isolate myself through ignoring phone calls and other contact with others and drink alone. .

6. Complete the rest of the chaining activity going up (see the example on the next page).

Say: *Let's return to the statement of fact that we wrote at the neutral point, number 5. What's a people interaction that might make your mood improve a little and become a 6?*

Repeat the process for moods up to 9.

9. Reconnect with family or friends that I alienated when I was drinking.

8. Get support from others by going to AA meetings.

7. Talk to my counselor about the positive changes I have been making.

6. Go to lunch with sober friends.

5. I have just stopped drinking alcohol.

4. Stay at home and watch TV.

3. Refuse an invitation to go to lunch with sober friends.

2. Get into an argument with a drinking buddy who tells me I am not fun anymore.

1. Isolate myself through ignoring phone calls and other contact with others and drink alone.

7. Say: *As you can see, you can shape your own mood, and it may change gradually.* **Ask** group members if they have any questions or comments.

8. Say: *Now try the same activity on your own—fill in the blanks in the table in your workbook.* (Allow 5 minutes for this.) **Then say:** *Would anybody like to read what they wrote?*

9. Say: *What do you notice about the connection between your people interactions and your mood?*

10. Here is another example of the chaining activity. It does not relate to using drugs or alcohol.

9. Invite my friend to dinner.

8. Call my friend to try to resolve the argument.

7. Write my friend a letter expressing my feelings about our fight.

6. Talk with another friend to get advice.

5. My friend and I had a fight.

4. Tell my partner that my friend is awful.

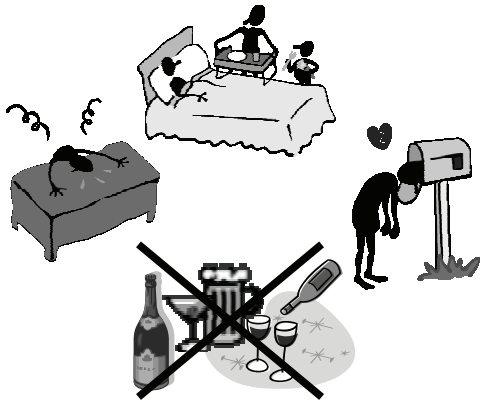
3. Don't call my friend when we usually talk.

2. Ignore my friend when I see her.

1. Cancel the trip we had planned.

The cycle of depression can begin with a straightforward fact or event.

- You lose a job.
- You lose a friend due to a move.
- You don't have contact with your family.
- You have been diagnosed with diabetes.
- You have no energy.



- You have recently stopped using drugs or alcohol.

The chaining activity illustrates how your mood can get better or worse depending on how you respond to the fact or event.

Instructions

1. In the table on the next page, **write a statement of fact or an event** on the line next to #5.

2. Think about an interaction with someone that would bring your mood down. You can also think about how *avoiding* contact with people might bring your mood down. What interaction (or lack of interaction) with people might bring your mood down just a little? **Write that interaction next to #4.**

3. Think of a continuous chain of interactions with people that make you feel worse, until your mood is at its lowest. Write that chain of people interactions on lines #3, #2, and #1.

4. Complete the rest of the chaining activity going up. What is a people interaction that would make your mood improve just a little? Write that interaction next to #6.

5. Fill in lines #7 and #8.

6. What people interaction would make you really happy? Write that next to #9.

Example 

Best mood	**9.**	Invite my friend to dinner.
↑	**8.**	Call my friend to try to resolve the argument.
	7.	Write my friend a letter expressing my feelings about our fight.
	6.	Talk with another friend to get advice.
Okay/ average mood	**5.**	**My friend and I had a fight.**
↓	**4.**	Tell my partner that my friend is awful.
	3.	Don't call my friend when we usually talk.
	2.	Ignore my friend when I see her.
Worst mood	**1.**	Cancel the trip we had planned.

Your Chaining Activity 

Best mood	**9.**	
↑	**8.**	
	7.	
	6.	
Okay/ average mood	**5.**	**Statement of fact:** _____
↓	**4.**	
	3.	
	2.	
Worst mood	**1.**	

The chaining activity illustrates that:

- Your interactions with people—or lack of contact—affects how you feel.
- You have some choice in how you interact with other people, who you interact with, and how you spend your time together.
- Helpful interactions with people are likely to lead to more helpful interactions, bring your mood up and support your recovery.

Your Social Support Network

Leader Tips

Time: 15 minutes

Group Member's Workbook: Page 21

1. Say: *You know that having contact with other people plays an important part in your mood. Let's take a closer look at your social support network—the group of people who provide you with different kinds of support. We will also think about what kinds of support that you provide to other people.*

2. Introduce the text on the next page and give group members time to complete the exercise.

3. Ask: *What do you notice about your current social support network?*

Possible follow-up questions:

Does anything jump out at you when you look at your social support network?

How many people did you put on your list?

Are they mainly friends, family, coworkers, or health care workers?

Where do you have plenty of support?

Where could you use more support?

Is there anybody who you mentioned several times?

If you have been drinking or using drugs, do you notice that you need to have more contacts in some areas?

4. Review the summary text.

Your social support network is made up of the people who are near you such as family, friends, neighbors, co-workers, and health care providers.

1. Each square on the next page is labeled for a type of support that people can give you:

- Practical support
- Advice or information
- Companionship
- Emotional support

2. Think about people who give you each kind of support. Write their names in the squares. For example, who helps you with practical, everyday things? Who would give you a ride to the doctor or hospital, loan you something, or help you move?

3. The same name can be written in more than one square.

For example, if your doctor gives you advice, you would write that name (or just "doctor") in the Advice square. If your brother gives you practical support, emotional support, and advice, write his name in all three squares.

4. If you have a square with no names in it, put a question mark in that square.

5. Social support goes two ways. Who leans on you for practical support, advice, companionship, or emotional support? Write the names of the people you support in the squares.





Mapping Your Social Support Network

Practical Support

Who would drive you to the hospital? Loan you something?

Who supports you?

Who do you support?

Advice or information

Who do you ask for advice if you are ill or don't understand how to do something?

Who supports you?

Who do you support?

Companionship

Who is good company? Who will walk around the park with you, or share your joys?

Who supports you?

Who do you support?

Emotional support

Who do you share your feelings with? Who encourages you, or helps you feel less depressed?

Who supports you?

Who do you support?

1. Balance your social support network

After you have completed the squares, what do you notice?

- How many people did you think of?
- Where do you have plenty of support?
- Where are the gaps in support?
- Whose name did you write down a lot?
- Do you rely too much on one person?

2. You may need to make friends who do not use drugs or alcohol

If you have recently stopped using drugs or alcohol, you may notice that most of the contact you have with other people involves drugs or alcohol. This “People” module of CBT will help you think about how to make new friends that offer healthy, positive support.

3. It will improve your mood to be supportive of other people

No matter how hard our own lives are, most of us find that it feels good to help somebody else.

- Who do you support?
- Who would count you as part of their social support network?

Meeting New People

Leader Tips

Time: 10 minutes

Group Member's Workbook: Page 24

1. **Say:** *One way to make your social support network stronger is to meet new people. Doing this is not always easy, especially when you're depressed. Let's talk about some good ways to meet new people.*

2. **Introduce** the text.

3. **Ask**: *What other activities could you do that involve other people?*

Note: Group members who have experienced betrayal may distrust others and state that they avoid or minimize contact with others. They may also perceive other people's intentions as bad. It is important to let them know that you understand their fears. You can help them understand the reasons why it is important to improve one's support system. For example, you may choose to examine the person's thoughts to see if he or she is overgeneralizing negative past experiences or ignoring positive experiences. You may also highlight this idea: Not all situations are the same, and the group member may be in a very different situation than the one in which the betrayal took place.

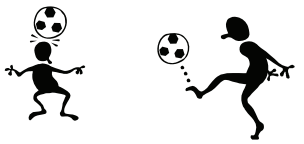
The easiest way to meet people is to do something that you like doing, and do it in the company of other people. Even if you don't make a new friend, you will do something pleasant, you won't feel like you wasted your time, and there won't be any pressure on you to meet people.

If you are in recovery from using alcohol or drugs, you will need to think of new activities that don't involve drinking or using drugs, and that allow you to meet people who do not drink or use drugs.

New friendships develop slowly. You can test a new acquaintance for trustworthiness and keep yourself physically and emotionally safe by taking small steps.

- You could make plans to have coffee. Meet in a public place, don't make a commitment to spending a long time together, and take care of your own transportation. Make similar arrangements for the next few times you get together.
- The next step might be to meet for dinner or a movie.
- Later, you might agree to share a ride, or spend more time together.

What activities could you do around other people?



- Attend church.
- Go dancing.
- Play softball.
- Attend sports events.



- Hear a free music concert in the park.
- Go to Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings.
- Volunteer (at an animal shelter or litter pickup day, for example).



- Help a neighbor mow the lawn.
- Join a club.
- Go to a museum, movie, or play.



KEY MESSAGES

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 25

1. **Go over** the key messages.

2. **Ask** group members if they have questions or comments.

- Helpful interactions with people can make your mood better.
- You can choose to spend time with people who have a positive effect on your mood.
- You can build a balanced social support network that includes:
  - People who give you practical support, advice, emotional support, and companionship.
  - People who you support.



PRACTICE

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 26

Say: *I would like to talk about the importance of practicing the skills you learn in the group. Practice means doing brief activities on your own outside of the group. You can think of the skills you learn here as tools to use in your everyday life to improve your mood. But just like tools, not all of them may work well for you. By trying out your new skills at home while you are still coming here, you can report back to the group and let us know what worked for you and what didn't work. Then we can come up with ways to make them work better.*

Quick Mood Scale

1. Say: *Each week, we would like all of you to keep track of your mood using the Quick Mood Scale. There is a copy of the Quick Mood Scale in your workbook at the end of every session. With the Quick Mood Scale, you can learn to recognize how you are feeling and how your thoughts and behaviors are influencing your mood.*

2. Draw the Quick Mood Scale on the board or ask group members to look at it in their workbooks. **Say:** *The Quick Mood Scale runs from 1 to 9, with 1 indicating a worst mood and 9 indicating a best mood. Each day, you circle the number that indicates what your mood was that day.*

3. Read aloud the instructions that are on the top of the Quick Mood Scale.

Increase People Interactions

4. Read aloud the instructions under #2 on the next page. **Ask** the group if they have any questions.

5. Say: *We encourage you to do these projects, even though you may not feel like it. They are an important part of the treatment process. You are here for only a short time, and eventually you will have completed the entire CBT program. Once you have completed the group therapy, the skills you have learned will help you keep your mood healthy. Therefore, it is important that you try them out until you feel confident that you can use them on your own.*

This treatment will be successful for you if you learn skills for managing your mood and you feel confident using these skills in your daily life. You will need to practice. If you don't practice the skills, you won't learn them.

Each session's practice will consist of one or more projects that everybody in the group will try. This session's practice is:

1. Track your mood using the Quick Mood Scale. The Quick Mood Scale and instructions for how to use it are on the next page. The scale provides a "quick" way for you to keep track of your moods. Try to complete the Quick Mood Scale at the same time each day—for example, before you go to sleep each night. As the treatment progresses and as you practice the skills you learn in each session, you will probably find that your mood improves.

2. Choose how you want to increase your helpful interactions with people.

- **Write your ideas** for helpful activities with others in the chart.
- **Do one** of the activities before next session.

3. Think about ways to make your social support network stronger. *How could you meet people who offer what you don't have enough of now?*

- Practical support?
- Advice?
- Emotional support?
- Companionship?

QUICK MOOD SCALE

Instructions

- Fill in the days of the week across the top of the scale. For example, if you start rating your moods for the week on a Wednesday, write "Wednesday" (or "W") on the first line, "Thursday" (or "Th") on the second line, etc. You can also write down the date (4/15, 4/16, etc.) if you want to keep track of how you are improving from week to week.
- Keep the scale beside your bed. Before you go to bed, think about your mood for the day and circle a number that matches your mood.
- Try to use all the numbers, not just 1, 5, or 9.
- There is no right answer. Only you know how you have felt each day.
- If you want to track your mood over a period of time longer than a week, write down the number rating for your daily moods on a calendar.

Day of the Week	_____	_____	_____	_____	_____	_____	_____
Best mood	**9**	**9**	**9**	**9**	**9**	**9**	**9**
	8	**8**	**8**	**8**	**8**	**8**	**8**
	7	**7**	**7**	**7**	**7**	**7**	**7**
	6	**6**	**6**	**6**	**6**	**6**	**6**
OK/average mood	**5**	**5**	**5**	**5**	**5**	**5**	**5**
	4	**4**	**4**	**4**	**4**	**4**	**4**
	3	**3**	**3**	**3**	**3**	**3**	**3**
	2	**2**	**2**	**2**	**2**	**2**	**2**
Worst mood	**1**	**1**	**1**	**1**	**1**	**1**	**1**

Increasing Your People Interactions

- What activity could you do in the next few days ***where other people are around*** that might be helpful, pleasurable, relaxing, or enjoyable?
- What do you think your mood might be after you do this activity?
- Choose one idea and do it before the next CBT session.

Activity with other people around	**Your mood**
Examples: Attend the CBT group Call a friend	**Examples:** Hopeful Happy
Your examples	**Your examples**



Feedback

Leader Tips

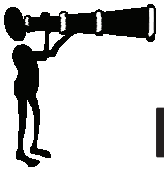
Time: 2 minutes
Group Member's Workbook: Page 29

1. Encourage group members to comment on the session. When you plan later sessions, you can think about their comments and, as much as possible, tailor the treatment to the individuals in the group.

2. Read aloud the questions. Stop after each question and ask the group if they have any comments.

The group leaders will ask for your comments about how the session went. They might ask the following questions:

- What was helpful about today's session?
- What was less helpful?
- What was difficult about today's session?
- What suggestions do you have to improve your treatment?
- If you are continuing CBT from a previous module, how have you made changes since beginning the group?



LOOKING AHEAD

LEADER TIPS

Time: 1 minute
Group Member's Workbook: Page 29

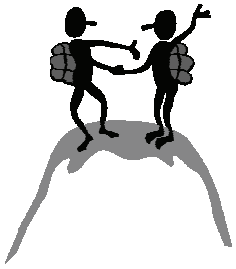
1. The purpose of the preview is to encourage group members to attend the next CBT session by giving them a glimpse of the topic to be covered. Group members are welcome to read ahead.

2. **Say:** *The workbooks are yours to keep, but* ***please bring them to the next session.***

In the next session, we will describe some typical problem areas in relationships and ask you to think about an area you would like to work on improving

Congratulations for coming to group CBT. Coming to the group is a big step in improving your mood.

In the next session, we will talk about the relationship problem areas that might be making your depression worse.



GROUP LEADER SELF- EVALUATION FORM: PEOPLE, SESSION 1

Instructions

Taught/Done: Were you able to cover the material? If you didn't do this in this session but you do it later, when it is done write in the date you covered it.

Difficult to Teach: How hard was it to teach this part of the session? If it was neither easy nor hard, you can write "medium."

	Taught/Done? (Yes/No)	**How Difficult Was It to Lead This Part of the Session? (Easy/Hard)**
Welcome	_____	_____
Purpose and Outline	_____	_____
Announcements	_____	_____
Group Rules	_____	_____
Introductions	_____	_____
What Is Depression?	_____	_____
What Is Cognitive Behavioral Therapy (CBT)?	_____	_____
How Does CBT Treat Depression?	_____	_____
How Have You Been Feeling?	_____	_____
Review		
Practice	_____	_____
Last Session	_____	_____
New Topic: The Connection Between Depression and Helpful Interactions with People		
The Importance of Helpful Relationships	_____	_____
The Link Between People Interactions and Mood: A Chaining Activity	_____	_____
Your Social Support Network	_____	_____
Meeting New People	_____	_____
Key Messages	_____	_____
Practice	_____	_____
Feedback	_____	_____
Looking Ahead	_____	_____

SESSION 2: WHAT GETS IN THE WAY OF GOOD RELATIONSHIPS?

LEADER TIPS

Materials Needed

- **Group Member's Workbooks** ("People Interactions and Your Mood")—a few copies to loan in case some group members forgot to bring their own workbooks
- **Pens**—enough for everyone in the group
- **Dry erase board, chalkboard**, or large sheets of paper to present material to group
- **Kleenex** or other facial tissue

Group Leader's Goals

- Review the connection between mood and contacts with other people.
- Explore feelings and thoughts related to the group members' problem areas in relationships.
- Highlight the idea of **choice**: We can choose which people we want to be with and what activities we will engage in when we are with them. We can make choices that improve our mood.
- Help group members understand that recovery from abuse of drugs or alcohol may require that they choose to be with people who do not use drugs or alcohol. They may have to make new friends.
- Reinforce the importance of engaging in positive activities with others as a strategy to manage mood.

Leader Tips

Welcome Group Members

As group members arrive, greet them by name. Ask them informally how their practice went.

Purpose and Outline
Group Member's Workbook: Page 31

Introduce the Purpose and Outline.

PURPOSE

- Review the relationship between your mood and your interactions with people.
- Explore the relationship problem areas that can cause depression.
- Learn strategies for managing relationship problem areas.
- Talk about managing your mood by making choices about the people you spend time with.

OUTLINE

I. Announcements

II. Review

III. New Topic: What Gets in the Way of Good Relationships?

- A. Relationship Problem Areas
- B. Grief and Loss
- C. Role Changes
- D. Disagreements

IV. Key Messages

V. Practice

VI. Feedback

VII. Looking Ahead



ANNOUNCEMENTS

The group leader will make any announcements that might be necessary.

Is there anything you need to let the leader know about?

Review

Practice

Leader Tips

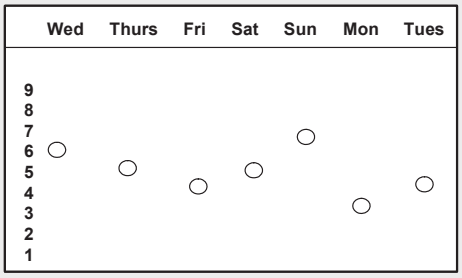
Time: 15 minutes
Group Member's Workbook: Page 33

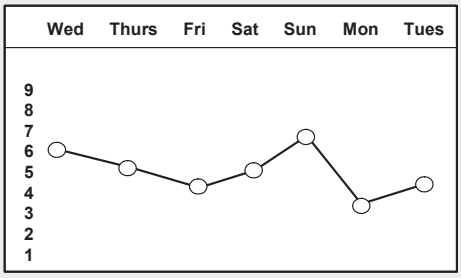
Quick Mood Scale

Ask group members about how they did tracking their moods on their Quick Mood Scales. Make a graph based on one group member's Quick Mood Scale.

1. Start the graph with the day of the week the group meets. If your group meets on a Wednesday, write "Wednesday" or "Wed"" in the first space at the top of the graph.

2. Ask for a volunteer from the group to share the numbers on his or her Quick Mood Scale. Make a graph on the board like the example below. If the group member's mood was a 6 on the first day, mark a dot at 6 below "Wed."





3. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

4. Say: *What did you notice about your mood during the past week? What kinds of interactions with people did you have on the day that your mood was the lowest? What kinds of interactions with people did you have on the day that your mood was the highest?* Help group members to notice the connection between having more helpful interactions with people and improved mood.

5. Note: Depending on the size of the group, you may choose to chart the Quick Mood Scales of all group members or just one or two. Some group members will be eager to share each week, but don't focus only on them. In the course of the four-session People Interactions module, encourage as many group members as possible to share their Quick Mood Scales—even those who are shyer and less vocal. For each member who shares, try to connect people interactions and mood. The point is to teach how to apply the CBT skills to specific, real-life situations, but not necessarily to solve **every** difficult situation. (This would be an example of all-or-nothing thinking: "*If CBT doesn't solve all my problems, then it doesn't work.*")

Increase Your Helpful Interactions with People

6. Say: *Last session's practice also included filling out the chart on page 28. What activity did you choose to do? What impact did it have on your mood?*

Think about Strengthening Your Social Support Network

7. Say: *You were also asked to think about ways to make your social support network stronger. What kind of social support would you like to strengthen? What can you do to strengthen that area?*

Last session, we asked you to complete these practice activities. How did your practice go?

1. Track your mood using the Quick Mood Scale.

2. Choose how you want to increase your helpful interactions with people.

- **Write your ideas** for helpful activities with others in the chart.
- **Do one** of the activities before next session.

3. Think about ways to make your social support network stronger. *How could you meet people who offer what you don't have enough of now?*

- Practical support?
- Advice?
- Emotional support?
- Companionship?

Last Session

Leader Tips

Time: 5 minutes
Group Member's Workbook: Page 34

1. It may be difficult for group members to remember what you talked about in the last session. Use this time to remind them of the key messages, and to help them understand how today's lesson follows.

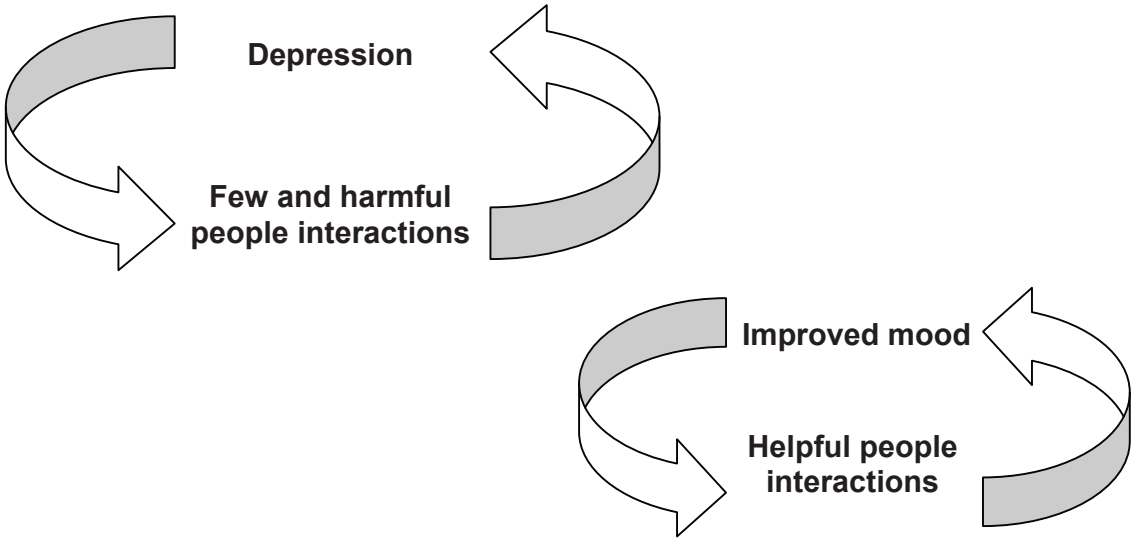
2. Say: *In the last session, we welcomed new group members, introduced ourselves, talked about what depression is, and began talking about cognitive behavioral therapy—CBT for short. We also talked about how your contacts with people can affect how you feel. What are some of the things that you remember from the last session?*

3. Ask: *Do you remember the diagram with arrows? It shows that there is a connection between interactions with people and mood. And since the arrows point both ways, it shows that your interactions with people can affect how you feel and vice versa—how you feel can affect the kinds of interactions you have with other people.*

4. Say: *We also talked about meeting new people. We suggested that you could begin by doing things you enjoy in situations where you would have contact with other people.*

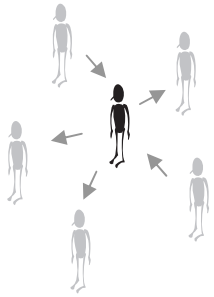
5. Review the key messages.

6. Ask: *Does anybody have any questions before we look at this session's new topic?*



Key messages from last session were:

- Helpful interactions with people can make your mood better.
- You can choose to spend time with people who have a positive effect on your mood.
- You can build a balanced social support network that includes:
  - People who give you practical support, advice, emotional support, and companionship.
  - People who you support.



NEW TOPIC: WHAT GETS IN THE WAY OF GOOD RELATIONSHIPS?

Relationship Problem Areas

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 35

1. **Introduce** the text.

2. **Say:** *In this session, we will focus on problem areas in relationships. Let's look at these problems areas and think about whether these problem areas apply to you and your relationship. Is there one that is most important to you to work on?*

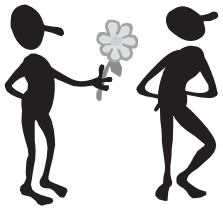
3. If group members express interest in all three areas, cover all three. If they don't mention one or more areas, don't discuss those, but suggest that group members read about those on their own.

Even the best relationships with other people may not be free of disagreements. But three specific problem areas in your relationships could add to your depression.

Questions to think about:

1. Grief and loss

Have you lost someone important to you due to death, illness, divorce, break-up, moving, or some other kind of separation? Have you lost friends and acquaintances because you have made a positive lifestyle change, like becoming sober?



2. Role changes

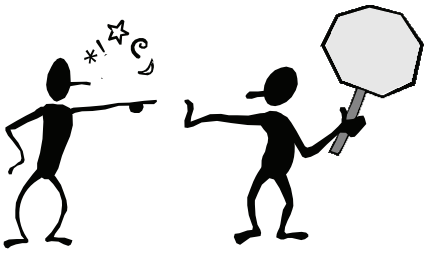
Has your position in life changed recently?

For example, have you recently lost a job, moved, or started working on your sobriety? Have your children grown and left the house? Have you become a caretaker for somebody who is ill, or have you become ill yourself?



3. Disagreements

Have you had disagreements with someone about what you expect from each other or about how to act or feel in the relationship?



Grief and Loss

Leader Tips

Time: 25 minutes

Group Member's Workbook: Page 36

1. **Say:** *First, we will discuss how grief and feelings of loss can have an effect on your interactions with other people, your thoughts, and your activities. Then we will figure out what you can do in these areas to improve how you feel.*

2. **Introduce** the text and allow time for group members to write down what is causing their grief. Tell group members that if they are not experiencing grief or loss, they can leave the line blank.

3. **Discuss** with group members how their loss has affected their interactions with people, their thoughts, and their activities using the text.

4. **Say:** *Now, we will focus on what changes you might be able to make in your interactions with people, your thoughts, and your activities to improve how you feel.* **Introduce** the text under "Managing grief and loss." Stop after each section and give group members time to write on the lines.

It is natural to feel very sad about changes in your social support network. You may have lost a husband or wife through death or divorce. A move to a new country or state can mean the loss of a familiar language, culture, or life style. You may have lost a friend because you are no longer drinking and your friend continues to drink.

The feelings in these situations won't be exactly the same, but all can contribute to depression.

If you are experiencing grief, write down what is causing the grief.

_____

_____

Questions to think about:

How has your grief affected your:

- **Interactions with people.** How have your relationships with other people changed since you experienced your loss?
- **Thoughts.** Do you have thoughts and feelings about the loss that cause you to feel depressed? For example, if you have lost a person in your life through death or another cause, do you think "I should have done more for him or her." Do you feel regret or guilt?
- **Behavior.** Have you changed how you act since your loss? How? Have you stopped doing the activities you enjoy?



Managing grief and loss

Managing your grief does not mean that you should forget about your loss. It means that you can feel the loss deeply, but continue to live your life without depression.

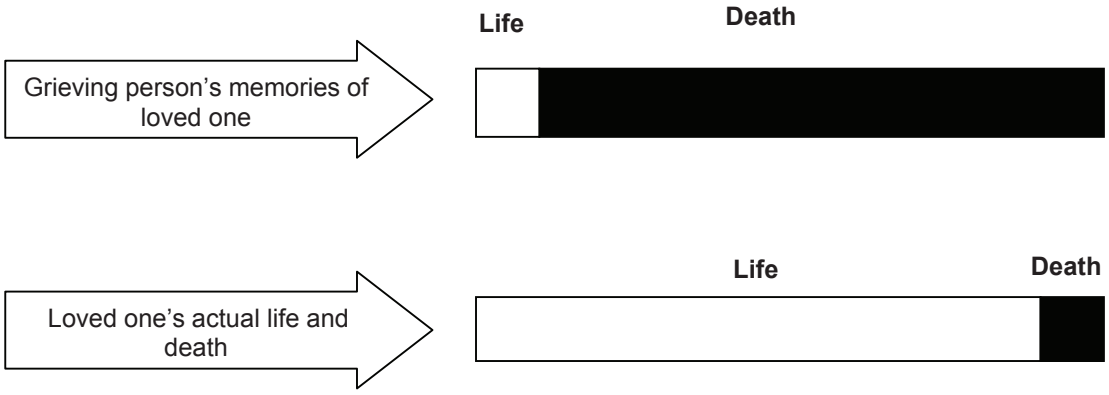
How can you live a healthy, fulfilling life? Look for solutions in the same way that CBT looks at depression—in terms of your people interactions, thoughts, and activities.

Interactions with People. Ask other people, including group members, how they have managed grief and sadness, and how they take care of their emotional and physical health even while grieving.

Use the support of family and friends. Who could you reach out to for support? Write their names on the line.

_____

***Thoughts*.** Memories are thoughts, and you can manage your thoughts to help you feel better.



It is common for someone whose loved one has recently died to focus on the death. Try to think about the person's whole life, and focus on pleasant memories. Write a pleasant thought about the person's life on the line below.

_____

Sometimes we lose significant people in our lives due to other unpleasant circumstances such as betrayal or rejection. Write a pleasant thought about yourself that can be helpful when coping with this type of painful situation.

_____

Behavior. You can do activities that help you take note of your loss, honor the person who is gone, and move on. For example, if the person has died, you could go through rituals or cultural customs such as having a memorial service or special church service.

If you have lost an important person for another reason, you will no longer be able to spend time doing things with that person. Instead, you will have to build into your life other pleasant or meaningful activities.

Think of an activity you could do in the next week that would help you feel better. Write it on the line below.

_____

Activity I could do

Role Changes

Leader Tips

Time: 25 minutes

Group Member's Workbook: Page 39

1. Say: *Your role changes when your position in life changes. For example, if you have made major life changes due to a medical illness, divorce, being in recovery, unemployment, or moving to the United States, your role has changed. Your role has changed if you have children who are growing up and moving away from home.*

It is natural to feel sad, confused, or angry about role changes. But even while you feel sad, you can feel better by exploring new opportunities in your new role, developing new skills, and meeting new people.

2. Go over the text. Help group members describe their role changes, their feelings about their role changes, what good things they would like to happen in their new roles, and how they can make the good things happen. Help group members write some notes to themselves on the lines provided.

We all play several roles in our lives. Roles include:

Wife	**Waitress**
Husband	**Truck driver**
Parent	**Drinker**
Child	**Drug user**
Boss	**Sober person**

Our roles change during our lives. As your children grow up, your role as a mother or father will change. If you lost a job, you may no longer think of yourself as a "worker." If you have recently stopped using drugs or alcohol, you are no longer a "user."

Your feeling of depression may be connected to a recent role change. ***What role changes are you experiencing?*** Describe them on the lines below.

_____

_____

What are your feelings about your role changes? You may have many feelings at the same time. Write some of your feelings below. (See some examples of feelings on page 42.)

_____

_____

Managing role changes

How could you build a healthy new life, even though your role has changed?

What would be the best outcome for you, or the best thing to happen for you, given that your role has changed?

_____

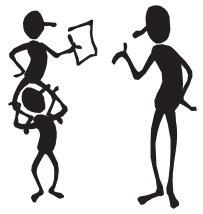
_____

What can you do to increase the chance that this will happen?

_____

_____

Interactions with People. Who can help you adapt to these life changes? Talk with others, including other group members, about how they have managed big changes in their lives. How did they get help from other people?



Write one idea for interacting with people that could help you adapt to these life changes.

_____

Thoughts. What are your thoughts about these changes (harmful and helpful)? What is sad or scary about these changes that causes you to be depressed?

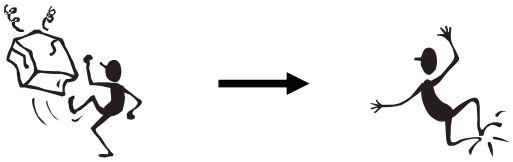


What kinds of thoughts could help you feel better about the changes?

Write one idea on the line below.

_____

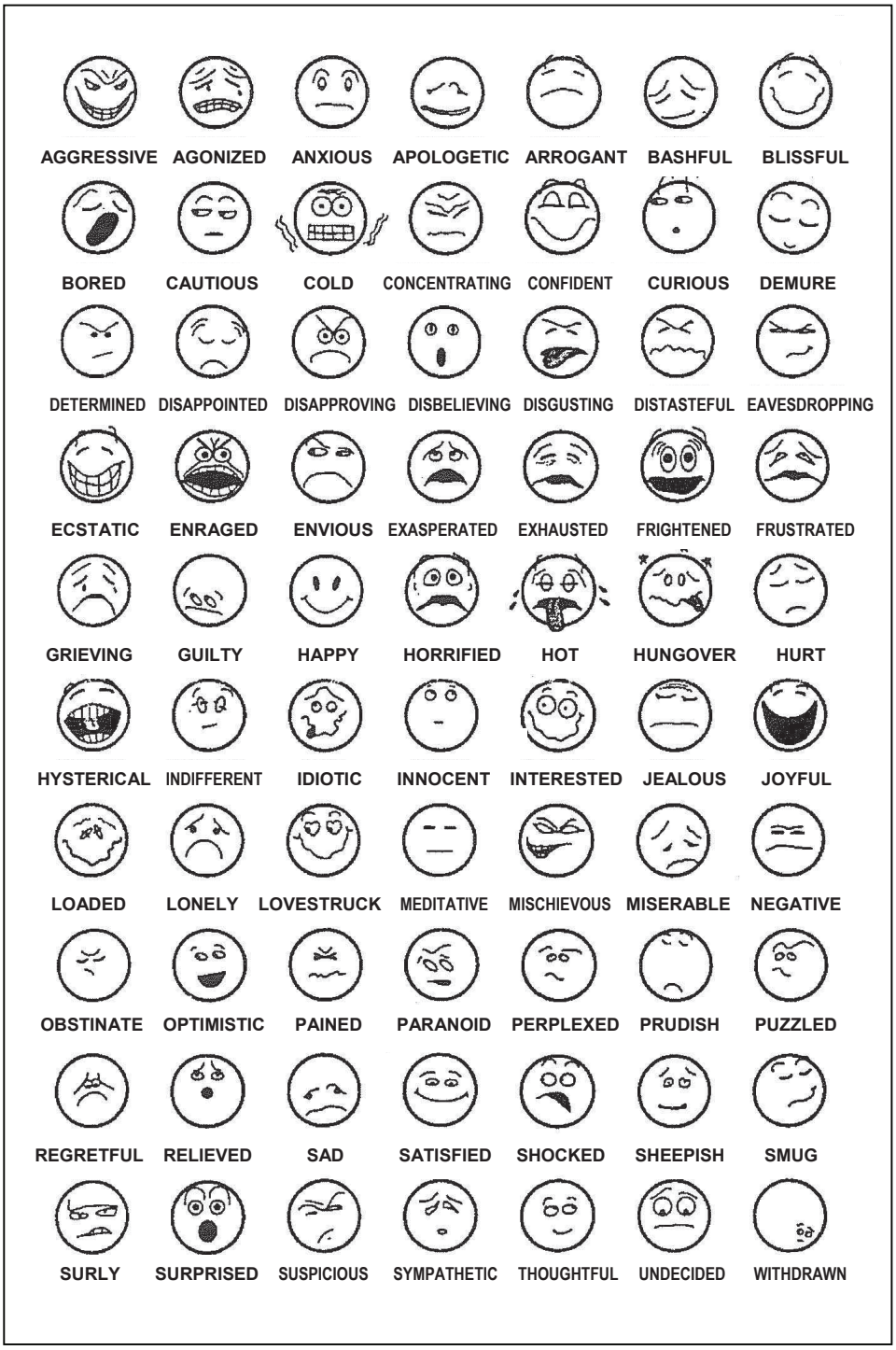
Behavior. What can you do to help yourself adapt to these life changes?



Write one idea for what you could do during the next week on the line below.

_____

Examples of Feelings



Disagreements

Leader Tips

Time: 25 minutes
Group Member's Workbook: Page 43

1. Say: *How many of you have had disagreements with others about how to act or feel in a relationship with somebody else? We will talk about how you might use CBT ideas to improve your interactions with other people and your mood.*

2. Say: *First, I want to let you know that like all the CBT skills you are learning, improving your interactions with other people takes practice. That is true for everybody. Your first efforts might feel funny. But that is OK. Eventually your skills will improve. Plus, many people will respond even if you aren't "perfect." The point is not to always get the reaction you want. The point is to increase the chances that your interactions will be satisfying, even if you don't get what you want.*

3. Say: *Your workbook gives you a place to describe a disagreement with another person. Take a moment to write down a problem or conflict that you had with another person that may contribute to your depression.* (allow the group members time to write). *Who would like to share their conflict? We will take some steps to help you solve it.* When a group member describes a conflict, write it on the board.

4. Discuss at least one group member's disagreement and how it relates to thoughts, behavior, and interactions with people.

5. Say: *Now we will focus on managing disagreements with other people by using problem solving. The first step is to identify the problem. What do you think the cartoons are trying to tell you?*

6. Say: *So step 1 in managing your disagreements is to identify the problem and treat the problem as a separate thing that can be addressed by both of you. You are not the problem and neither is the other person.*

7. Say: *Now we are going to try to solve the conflict that we mentioned before* (**point to** the conflict you wrote on the board). *We will brainstorm some ideas—feel free to say all the ideas that come into your head. Nobody will laugh at you or judge you—at this point we are not concerned with whether or not the ideas are good. We are practicing generating alternatives. The more alternatives you have, the more freedom you have.*

So let's brainstorm. What are some possible solutions to the problem you are having with your friend?
Write the group's ideas on the board.

8. Go over steps 3, 4, and 5 with the group. **Ask** the group member who offered the conflict: *Do you see some possible solutions to your problem?*

9. Read aloud the text in the box about safety in relationships. **Emphasize** that help is available to them if they are in an unsafe relationship, or causing somebody harm.

Describe a problem or conflict that you have had with another person that contributes to your depression.

_____

_____

Interactions with people. Think about the person you are having problems with.

- What are his or her good points?
- What are his or her bad points?
- How do you think he or she sees the problem? Try to understand that point of view, even if you don't agree with it.
- Is there a solution where you both get something you want?



Thoughts. Think about the conflict you had with this person.

- How does the conflict affect the thoughts you have about yourself?
- How does the conflict affect the thoughts you have about the other person?
- Are there alternative ways of thinking that provide a more helpful view of yourself and the other person?

Behavior. Think about how you act.

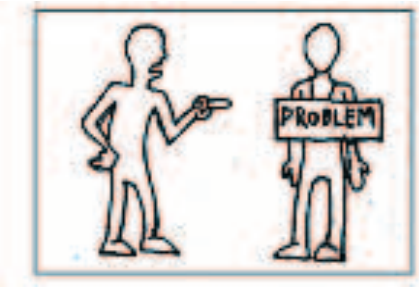
- When you have a problem with this person, how do you act? How does the other person behave?
- Do you act in the same way when you have problems with other people?

Managing disagreements

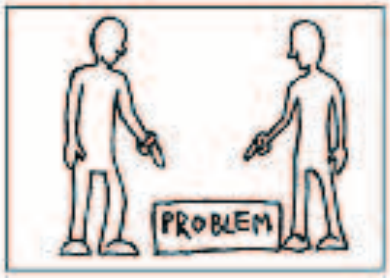


We will apply CBT's problem-solving method rather than attacking the problem from a people/thoughts/behavior perspective. However, you will see that CBT ideas about helpful people interactions, thoughts, and activities are part of the solution to managing disagreements.

Step 1. Identify the problem. Try and think of the problem as outside both of you instead of inside either of you.



Versus



Seeing the problem as inside of you or another person	***Seeing the problem as outside of you or another person***
Your problem is …	The problem is …
You are lazy.	The dishes need to be done.
You never help me.	There is a lot of work to do and we are both very busy.
Everything you do annoys me.	My depression is the real problem. It makes me more irritable.

Step 2. Think about all the possible solutions without deciding whether they are good or bad.

"Brainstorm" some possible solutions that would not be destructive for you or anybody else.

- We could …
- I could …

In your thinking, imagine one or two realistic results that would be good for you. Then focus on what you can do to increase the chance that one of these healthy outcomes will happen.

Step 3. Rate the solutions. If the solution would work for you, rate the solution positive with a **+** sign. If it would not work for you, rate it negative with a **–** sign. If you are working on this together with another person, the other person would do the same thing.

Brainstorm possible solutions	**Your ratings** **+** = positive **-** = negative	**Other person's ratings** **+** = positive **-** = negative
1.		
2.		
3.		

Step 4. Choose the solution that both of you rate as positive. Or choose the best solution, or a combination of solutions, and try them.

Step 5. Try the solutions you picked and find out how well they work. Then think about the problem again and consider new solutions if you need to.

Safety in Relationships Is the #1 Priority

The skills you learn in CBT can make a relationship healthier for you. However, there are times when a relationship is not healthy and you should leave it. For example, if you have a friend who keeps using or who is hurting you.

As you think about the conflicts you have had with other people, think about your safety. How safe have you been recently in your conflicts with other people?

1. **Did you feel afraid or worried about your safety?**

   Yes ___ No ___

2. **Did you or someone else say something that was hurtful or scary?**

   Yes ___ No ___

3. **Did someone push, shove, kick, or hit you?**

   Yes ___ No ___

4. **Did you push, shove, kick, or hit someone else?**

   Yes ___ No ___



If you are being abused, or if you are abusing somebody, there are places where you can get help. Ask your group leader or counselor for a referral. We cannot provide therapy for abuse issues in the group but we CAN help you get the help you need.



KEY MESSAGES

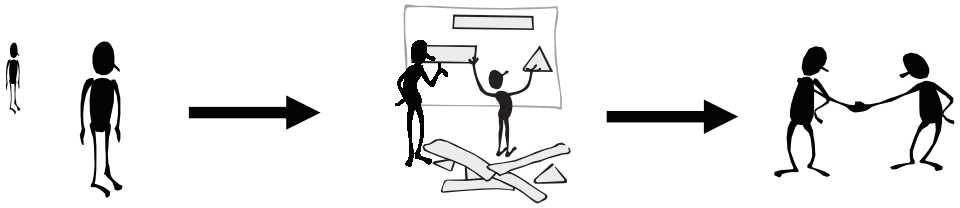
LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 47

1. **Say:** *Today we have talked about some common relationship problems and how you might use CBT skills to manage them better and improve your mood.*

2. **Read aloud** the key messages and ask group members if they have questions or comments.

- You can mourn your losses and feel better by reaching out for support and doing activities.
- You can adjust to the loss of an old role by looking for opportunities offered by your new role.
- One way to approach disagreements with others is to understand that a problem is outside of both of you rather than part of one of you, and look for solutions together.





PRACTICE

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 48

Quick Mood Scale

1. Say: *Now the Quick Mood Scale includes a place at the bottom to write down how many positive and negative contacts you have with people each day. Are there any questions about that?*

2. Go over the instructions for #2 and #3 together. Tell group members that they should write notes to themselves on the lines in #3.

3. Remind the group that it is important that they do the practice activities. Ask the group members if they have any questions.

1. Continue tracking your mood using the mood scale. Notice at the bottom of the Quick Mood Scale that we have added a place where you should keep track of about how many helpful and harmful contacts with people you have each day. Eventually, you will probably notice that on the days when you have more helpful interactions with people, your mood will be better.

2. Think of an activity that you could do with another person and that would improve your mood. ***Do the activity.***

3. Choose one relationship problem area to focus on:

- Grief and loss
- Role changes
- Disagreements

I choose to work on:

Write your ideas on the lines. To manage this problem area, how could you change:

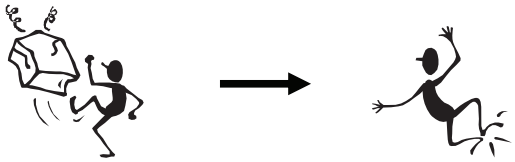
- The way you interact with people?



- Your thoughts?



- Your behavior?



QUICK MOOD SCALE

Instructions

- Fill in the days of the week across the top of the scale. For example, if you start rating your moods for the week on a Wednesday, write "Wednesday" (or "W") on the first line, "Thursday" (or "Th") on the second line, etc. You can also write down the date (4/15, 4/16, etc.) if you want to keep track of how you are improving from week to week.
- Keep the scale beside your bed. Before you go to bed, think about your mood for the day and circle a number that matches your mood.
- Try to use all the numbers, not just 1, 5, or 9.
- There is no right answer. Only you know how you have felt each day.
- If you want to track your mood over a period of time longer than a week, write down the number rating for your daily moods on a calendar.
- Try to remember how many positive contacts with people you have each day. Also count the number of negative contacts you have each day. Write the numbers at the bottom of each column.

Day of the Week	_____	_____	_____	_____	_____	_____	_____
Best mood	**9**	**9**	**9**	**9**	**9**	**9**	**9**
	8	**8**	**8**	**8**	**8**	**8**	**8**
	7	**7**	**7**	**7**	**7**	**7**	**7**
	6	**6**	**6**	**6**	**6**	**6**	**6**
OK/average mood	**5**	**5**	**5**	**5**	**5**	**5**	**5**
	4	**4**	**4**	**4**	**4**	**4**	**4**
	3	**3**	**3**	**3**	**3**	**3**	**3**
	2	**2**	**2**	**2**	**2**	**2**	**2**
Worst mood	**1**	**1**	**1**	**1**	**1**	**1**	**1**
How many helpful interactions with people did you have?							
How many harmful interactions with people did you have?							



Feedback

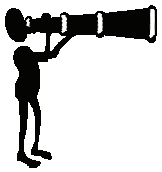
Leader Tips

Time: 2 minutes
Group Member's Workbook: Page 51

Before ending the group, ask group members to comment on the session.

The group leaders will ask for your comments about how the session went. They might ask the following questions.

- What was helpful about today's session?
- What was less helpful?
- What suggestions do you have to improve your treatment?



Looking ahead

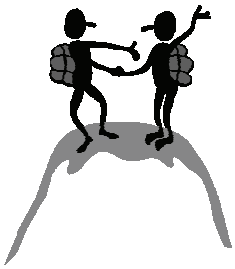
Leader Tips

Time: 1 minute
Group Member's Workbook: Page 51

1. **Read aloud** the text.

2. **Congratulate** group members for attending the group.

The next session, Session 3 in "People," will focus on how you can improve your communication with other people to improve your mood.



GROUP LEADER SELF- EVALUATION FORM: PEOPLE, SESSION 2

Instructions

Taught/Done: Were you able to cover the material? If you didn't do this in this session but you do it later, when it is done write in the date you covered it.

Difficult to Teach: How hard was it to teach this part of the session? If it was neither easy nor hard, you can write "medium."

	Taught/Done? (Yes/No)	**How Difficult Was It to Lead This Part of the Session? (Easy/Hard)**
Welcome	_____	_____
Purpose and Outline	_____	_____
Announcements	_____	_____
Review		
Practice	_____	_____
Last Session	_____	_____
New Topic: What Gets in the Way of Good Relationships?		
Relationship Problem Areas	_____	_____
Grief and Loss	_____	_____
Role Changes	_____	_____
Disagreements	_____	_____
Key Messages	_____	_____
Practice	_____	_____
Feedback	_____	_____
Looking Ahead	_____	_____

SESSION 3: GOOD COMMUNICATION IS KEY TO IMPROVING YOUR RELATIONSHIPS AND YOUR MOOD

Leader Tips

Materials Needed

- **Group Member's Workbooks** ("People Interactions and Your Mood")—a few copies to loan in case some group members forget to bring their own workbooks
- **Pens**—enough for everyone in the group
- **The PHQ-9 depression measure**—enough copies for everyone in the group
- **Dry erase board, chalkboard**, or large sheets of paper to present material to group
- **Kleenex** or other facial tissue

Group Leaders' Goals

- State that communication is often a problem in relationships.
- Explain that active listening is a part of good communication.
- Describe three communication styles: passive, aggressive, and assertive.
- Help group members understand that assertive communication can improve their relationships and their mood.
- Reinforce the idea that group members can make choices about the way they interact with other people that can improve their mood.

Leader Tips

Welcome Group Members

1. As group members arrive, greet them by name. Ask them informally how their practice went.

2. **Pass out** the PHQ-9 depression measure. Ask group members to fill it out, put their names on it, and return it to you. Tell group members that you will talk more about it later.

Scan the questionnaires quickly as you collect them. Notice any major changes in the severity of group members' depression symptoms, including thoughts of suicide. If a group member reports thoughts of suicide, follow the procedures that you have worked out with your supervisor in advance regarding how to handle these situations. Often this involves having one group leader meet privately with the client either during group or immediately following to further assess the client's risk of suicide or "handing off" the client to another clinician who will conduct this assessment. Consult with your supervisor immediately in the case of a client who is suicidal.

Purpose and Outline
Group Member's Workbook: Page 53

Introduce the Purpose and Outline.

PURPOSE

- Understand that communication can be another problem area in relationships.
- Learn how to listen actively.
- Understand that assertive communication can help improve your relationships and your mood.
- Learn how to make requests assertively.
- Learn how to express your feelings and thoughts assertively.
- Continue looking at positive choices you can make about how you interact with people.

OUTLINE

I. Announcements
II. How Have You Been Feeling?
III. Review
IV. New Topic: Communication Skills for Building Better Relationships and Improving Your Mood

   A. Listening Well

   B. What Is Your Communication Style?

   C. Three Basic Communication Styles

   D. Making Requests Assertively

   E. Expressing Your Feelings and Thoughts Assertively

V. Key Messages
VI. Feedback
VII. Practice
VIII. Looking Ahead



ANNOUNCEMENTS

The group leader will make any announcements that might be necessary.

Is there anything you need to let the leader know about?

HOW HAVE YOU BEEN FEELING?

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 55

1. Read aloud the text in the Group Member's Workbook.

2. After the session, **compare** each group member's PHQ-9 measure with the ones he or she has filled out before. This comparison will allow you to monitor each group member's progress.

The questionnaire you filled out at the beginning of Session 1 and again today is called the "Patient Health Questionnaire," or PHQ-9 for short. It allows you and your group leaders to check how you are feeling today and to keep track of how you are feeling while you are attending the group.

Review

Practice

Leader Tips

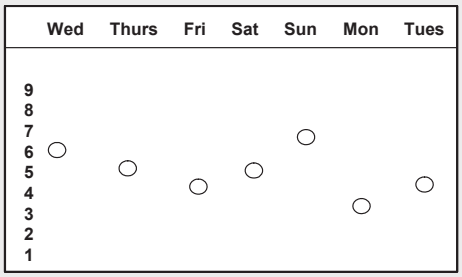
Time: 10 minutes
Group Member's Workbook: Page 55

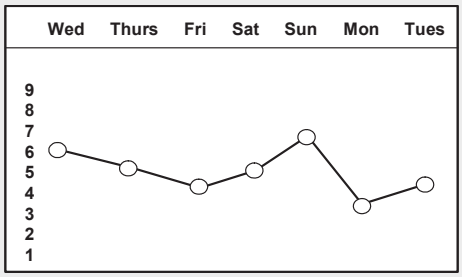
Quick Mood Scale

Ask group members about how they did tracking their moods on their Quick Mood Scales. Make a graph based on one group member's Quick Mood Scale.

1. Start the graph with the day of the week the group meets. If your group meets on a Wednesday, write "Wednesday" or "Wed"" in the first space at the top of the graph.

2. Ask for a volunteer from the group to share the numbers on his or her Quick Mood Scale. Make a graph on the board like the example below. If the group member's mood was a 6 on the first day, mark a dot at 6 below "Wed."





3. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

4. Say: *What did you notice about your mood during the past week? What kinds of interactions with people did you have on the day that your mood was the lowest? What kinds of interactions with people did you have on the day that your mood was the highest?* Help group members to notice the connection between having more helpful interactions with people and improved mood.

5. Ask group members how they did keeping track of their positive and negative people interactions.

Do an Activity with Another Person

6. Ask: *How did you feel after you spent time with another person?*

Choose a Relationship Problem Area to Focus On

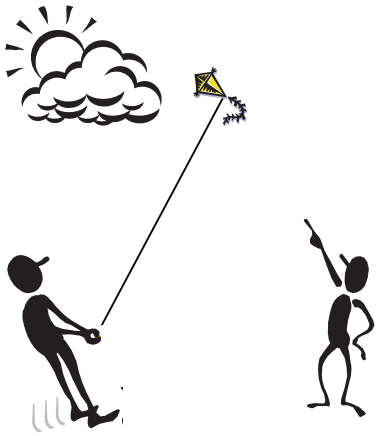
7. Ask: *What area did you choose to focus on? What did you decide about how you could change the way you interact with people, your thoughts, and your behavior?*

At the end of the last session, we asked you to do the following practice activities.

1. Keep track of your moods and your helpful and harmful people contacts using the Quick Mood Scale.

2. Think of an activity that would improve your mood and that you could do with another person.

Do the activity.



3. Choose one relationship problem area to focus on.

- Grief and loss
- Role changes
- Disagreements

To manage this problem area, think about how you could change:

- The way you interact with people
- Your thoughts
- Your behavior

How did your practice go? What activity did you do with another person? What ideas did you have to help manage grief or loss, role changes, or disagreements?

Last Session

Leader Tips

Time: 5 minutes
Group Member's Workbook: Page 56

1. It may be difficult for group members to remember what you talked about in the last session. Use this time to remind them of the key messages, and to help them understand how today's lesson follows.

2. **Say:** *In the last session, we talked about how some relationship problems can affect how you feel, think, and interact with others. We talked about grief and loss, role changes, and disagreements.*

3. **Go over** the text and ask if anybody would like to comment.

4. **Review** the key messages.

What do you remember most from last session?

Key messages from last session are:

- You can mourn your losses and feel better by reaching out for support and doing activities.
- You can adjust to the loss of an old role by looking for opportunities offered by your new role.
- One way to approach disagreements with others is to understand that a problem is outside of both of you rather than part of one of you, and look for solutions together.

NEW TOPIC: COMMUNICATION SKILLS FOR BUILDING BETTER RELATIONSHIPS AND IMPROVING YOUR MOOD

LEADER TIPS

Time: 20 minutes
Group Member's Workbook: Page 57

1. **Say:** *Let's begin by practicing listening skills. First let's look at the text in your workbook. Then I'll ask you to choose a partner and we will do the practice.*

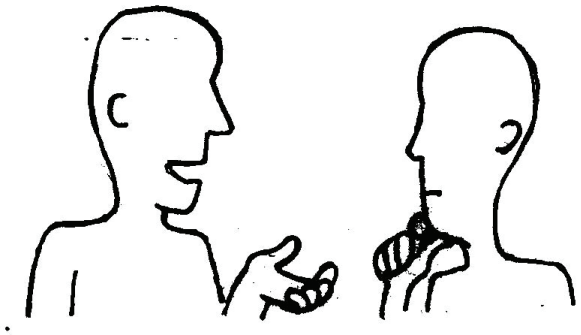
2. **Introduce** the text.

3. **Ask** group members to choose a partner. (If you have an odd number of people in your group, one of the leaders can pair up with the extra group member.)

4. **Say:** *Choose somebody in your group to be the first talker. You can tell your partner about what kind of person you would like to be and how you will meet your goals. Or talk about another topic that is important to you. Your partner will practice active listening. I will stop you after about four or five minutes, and the listeners will have a minute to ask the talker some follow-up questions. Then we will switch, so that everybody has a turn to talk and everybody has a turn to listen. Do you have any questions?*

5. After everybody has had a turn, **say:** *What was that like? What did you learn from the exercise?*

In this session, the focus is on communication, including both listening and talking. Good communication is important no matter what other relationship problem areas you are working on.

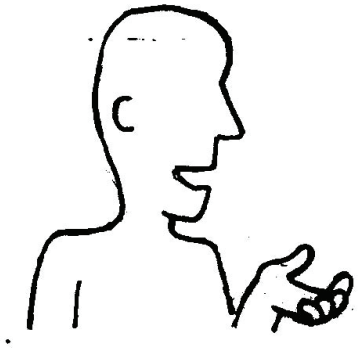


Listening Well

Active listening is the key in any relationship. Active listening means to give your full attention to the conversation and hear everything the other person says. Try doing some active listening.

- Get together with one other person in the group.
- Take turns talking about what kind of person you are trying to become. Each person has about five minutes to talk.
- The other person will not interrupt you.

If you are the speaker, think about the following.



Is your partner listening to you? How do you know?

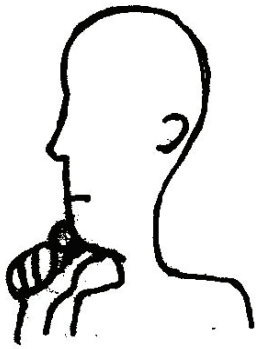
What did your partner do that helped you know he or she was listening?

What was not so helpful about what your partner did?

How do you feel? Did it improve your mood to share your thoughts and feelings with somebody who was really listening?

If you are the listener, think about the following.

Try to show that you are really listening.



Notice your partner's tone of voice and body language in addition to the words; they communicate too.

Did you understand how your partner felt?

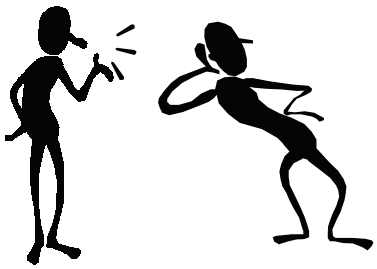
What did your partner say that was most important to him or her?

After your partner is finished talking, restate what you think your partner said, using your own words. Say: "Let me see if I get what you mean…"

Ask your partner whether you understood both the facts and the feelings. Give your partner a chance to explain if you didn't hear or understand correctly.

How do you feel? Did it improve your mood to be a good listener for somebody who was sharing thoughts and feelings?

Active listening—whether you are the speaker or the listener—makes your interaction with people healthier and can improve your mood.



What Is Your Communication Style?

Leader Tips

Time: 20 minutes
Group Member's Workbook: Page 59

1. Say: *We have focused on how we listen; now let's focus on how we talk. In general, there are three main ways that we communicate what we want. We can do it in a passive way, an aggressive way, or an assertive way.*

2. Say: *Look at the chart in your workbooks.* Use the chart to lead a discussion about the different styles of communication and what a person might say in different situations using the different communication styles.

3. Say: *What is important is that you are aware of the different styles of communication and you* ***choose*** *how you will act.* **Introduce** the list of "Questions to think about." Ask the group for their comments.

4. Say: *Now let's think about what communication style you tend to use.* **Introduce** the questions under "What is your communication style?" and allow time for group members to write their responses. **Discuss** their responses as time permits.

To improve and manage your mood, you must identify and express your own feelings, wishes, thoughts, and opinions. People communicate in different ways, but there are three basic communication styles.

Three Basic Communication Styles

Style	Description	Example (situation: waiting in a long line)	Example (situation: conflict with another person)	Example (situation: leading a group)	Respects wishes of others	Respects own wishes
Passive 1	Holding in or withholding how you feel or think.	I guess there's nothing I can do. I'll just go home.	(Saying to self) Oh no, when will this ever end?	Umm, umm . . . I'm waiting . . . come on guys.	Yes	No
Aggressive 2	Expressing your thoughts or feelings in outbursts—shouting, yelling, arguing, throwing things, or hitting people.	Look, I've been waiting for over an hour! When is someone going to help me? You guys must be completely incompetent!	You are an evil person! Everything you do is just to drive me crazy!	Will you all just shut up!	No	Yes
Assertive 3	Expressing positive or negative feelings and thoughts calmly, honestly, and respectfully.	Excuse me, I know you're really busy, but I really need some information about my housing application. Is there someone I can talk to?	I feel badly when you put me down and I don't like how I feel when I put you down. Can we talk about what we can do to be kinder to each other?	I know you all have things to say, but please take turns talking.	Yes	Yes

Questions to think about:

- If you were _____ (passive, aggressive, or assertive), how might you get your point across?

- If you were _____ (passive, aggressive, or assertive), how well do you think others would understand your request?

- If you were _____ (passive, aggressive, or assertive), how would you feel?

- If you were _____ (passive, aggressive, or assertive), how do you think others would feel about you?

What Is Your Communication Style?

Which communication style do you tend to use?

_____



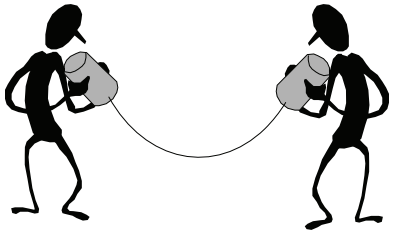
How do you think it affects your mood?

_____

Which style is most likely to improve your mood?

_____

An assertive communication style:



- Respects your feelings, wishes, thoughts, and opinions and is the most likely to help your mood.
- Respects the feelings, wishes, thoughts, and opinions of other people.
- Allows you to make requests clearly and respectfully.
- Allows you to express your feelings and thoughts.
- Increases the chance (with no guarantee) that you will get what you need or want. Remember, others may—or may not—do what you want them to do. You may need to compromise.
- Decreases the chance that you will be forced to do something you do not want to do.

Making Requests Assertively

Leader Tips

Time: 20 minutes
Group Member's Workbook: Page 62

1. Say: *Part of being assertive is being able to make requests in a clear and positive way. When you do this, you are able to ask for what you want and need, others know how they can help, and it increases the chance that you will get support. Of course, it does not guarantee that you will get what you want. The other person may agree to a different compromise, or simply refuse, but at least you will know that you have made an effort to improve your communication.*

2. Ask: *Why is it useful to make a request even when the answer might be no?* Points to emphasize are listed below:

- The other person might say yes.
- At least you know what the other person thinks.
- You can move on and think about what else you can do.
- It usually feels good to express your thoughts and feelings clearly.

3. Introduce "Steps for making requests."

4. Say: *I would like you to practice making a request now. First, take some notes for yourself by filling in answers to the questions below the steps. Then you will take turns making your request.*

5. Help group members think through the questions under "Give it a Try—Make a Request."

6. Next, ask group members to practice making a request to a partner or to the group. After each person makes his/her request, help the partner or group give the person feedback and ideas about possible areas for improvement.
Say to the group: *Did* [say the group member's name] *request sound passive, aggressive, or assertive? What else did this person do well?*

Say to the group member: *How did it affect your mood to ask for what you want in this way?*

Assertiveness means being able to make positive, clear, direct requests.

- You ask for what you want and need.
- Others will know what you want and need and can better help you.
- You can choose to ask for support, respecting the rights of others to say no.

Steps for making a request assertively:

1. ***Decide what you want or need.***
2. ***Identify who can help you.***
3. ***Choose words to ask for what you need in a way that is clear and direct. (Also choose your tone of voice.)***

Examples:

Indirect requests	Direct requests
I'm really tired of washing dishes.	I would appreciate it if you would help me wash the dishes.
I can't be expected to fill out this application without help.	Could you help me fill out my SSDI application?
Boy, the trash can is full. I wonder when you'll be taking out the trash.	Could you please take out the trash in the next half hour?
I sure am worried about my sugar level.	Doctor, will you check my sugar level please?
I wonder if I am HIV positive.	I would like to be tested for HIV.
Don't tell me you brought beer here.	Please don't bring alcohol to my house under any circumstances.

4. ***Tell the other person how it would make you feel if they did what you asked.***

5. ***Acknowledge the person.*** Be ready to say: “Thank you” or “I am glad that you told me your point of view” or “I know that you are really busy.”

6. ***Respect the other person’s right*** not to do what you request. If you have not been assertive in the past, another person may be surprised by your request and not respond right away. You may not get what you want, but you won’t know until you ask! And, if the person is able to say yes, he or she may be more likely to say yes the next time.

Give It a Try: Make a Request

Think of something you want or need. What do you want to ask for?

_____

Who will you ask (friend, family member, doctor)?

_____

What words will you use? What tone of voice will you use? Don’t forget to tell the other person how it would make you feel to get what you want or need.

_____

_____

Ask your partner (or the group) what they think. Did your request sound passive, aggressive, or assertive? How did it affect your mood to ask for what you want in this way? Was it more satisfying than “holding it in?”

Expressing Your Feelings and Thoughts Assertively

Leader Tips

Time: 20 minutes
Group Member's Workbook: Page 65

1. **Ask:** *Why do you think it might be useful to share your thoughts and feelings?*

2. **Write** these statements on the board:

"I think _____."
"I feel _____."

Say: *When you want to express your thoughts and feelings in an assertive way, it is often useful to start with saying "I think. . . " or "I feel. . . .." We call these statements "I statements."*

3. **Ask:** *Will somebody volunteer to finish the first sentence?*
Write the volunteer's answer on the board.

Ask: *Will somebody volunteer to finish the second sentence?*
Write the volunteer's answer on the board.

4. **Introduce** the text through #4.

5. **Say:** *Assertive communication using "I" statements is more likely to lead to healthy relationships and improve your mood. Let's give it a try.*

6. **Introduce** the text under "Give It a Try" and give group members time to write their answers on the lines.

7. **Allow** group members to share what they wrote. **Ask:** *How do you think somebody would react if you expressed your feelings like this? How you think you would feel if you expressed yourself in this way?*

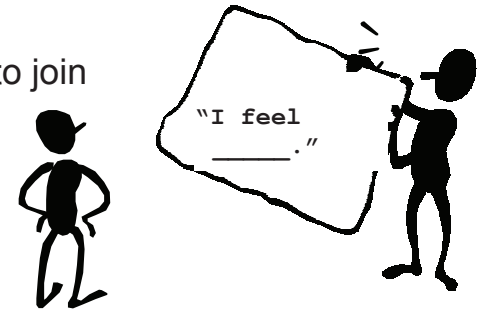
Assertiveness means being able to express positive or negative feelings and/or thoughts calmly, honestly, and respectfully to another person. This includes saying clearly when you do not want to do something. Expressing how you feel begins with "I statements."

"I feel …."

I feel hurt when you yell at me.

I feel sad when you don't invite me to join you.

I feel angry when you don't answer me.

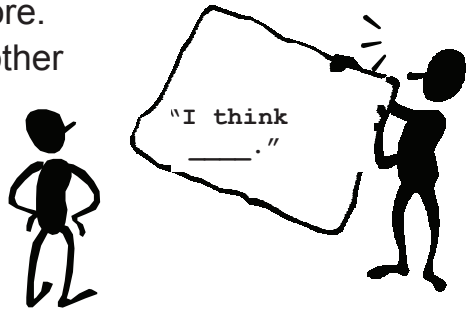


"I think …."

I think we need to talk things out more.

I think we need to spend time with other people.

I think you have blamed me for something I didn't do.



Some of the same steps you used when making a request apply here, too. For example:

1. Decide what you are feeling or thinking.

2. Decide who you want to express yourself to.

3. Decide if there is something you need as a result of your feelings or thoughts. The other person may not agree with your way of thinking or understand your feelings. Decide ahead of time if there is something you want to ask for. Ask for what you need in a way that is clear and direct.

4. Acknowledge the person. For example, be ready to say: "Thank you."

Give It a Try: Express Your Feelings and Thoughts

Imagine a situation where you express how you feel or think to another person. You might choose to imagine talking with a person who you are having problems dealing with. If you can't imagine what you would say, it might help to imagine that you are in a movie. What words would you say?

_____

_____

_____

How do you think the person would react?

How do you think you would feel if you expressed yourself in this way?



KEY MESSAGES

LEADER TIPS

Time: 5 minutes

Group Member's Workbook: Page 67

1. **Review** the key messages.

2. **Ask** the group if they have any questions or comments.

- You can choose to communicate with others in a way that improves your relationships and your mood.



- Active listening is an important part of communication.

- By asking for what you want and expressing your feelings assertively, you can improve your relationships with others and your mood.



PRACTICE

LEADER TIPS

Time: 10 minutes

Group Member's Workbook: Page 67

Quick Mood Scale

1. Remind group members that the Quick Mood Scale now includes a place at the bottom to track the number of positive and negative contacts you have with others each day.

2. **Go over** # 2 and #3.

3. **Ask** the group if they have questions about their practice.

1. Track your mood using the mood scale. Continue tracking your mood and the number of helpful and harmful people contacts you have each day.

2. Plan to get together with a supportive person this week. Practice active listening so that you can be supportive too.

3. Decide when and with whom you would like to:

- Make a request assertively.
- Express your feelings and thoughts assertively.

4. Carry out your plan before the next session, and fill out the two "Give it a Try" reports that follow the Quick Mood Scale.

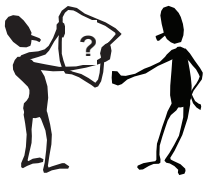
QUICK MOOD SCALE

Instructions

- Fill in the days of the week across the top of the scale. For example, if you start rating your moods for the week on a Wednesday, write "Wednesday" (or "W") on the first line, "Thursday" (or "Th") on the second line, etc. You can also write down the date (4/15, 4/16, etc.) if you want to keep track of how you are improving from week to week.
- Keep the scale beside your bed. Before you go to bed, think about your mood for the day and circle a number that matches your mood.
- Try to use all the numbers, not just 1, 5, or 9.
- There is no right answer. Only you know how you have felt each day.
- If you want to track your mood over a period of time longer than a week, write down the number rating for your daily moods on a calendar.
- Try to remember how many positive contacts with people you have each day. Also count the number of negative contacts you have each day. Write the numbers at the bottom of each column.

Day of the Week	_____	_____	_____	_____	_____	_____	_____
Best mood	**9**	**9**	**9**	**9**	**9**	**9**	**9**
	8	**8**	**8**	**8**	**8**	**8**	**8**
	7	**7**	**7**	**7**	**7**	**7**	**7**
	6	**6**	**6**	**6**	**6**	**6**	**6**
OK/average mood	**5**	**5**	**5**	**5**	**5**	**5**	**5**
	4	**4**	**4**	**4**	**4**	**4**	**4**
	3	**3**	**3**	**3**	**3**	**3**	**3**
	2	**2**	**2**	**2**	**2**	**2**	**2**
Worst mood	**1**	**1**	**1**	**1**	**1**	**1**	**1**
How many helpful interactions with people did you have?							
How many harmful interactions with people did you have?							

Give It a Try: Make a Request



Before

Think of something you want or need. What do you want to ask for?

_____

Who will you ask (friend, family member, doctor)?

_____

What words will you use to ask for what you want or need in a way that is clear and direct? What tone of voice will you use? Don't forget to tell the other person how it would make you feel if they did what you asked of them.

_____

_____

_____

After

How did it go? How did the person react? How did it feel to make a request assertively?

_____

_____

Give It a Try: Express Your Feelings and Thoughts



Before

Imagine a situation where you express how you feel or think to another person. You might choose to imagine talking with the person who you are having problems dealing with. If you can't imagine what you would say, it might help to imagine that you are in a movie. What words would you say?

_____

_____

_____

How do you think the person would react?

_____

After

How did it go? How did the person react? How did it feel to express yourself assertively?

_____

_____



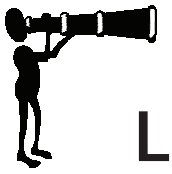
Feedback

Leader Tips

Time: 2 minutes
Group Member's Workbook: Page 71

Encourage group members to comment on today's session.

- What was helpful about today's session?
- What was less helpful?
- What suggestions do you have to improve your therapy?



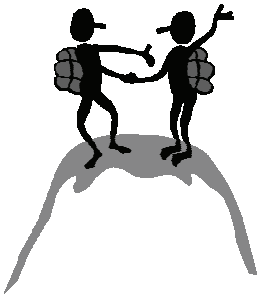
LOOKING AHEAD

LEADER TIPS

Time: 1 minute
Group Member's Workbook: Page 71

Give group members a preview of the next session.

In the next session of the People module, we will talk about obstacles to making changes in relationships. We also will review the People module.



GROUP LEADER SELF- EVALUATION FORM: PEOPLE, SESSION 3

Instructions

Taught/Done: Were you able to cover the material? If you didn't do this in this session but you do it later, when it is done write in the date you covered it.

Difficult to Teach: How hard was it to teach this part of the session? If it was neither easy nor hard, you can write "medium."

	Taught/Done? (Yes/No)	**How Difficult Was It to Lead This Part of the Session? (Easy/Hard)**
Welcome	_____	_____
Purpose and Outline	_____	_____
Announcements	_____	_____
How Have You Been Feeling?	_____	_____
Review		
Practice	_____	_____
Last Session	_____	_____
New Topic: Communication Skills for Building Better Relationships and Improving Your Mood		
Listening Well	_____	_____
What Is Your Communication Style?	_____	_____
Three Basic Communication Styles	_____	_____
Making Requests Assertively	_____	_____
Expressing Your Feelings and Thoughts Assertively	_____	_____
Key Messages	_____	_____
Practice	_____	_____
Feedback	_____	_____
Looking Ahead	_____	_____

SESSION 4: USING YOUR NEW SKILLS TO IMPROVE YOUR RELATIONSHIPS AND YOUR MOOD

Leader Tips

Materials Needed

Group Member's Workbook ("People Interactions and Your Mood")—a few copies to loan in case some group members forget to bring their workbooks

Pens—enough for everyone in the group

Dry erase board, chalkboard, or large sheets of paper to present material to group

Certificates of Achievement for graduating group members

Kleenex or other facial tissue

Group Leaders' Goals

- Identify obstacles to assertive communication.
- Explore rules and assumptions about relationships that positively or negatively impact relationships and mood.
- Reinforce the idea the group members can choose to make changes in relationships by:
  - Balancing relationships.
  - Using a communication style that is more assertive.
  - Examining and changing the rules that guide relationships.

Leader Tips

Welcome Group Members

As group members arrive, greet them by name. Ask them informally how their practice went.

Purpose and Outline
Group Member's Workbook: Page 73

Introduce the Purpose and Outline.

PURPOSE

- Identify obstacles that keep you from improving your relationships with others.
- Learn strategies for overcoming obstacles.
- Discuss the fact that you can choose how you relate to others. Some choices are better than others at improving relationships and your mood.

OUTLINE

I. Announcements

II. Review

III. New Topic: Getting Around Obstacles So You Can Use Your New Skills

   A. Fear
   B. Feeling That You Don't Have the Right to Be Assertive
   C. Old Habits in the Form of Relationship Rules

IV. Key Messages

V. Practice

VI. Feedback

VII. Review of Module: People Interactions and Your Mood

VIII. Goodbye to Graduating Group Members

IX. Looking Ahead to the Next Module



ANNOUNCEMENTS

LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 74

1. If any members of your group will have completed all four modules at the end of this session, they will be "graduating" from CBT. Tell the group who these graduates are and say *"congratulations."*

2. **Say:** *At the end of this session, we will be talking more with these group members to find out how they are feeling and what their plans are for the future.*

The group leader will make any announcements that might be necessary.

Is there anything you need to let the leaders know about?

Review

Leader Tips

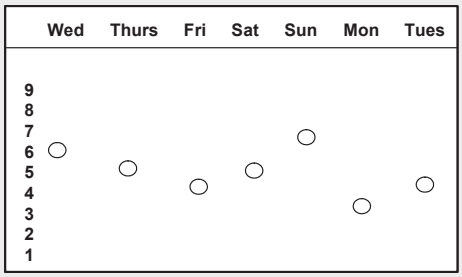
Time: 15 minutes
Group Member's Workbook: Page 74

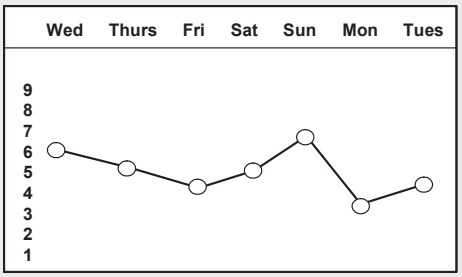
Quick Mood Scale

Ask group members about how they did tracking their moods on their Quick Mood Scales. Make a graph based on one group member's Quick Mood Scale.

1. Start the graph with the day of the week the group meets. If your group meets on a Wednesday, write "Wednesday" or "Wed"" in the first space at the top of the graph.

2. Ask for a volunteer from the group to share the numbers on his or her Quick Mood Scale. Make a graph on the board like the example below. If the group member's mood was a 6 on the first day, mark a dot at 6 below "Wed."





3. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

4. Say: *What did you notice about your mood during the past week? What kinds of interactions with people did you have on the day that your mood was the lowest? What kinds of interactions with people did you have on the day that your mood was the highest?* Help group members to notice the connection between having more healthy interactions with people and improved mood.

Get Together with a Supportive Person—Practice Active Listening

5. Ask: *Does anybody want to report to us about their active listening? Was it difficult? How did it feel?*

Practice Making a Request and Expressing Your Feelings and Thoughts Assertively

6. Say: *Who would like to describe what you did? Did you use "I" statements? How did it feel to be assertive?*

Practice

Your practice from last session was:

1. Track your mood using the Quick Mood Scale. Continue tracking your mood and the number of helpful and harmful people contacts you have each day.

2. Plan to get together with a supportive person this week. Practice active listening so that you can be supportive, too.

3. Decide when and with whom you would like to:

- Make a request assertively.
- Express your feelings and thoughts assertively.

4. Carry out your plan before the next session, and fill out the two "Give it a Try" reports that follow the Quick Mood Scale.

How did your practice go?

How did the listener respond when you did active listening?

Was there a time when you were assertive?

What may have happened if you had not been assertive?

What were your thoughts and feelings about yourself or the situation after you were assertive?

Last Session

Leader Tips

Time: 10 minutes

Group Member's Workbook: Page 75

1. It may be difficult for group members to remember what you talked about in the last session. Use this time to remind them of the key messages, and to help them understand how today's lesson follows.

2. **Review** the key messages from the last session.

What do you remember most from last week?

Key messages from last session were:



- You can choose to communicate with others in a way that improves your relationships and your mood.
- Active listening is an important part of communication.
- By asking for what you want and expressing your feelings assertively, you can improve your relationships with others and your mood.

NEW TOPIC: GETTING AROUND OBSTACLES SO YOU CAN USE YOUR NEW SKILLS

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 76

1. **Introduce** the ideas in the text.

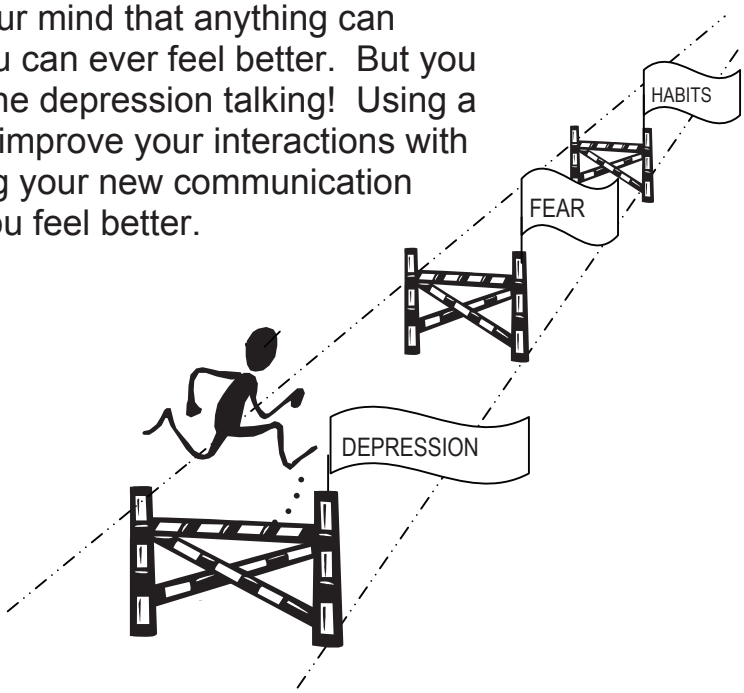
2. **Say:** *We have talked about some new communication skills that will help you improve your relationships and your mood. You are probably ready to try them out. Before we end the People Interactions module, let's talk about what may get in the way of your communicating in open and assertive ways. To begin with, who here admits that at times they don't say what they are feeling or thinking even though they may want to?*

3. **Say:** *We all have times when we don't say what is on our minds. We often have a lot of excuses for not doing so. Sometimes the excuses are really good. In some cases it might not be the right time to share our thoughts, feelings, or desires, but sometimes we fall into a non-speaking trap. Let's talk about some of the things that might prevent us from speaking our mind when it's a good idea for us to do so.*

4. **Brainstorm** with the group some of the things that might keep them from being assertive and speaking their mind. **Write** their answers on the board.

5. After you have brainstormed with the group, **discuss** each obstacle, clearly defining what thought or thoughts are linked to the obstacle, obtaining opinions from different group members, and talking about how to overcome the obstacle.

We have talked about how depression affects your relationships with other people. You might feel like being alone, or hesitant to interact with others. Depression also robs you of energy and plants doubt in your mind that anything can change or that you can ever feel better. But you know that this is the depression talking! Using a variety of skills to improve your interactions with people— including your new communication skills—will help you feel better.



You may find that other obstacles get in the way also. In this session, we will help you understand those obstacles and figure out how to get around them so that you can begin using all your new skills to improve your people interactions and your mood.

Other obstacles include:

- Fear
- Feeling that you don't have the right to be assertive
- Old habits in the form of "relationship rules"



Fear

Leader Tips

Time: 15 minutes
Group Member's Workbook: Page 77

1. Explore with participants the roadblocks to being assertive. Questions to stimulate discussion are listed below.

- *Does assertiveness mean danger for you? Are you afraid to state your feelings or thoughts?*
- *What do you fear will happen if you are assertive?*
- *Does either of these statements describe how you feel about being assertive?*
  - "If I'm assertive, then I'll be rejected."
  - "If I speak up for myself, then I'll be humiliated or hit."
- *Do you feel like your disagreements cannot be resolved?*

2. Introduce the text.

3. Say: *Many people don't behave assertively because they fear that something bad will happen to them. Fear of rejection, fear of failure, fear of making a fool of yourself. If your fears are unrealistic or catastrophic, it is important to replace those fearful thoughts with more realistic ones. When you think of being assertive but then you don't do it, what do you suppose you are thinking? What do you think might happen if you do it? . . . . what do you fear?*

4. Begin a discussion about specific thoughts people may have that prevent them from speaking their mind.

Create a table on the board like the one in the workbooks. As the group discusses, fill in the table.

5. Complete the table as a group. Have participants identify a situation where assertiveness would normally be a problem. If possible, have them identify a specific situation, one that happened last week. Then encourage group members to discuss their responses.

We often have fears or beliefs that may keep us from speaking our mind and being assertive.

Are you reluctant to "rock the boat"? Sometimes it feels easier in the short term to let everything go on in the same way that it has before.

- You don't want to create a conflict.
- People depend on you to be the problem solver, so you don't want to create a problem.
- You feel that if you say no, you will not be loved or liked.

Does assertiveness mean danger for you? "Danger" can be:

- Fear of having your feelings hurt. You might think, "If I'm assertive, and tell someone what I think, then I'll be rejected."
- Emotional or physical danger. You might think, "If I speak up for myself, I'll be humiliated or hit."

Fighting your fears

1. In the first column in the table below, describe a specific situation where you have problems being assertive and speaking your mind.

2. In the second column, describe what bad things could happen if you took a chance on assertiveness.

3. In the third column, describe what good things could happen if you are assertive.

Fighting Your Fears:
What Will Happen If You Are Assertive?

Situation	Bad things that could happen if you are assertive	Good things that could happen if you are assertive

Questions to think about:



- How would you normally act in the situation (passively or aggressively)?
- What thought or fear keeps you from speaking your mind?
- What change would you like to make? Fear of change can imprison us in an unhealthy daily life. By clearly imagining a more healthy life, we can make changes that can make our lives better.



Feeling That You Don't Have the Right to Be Assertive

Leader Tips

Time: 5 minutes

Group Member's Workbook: Page 79

1. **Say:** *Another obstacle to being assertive can be that you consciously or unconsciously feel like you don't have the right to be assertive. Do you think you have the right to express your feelings, wishes, thoughts, and opinions? Check the yes box or the no box in question #1 in your workbook.*

2. **Explore** with the group **why** they might think they don't have the right.

3. **Go over** the other questions and read aloud the "My Rights" box.

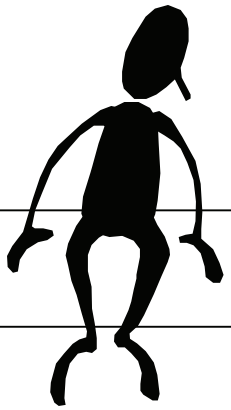
Do you think you have a right to be assertive—to express your feelings, wishes, thoughts, and opinions?

☐ **Yes.**

☐ **No.** If no, why not?

_____

_____



My Rights

1. I have the right to let others know my feelings as long as I do it in a way that is respectful of their feelings.

2. I have the right to let others know my thoughts and opinions as long as I do it in a way that is respectful of their thoughts and opinions.

3. I have the right to request that others change their behavior when their behavior affects me.

4. I have the right to accept or reject anything that others say to me.

5. I have the right to decide whether or not I will do what others ask of me.

You have the right to feel safe!

Tell your group leaders if you are in a relationship in which you are afraid you may be hurt physically. You can get help and support. There are services that specialize in helping people who are in relationships where there is domestic violence.



Old Habits in the Form of Relationship Rules

Leader Tips

Time: 25 minutes (The following material and the material that begins on page 84 in the Group Member's Workbook should be covered in 25 minutes all together. See Group Leader's Manual page 123 for additional Leader Tips.)

Group Member's Workbook: Page 81

1. Say: *Now let's talk about how you might not be assertive because that is just not the way you are used to being. You may have set up rules in the back of your mind regarding how to behave in relationships. Sometimes being assertive is incompatible with the rules you have. Relationship rules can be harmful or helpful. Here are some examples of relationship rules.*

2. Introduce the examples of relationship rules in the text.

3. Say: *You might wonder why we make up rules in the first place, especially when you look at them and see how they affect you. You might think things like "that may not be a good rule to have. Why am I using it?" or "I must be stupid to have such a rule." It's important to know that the rules probably made a lot of sense at one point in your life and helped you to be safe and survive.*

4. Read aloud or go over the text (including the picture and the dance metaphor). Stop when you get to "What rules do you go by when you interact with others?"

5. Ask: *Can you think of some rules you have for relationships?*

Write down some of the group members' relationship rules on the board. Lead a group discussion about how these rules might affect:

- Whether you are able to express thoughts and feelings openly and assertively to others.
- The way that you behave with others.

People often have rules about relationships that guide the way that they interact with others. Some rules are helpful, some rules are rigid.

Examples of Relationship Rules

Harmful rules

"My feelings come last."

"If I make a mistake, then I am bad."

"You can't trust anyone."

"I have to be responsible for everything."

"People always disappoint you."

Helpful rules

"All people have great value, including me."

"Do not abuse or victimize others, and don't let yourself be abused or victimized, either."

"Avoid cruel people."

"You cannot control or be responsible for what other people do or say, only for what you do or say."

"People don't have to be perfect to be loved, including me."

"Notice and show appreciation to people who are helpful and kind."

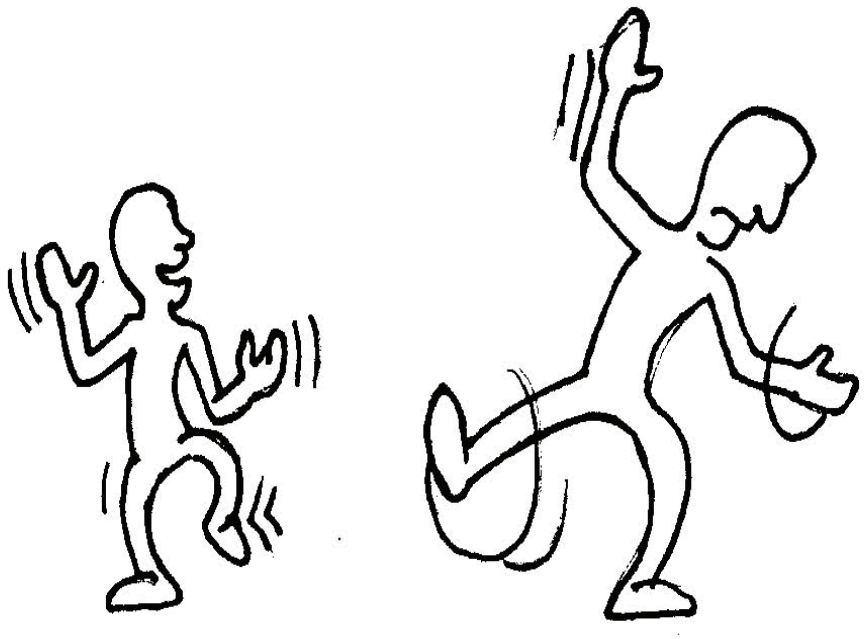
"Treating people with respect and kindness is always appropriate, even if they don't deserve it. And that includes me."

Where do relationship rules come from?

We develop relationship rules when we are children. They come from:

- Our environment
- Our families
- Our experiences
- The way people treat us

Many rules make sense, and when we are young they help us. When we grow older, our environment changes and we have more control over our lives and the types of people who are in our lives. The rules we developed as children may not be useful to us and may even keep us trapped in old roles.



Another way to think about relationship rules

Being in a relationship is like dancing. When we are young, we learn to do one kind of dance. We continue to do that dance as we grow older. But as the music begins to change, our dance may not work as well. We may need to learn some new steps or a brand new style of dancing. Learning new steps is hard at first, but it gets easier with practice!

What rules do you go by when you interact with others? Write two of your rules on the lines. They could be harmful or helpful rules.

Relationship rule #1

_____

_____

Relationship rule #2

_____

_____

Questions to think about:

- Where did your relationship rules come from? What things in your life made you create these rules?
- How have these rules helped you? How have they not helped you?
- How is your life different now from when you first learned your relationship rules?
- Do these rules affect whether you believe you can express your thoughts and feelings to others?



Leader Tips

(continued from page 119)

How Can You Change Your Rules?
Time: This material should be covered as part of the 25-minute period estimated on page 119.
Group Member's Workbook: Page 84

1. Say: *Now we're going to see how you might make changes in your rules to improve your relationships and your mood. Relationship rules create your social environment and how you act with other people. But you can decide which rules are good for you and which are not.*

2. Say: *Many relationship rules are unbalanced and inflexible. They use extreme words like always, never, everything, everybody, and nobody. You may not have to change your rules completely—just make them more balanced and flexible.*

Go over the text about balance.

3. Say: *Many of us have rules about not saying no or setting limits with other people. But there may be times when you need to set limits in order to reduce the amount of negative contact you have with others.*

One way to change a relationship rule like "Never say no" is to anticipate the situations where you might find it hard to say no, and plan ahead what you will think and feel and say and do in those situations. So another way to change your relationship rules is to plan how you want to be with people.

Discuss the text about planning how you want to be with others.

4. Use the table to help group members understand how they can change a relationship rule.

5. When a group member insists on retaining a belief held since childhood, and it appears that belief contributes to the group member's depression, the group leader can gently dispute the belief with the following questions:

- *While this rule was true for you as a child, do these conditions continue to exist for you as an adult?*
- *How does this assumption interfere with improving your mood?*
- *If this relationship rule is "true," then how will you continue to feel?*

6. Discuss with group members the importance of processing how making a conscious change felt after they do it. After being with others they might:

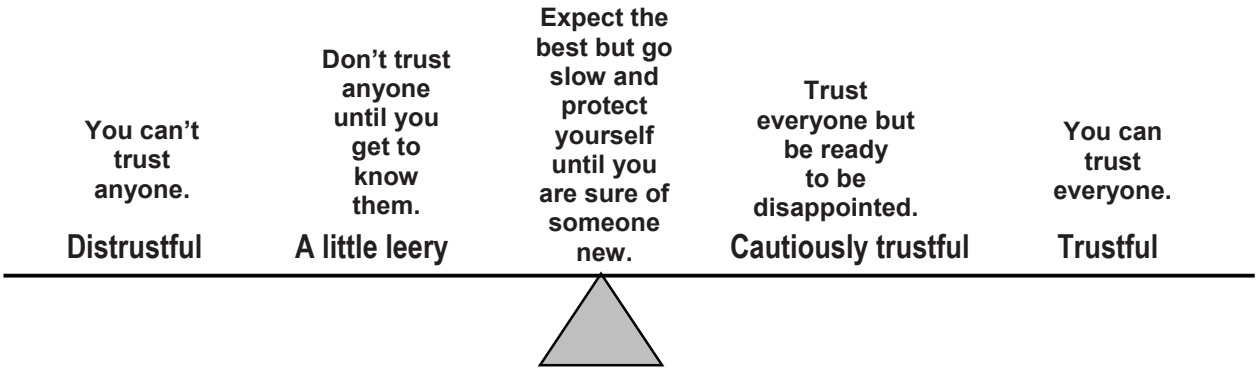
- Think about the feelings they had when they were with people.
- Identify what happened that made them feel good and what happened that made them feel bad.
- Try to learn from the experience and use what they have learned in the future.

How Can You Change Your Rules to Fit Your Life as It Is Now?

You are in control of your rules! You can change your rules and plan how you want to act with other people to improve your relationships and your mood. Here are two helpful tips.

1. Look for balance. Try making your rules more balanced. For example, many of us make rules about trust. If you distrust everyone and isolate yourself, your mood will be affected. So "You can't trust anyone" will not help your relationships or your mood.

Which rule might be a balanced rule that would improve your mood?



2. Plan ahead how you want to act with others. After you know what rules don't work for you, you can toss them aside and make a conscious choice about how you would like to be with others in a social situation.

For example, if one of your old rules was "I should always try to say yes and not disappoint anybody," you may have discovered that giving to others can feel good, but always saying "Yes" leaves you feeling drained and bad. Try making a new rule that is more balanced.

- What is between always giving and always taking?
- What is between always saying yes and never saying yes?
- What thoughts do you want to have?
- How do you want to act?
- Is there any way that you can set up situations to make it easier for you to use your new rule instead of your old rule?

Relationship Rules

Try examining and changing one of your relationship rules on the following table.

Old Rule (Thought) **Your "old" relationship rule**	**Old Behavior** **How did you act with others with this old rule?**	**Feeling with Old Rule** **How did you feel with this old relationship rule?"**	**New Rule (Thought)** **What might be a "new" relationship rule?**	**Change in Feeling?** **How might you feel with this new relationship rule?**
"Others' feelings come first."	Never say no	Angry	"My feelings can come first sometimes."	Happy, relaxed
Your examples:				



KEY MESSAGES

LEADER TIPS

Time: 5 minutes

Group Member's Workbook: Page 86

1. **Go over** the key messages.

2. **Ask** group members if they have questions or comments.

- You can overcome the obstacles that get in the way of helpful people interactions.
- You have a right to express your thoughts and feelings.
- You can choose how you want to think and act with others to improve your relationships and your mood.



PRACTICE

LEADER TIPS

Time: 10 minutes

Group Member's Workbook: Page 86

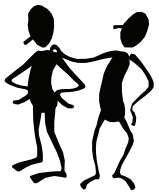
1. **Introduce** the practice activities and **ask** group members if they have any questions.

1. Track your mood and your people interactions using the Quick Mood Scale. Keep track of how many helpful and harmful interactions you have with people.

2. Get together with a supportive person.

3. Decide when and with whom you would like to be assertive in the future and then try being assertive with them.

My Commitment



I will get together with this supportive person in the next week.

_____



I will be assertive with this person in the next week.

_____

_____

Your Signature

QUICK MOOD SCALE

Instructions

- Fill in the days of the week across the top of the scale. For example, if you start rating your moods for the week on a Wednesday, write “Wednesday” (or “W”) on the first line, “Thursday” (or “Th”) on the second line, etc. You can also write down the date (4/15, 4/16, etc.) if you want to keep track of how you are improving from week to week.
- Keep the scale beside your bed. Before you go to bed, think about your mood for the day and circle a number that matches your mood.
- Try to use all the numbers, not just 1, 5, or 9.
- There is no right answer. Only you know how you have felt each day.
- If you want to track your mood over a period of time longer than a week, write down the number rating for your daily moods on a calendar.
- Try to remember how many positive and negative contacts with people you have each day. Write the numbers at the bottom of each column.

Day of the Week	_____	_____	_____	_____	_____	_____	_____
Best mood	**9**	**9**	**9**	**9**	**9**	**9**	**9**
	8	**8**	**8**	**8**	**8**	**8**	**8**
	7	**7**	**7**	**7**	**7**	**7**	**7**
	6	**6**	**6**	**6**	**6**	**6**	**6**
OK/average mood	**5**	**5**	**5**	**5**	**5**	**5**	**5**
	4	**4**	**4**	**4**	**4**	**4**	**4**
	3	**3**	**3**	**3**	**3**	**3**	**3**
	2	**2**	**2**	**2**	**2**	**2**	**2**
Worst mood	**1**	**1**	**1**	**1**	**1**	**1**	**1**
How many helpful interactions with people did you have?							
How many harmful interactions with people did you have?							



Feedback

Leader Tips

Time: 2 minutes
Group Member's Workbook: Page 89

Encourage group members to comment on today's session and on the People Interactions module.

- What was helpful about today's session?
- What was less helpful?
- What will you remember from the People module?

REVIEW OF MODULE: "PEOPLE INTERACTIONS AND YOUR MOOD"

LEADER TIPS

Time: 10 minutes

Group Member's Workbook: Page 89

As this is the last session of the module, spend time reviewing material from the past four sessions. Ask the questions below to stimulate discussion.

Over the past four sessions, we have been focusing on relationships with others and making changes in specific problem areas.

- What did you learn about relationships or relationship problems that was most helpful, in terms of improving your mood?
- What did you find less helpful?
- What message or ideas will you take away from this module?

The key messages from the People module are:

Session 1: Your People Interactions and Mood Are Connected

- Helpful interactions with people can make your mood better.
- You can choose to spend time with people who have a positive effect on your mood.
- You can build a balanced social support network that includes:
  - People who give you practical support, advice, emotional support, and companionship.
  - People who you support.

Session 2: What Gets in the Way of Good Relationships?

- You can mourn your losses and feel better by reaching out for support and doing activities.
- You can adjust to the loss of an old role by looking for opportunities offered by your new role.
- One way to approach disagreements with others is to understand that a problem is outside of both of you rather than part of one of you, and look for solutions together.

Session 3: Good Communication Is Key to Improving Your Relationships and Mood

- You can choose to communicate with others in a way that improves your relationships and your mood.
- Active listening is an important part of communication.
- By asking for what you want and expressing your feelings assertively, you can improve your relationships with others and your mood.

Session 4: Using Your New Skills to Improve Your Relationships and Your Mood

- You can overcome the obstacles that get in the way of helpful people interactions.
- You have a right to express your thoughts and feelings.
- You can choose how you want to think and act with others to improve your relationships and your mood.



GOODBYE TO GRADUATING GROUP MEMBERS

LEADER TIPS

Time: 20 minutes
Group Member's Workbook: Page 92

Leader goals:

- Reinforce the work the group members have done and the changes they have made.
- Help the group members develop a specific plan for what they will do if they become depressed again. Focus on what they can try on their own, but remind them that it is ok to seek treatment again.

1. It is important to talk with group members who have completed all the CBT modules and who will be leaving the group. If nobody in your group is graduating, skip this section.

2. Say: *As you know, some members of the group have finished CBT and will be leaving the group. Our graduates are* _____ (say their names).

3. Look at the graduates and say: *How do you feel about leaving?* Give them a few minutes to respond.

4. Discuss the questions listed.

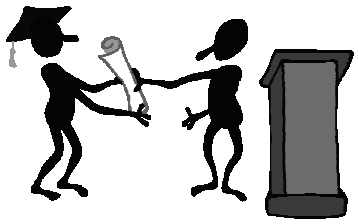
5. Say: *Would other group members like to share what they have noticed about changes these group members have made or what you appreciated about having them in the group?*

6. Say something specific to each group member who is leaving. (Think about what you want to say ahead of time.) Be direct about the group member's contribution to the group and the changes you have seen the group member make.

7. Present certificates of achievement to the graduating group members. (You can photocopy the sample certificate from the group leader's introduction. See the section called "Supplies You Will Need.")

If you have completed all the modules in CBT, you are now a CBT graduate.

CONGRATULATIONS!



Since you are leaving the group, you might want to talk about the following.

1. What have you learned that you think will help you feel better?

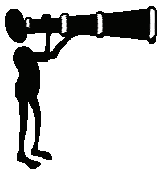
2. What have you learned that will help you reach some of your goals?

3. How will you get support in your everyday life when you are no longer coming to group meetings?

4. What will you do the next time you feel depressed?

5. What will you do the next time you feel like using?

If you still feel depressed, tell your group leader, and he or she will help you get further treatment.



LOOKING AHEAD TO THE NEXT MODULE

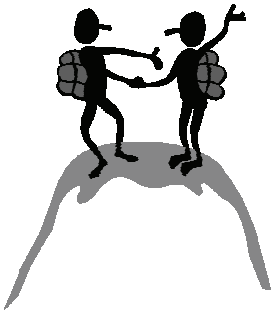
LEADER TIPS

Time: 1 minute

Group Member's Workbook: Page 93

Say: *Next week we will begin another module in CBT. In the new module you will see that substance abuse can make your depression worse, and that depression can make you more likely to use.*

The next module is called "Substance Abuse and Your Mood." We will discuss the connection between substance abuse and depression.



GROUP LEADER SELF- EVALUATION FORM: PEOPLE, SESSION 4

Instructions

Taught/Done: Were you able to cover the material? If you didn't do this in this session but you do it later, when it is done write in the date you covered it.

Difficult to Teach: How hard was it to teach this part of the session? If it was neither easy nor hard, you can write "medium."

	Taught/Done? (Yes/No)	**How Difficult Was It to Lead This Part of the Session? (Easy/Hard)**
Welcome	_____	_____
Purpose and Outline	_____	_____
Announcements	_____	_____
Review		
Practice	_____	_____
Last Session	_____	_____
New Topic: Getting Around Obstacles So You Can Use Your New Skills		
Fear	_____	_____
Feeling That You Don't Have the Right to Be Assertive	_____	_____
Old Habits in the Form of Relationship Rules	_____	_____
Key Messages	_____	_____
Practice	_____	_____
Feedback	_____	_____
Review of Module	_____	_____
Goodbye to Graduating Group Members	_____	_____
Looking Ahead to Next Module	_____	_____

RESOURCES FOR GROUP MEMBERS

ORGANIZATIONS THAT PROVIDE HELP FOR DEPRESSION AND SUBSTANCE ABUSE

Alcoholics Anonymous (AA)
1-800-923-9722

Depression and Bipolar Support Alliance (DBSA)
1-800-826-3632
www.dbsalliance.org

Narcotics Anonymous (NA)
www.na.org

National Alliance for the Mentally Ill (NAMI)
1-800-950-6264
www.nami.org

Project Return (wellness and support for people with mental illness)

Recovery Inc. (self-help program for mental health)
1-312-337-5661
www.recovery-inc.org

BOOKS AND VIDEOTAPES ABOUT DEPRESSION AND SUBSTANCE ABUSE

Control Your Depression
Authors: Peter M. Lewinsohn, Ricardo F. Muñoz, Mary A. Youngren, and Antonette M. Zeiss.
Published by Fireside Books, New York, New York, 1992.

Coping with Depression **(videotape)**
Author: Mary Ellen Copeland
Published by New Harbinger Publications, Inc., Oakland, California, 1994.

Feeling Good: The New Mood Therapy
Author: David D. Burns
Published by William Morrow, New York, New York, 1980.

The Loneliness Workbook: A Guide to Developing and Maintaining Lasting Connections
Author: Mary Ellen Copeland.
Published by New Harbinger Publications, Inc., Oakland, California, 2000.

Mind Over Mood: Change How You Feel by Changing the Way You Think
Authors: Dennis Greenberger and Christine A. Padesky.
Published by Guilford Press, New York, New York, 1995.

GROUP LEADER'S MANUAL

Building Recovery by Improving Goals, Habits, and Thoughts

A Group Cognitive Behavioral Therapy for Depression in Clients with Co-Occurring Alcohol and Drug Use Problems

Substance Abuse and Your Mood



RAND HEALTH

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This is your book to keep. Feel free to write in it.

This workbook belongs to:

_____

(Name)

_____

(Date)

TABLE OF CONTENTS

SESSION 1: DEPRESSION AND SUBSTANCE ABUSE 1

PURPOSE 3

OUTLINE 3

GROUP RULES 4

ANNOUNCEMENTS 6

INTRODUCTIONS 7

WHAT IS DEPRESSION? 9

WHAT IS COGNITIVE BEHAVIORAL THERAPY? 12

HOW DOES CBT TREAT DEPRESSION? 16

HOW HAVE YOU BEEN FEELING? 19

REVIEW 20
- PRACTICE 20
- LAST MODULE 21

NEW TOPIC: YOUR MOOD AND SUBSTANCE ABUSE ARE CONNECTED 24
- HOW DOES YOUR MOOD AFFECT YOUR USE OF DRUGS OR ALCOHOL? 24
- HOW DOES USING DRUGS OR ALCOHOL AFFECT YOUR MOOD? 28
- NOTICE YOUR THOUGHTS 31

KEY MESSAGES 32

PRACTICE 33

FEEDBACK 35

LOOKING AHEAD 36

GROUP LEADER SELF-EVALUATION FORM: SUBSTANCE ABUSE, SESSION 1 37

SESSION 2: THOUGHTS, MOOD, AND SUBSTANCE ABUSE 39

PURPOSE 40

OUTLINE 41

ANNOUNCEMENTS 41

REVIEW 42
PRACTICE 43
LAST SESSION 44

NEW TOPIC: YOUR THOUGHTS, MOOD, AND SUBSTANCE ABUSE ARE CONNECTED 45
~ THE SERENITY PRAYER ~ 45
YOUR THOUGHTS HAVE POWER 46
HARMFUL THOUGHTS CAN LEAD TO DEPRESSION AND SUBSTANCE ABUSE 47
HELPFUL THOUGHTS CAN IMPROVE YOUR MOOD AND SUPPORT YOUR RECOVERY 50
REPLACE HARMFUL THOUGHTS WITH HELPFUL THOUGHTS 53
CATCH IT, CHECK IT, CHANGE IT: THREE STEPS TO NOTICE AND CHANGE YOUR HARMFUL THOUGHTS 55

KEY MESSAGES 60

PRACTICE 61

FEEDBACK 69

LOOKING AHEAD 70

GROUP LEADER SELF-EVALUATION FORM: SUBSTANCE ABUSE, SESSION 2 71

SESSION 3: ACTIVITIES, MOOD, AND SUBSTANCE ABUSE 73

PURPOSE 74

OUTLINE 75

ANNOUNCEMENTS 75

HOW HAVE YOU BEEN FEELING? 76

REVIEW 77
PRACTICE 78
LAST SESSION 78

NEW TOPIC: YOUR ACTIVITIES, MOOD, AND SUBSTANCE ABUSE ARE CONNECTED 79
STAYING ACTIVE HELPS YOU FEEL HAPPIER AND SUPPORTS YOUR RECOVERY 79
HARMFUL ACTIVITIES TO AVOID 81
HELPFUL ACTIVITIES YOU COULD DO 82
HOW TO GET GOING AND DO HELPFUL ACTIVITIES 84
WHAT GETS IN THE WAY OF DOING HELPFUL ACTIVITIES? 86
PHYSICAL ACTIVITY IMPROVES YOUR MOOD AND SUPPORTS YOUR RECOVERY 88
TIPS TO IMPROVE YOUR SLEEP 92

KEY MESSAGES 96

PRACTICE 97

FEEDBACK 100

LOOKING AHEAD 101

GROUP LEADER SELF-EVALUATION FORM: SUBSTANCE ABUSE, SESSION 3 102

SESSION 4: INTERACTIONS WITH PEOPLE, MOOD, AND SUBSTANCE ABUSE 103

PURPOSE 104

OUTLINE 105

ANNOUNCEMENTS 106

REVIEW 107
PRACTICE 107
LAST SESSION 108

NEW TOPIC: YOUR INTERACTIONS WITH PEOPLE, YOUR MOOD, AND SUBSTANCE ABUSE ARE CONNECTED 109
INTERACTIONS WITH PEOPLE HELP YOU FEEL HAPPIER AND SUPPORT YOUR RECOVERY 109
MEETING NEW PEOPLE 111
WHO WOULD YOU LIKE TO GET TO KNOW BETTER? 113
WHAT GETS IN THE WAY OF HELPFUL INTERACTIONS WITH PEOPLE? 115

KEY MESSAGES 117

PRACTICE 118

FEEDBACK 121

REVIEW OF MODULE: SUBSTANCE ABUSE AND YOUR MOOD 122

GOODBYE TO GRADUATING GROUP MEMBERS 126

LOOKING AHEAD 128

GROUP LEADER SELF-EVALUATION FORM: SUBSTANCE ABUSE, SESSION 4 129

RESOURCES FOR GROUP MEMBERS 130

ORGANIZATIONS THAT PROVIDE HELP FOR DEPRESSION AND SUBSTANCE ABUSE 130

BOOKS AND VIDEOTAPES ABOUT DEPRESSION AND SUBSTANCE ABUSE 131

SESSION 1: DEPRESSION AND SUBSTANCE ABUSE

Leader Tips

Materials Needed

- **Group Member's Workbooks** ("Substance Abuse and Your Mood")—enough for everyone in the group
- **Pens**—enough for everyone in the group
- **The PHQ-9 depression measure**—enough copies for everyone in the group
- **Dry erase board, chalkboard**, or large sheets of paper to present material to group
- **Kleenex** or other facial tissue

Group Leaders' Goals

- Make all group members feel welcome.
- Discuss group rules.
- Introduce yourselves and provide phone numbers.
- Begin to encourage group sharing and support by having group members introduce themselves.
- Help group members understand what depression is.
- Help group members understand CBT and how it can help depression.
- Remind group members of topics and skills introduced in the previous module (People Interactions and Your Mood).
- Discuss the connection between depression and substance abuse.

Leader Tips

Welcome Group Members

As group members arrive:

- Introduce yourself and invite group members to sit anywhere.
- Pass out the Group Member's Workbooks (Substance Abuse and Your Mood)
- Pass out the PHQ-9 depression measure. Ask group members to fill it out, put their names on it, and return it to you. Tell group members that you will talk more about it later.
- Scan the questionnaires quickly as you collect them. Notice any major changes in the severity of group members' depression symptoms, including thoughts of suicide. If a group member reports thoughts of suicide, follow the procedures that you have worked out with your supervisor in advance regarding how to handle these situations. Often this involves having one group leader meet privately with the client either during group or immediately following to further assess the client's risk of suicide or "handing off" the client to another clinician who will conduct this assessment. Consult with your supervisor immediately in the case of a client who is suicidal.

Begin the group:

- Welcome all group members. **Say:** *Welcome to the BRIGHT Group Cognitive Behavioral Therapy for Depression. This is the module called "Substance Abuse and Your Mood." We will talk more about Cognitive Behavioral Therapy in a few minutes.*
- **Say:** *Some of the group members have attended one or more previous modules and others are entering the group for the first time.*
- **Identify** members of the group who will be graduating (completing all four CBT modules) at the end of this module.
- **Say:** *Congratulations to everyone for being brave enough to come to the group.*
- **Say:** *Turn to the first page after the cover in your books and put your name and the date on the lines.*
- **Say:**
    - *The workbooks belong to you.*
    - *You will be writing in them.*
    - *You should bring your workbooks to every group meeting.*
    - *You will keep them when the group is over.*
- **Say:** *We will not take formal breaks, but you should feel free to get up and use the restroom whenever you need to.*

Purpose and Outline
Group Member's Workbook: Page 1

1. **Say:** *Every session begins with a few points about the purpose of the session and an outline of the session. We will go over these now.*
2. **Introduce** the Purpose and Outline.
3. **Ask:** *Does anybody have any questions so far?*

PURPOSE

- Learn about the connection between mood and substance abuse. (In this module, we use the term “substance abuse” to refer to all kinds of drug and alcohol addiction.)
- Recognize that the same kinds of thoughts and behaviors that can help you recover from depression may also help you recover from using drugs and alcohol.

OUTLINE

I. Welcome
II. Group Rules
III. Announcements
IV. Introductions
V. What Is Depression?
VI. What Is Cognitive Behavioral Therapy (CBT)?
VII. How Does CBT Treat Depression?
VIII. How Have You Been Feeling?
IX. Review
X. New Topic: Your Mood and Substance Abuse Are Connected
    A. How Does Your Mood Affect Your Use of Drugs or Alcohol?
    B. How Does Using Drugs or Alcohol Affect Your Mood?
    C. Notice Your Thoughts
XI. Key Messages
XII. Practice
XIII. Feedback
XIV. Looking Ahead

GROUP RULES

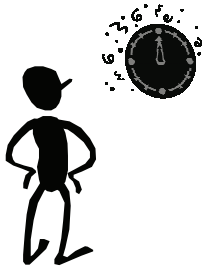
LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 3

1. Go over group rules before anyone discloses any personal information. Don't forget to talk about the exceptions to confidentiality (#3). Tell the group the name of your supervisor (#3). Ask if anybody in the group has questions or comments about any of the rules.

1. Come to every group meeting. If you can't make it, call us at this number:

(_____)_____-_____ (Contact number)



2. Come to group meetings on time.



3. Maintain the confidentiality of the group.
Please do not share what you hear in the group with anybody else. Likewise, group leaders will not repeat what you say. There are three exceptions.

First, your group leaders share information with each other and with the licensed mental health professional that is supervising the group.

Second, if group leaders hear something that makes them think your health or safety is in danger they will talk with your doctor or others.

Finally, by law, a group leader must report:

- If a child or dependent adult is being abused or neglected.
- If an older adult is being abused or neglected.
- If someone is in danger of hurting himself or herself or someone else.



4. Be respectful and supportive of others in the group. The group is based on respect for all people. If you have a problem with another group member and your feelings are getting in the way of your group therapy, discuss the problem with a group leader.

5. Find a balance between talking and listening. You and the other group members will get the most out of the group if everybody has a chance to talk about their thoughts, feelings, problems, and experiences.

Plus, in each session, the group leaders need time to introduce new ideas that will help everybody in the group. Unfortunately, the time allowed for each group session is limited. The group leaders will:

- Keep track of the time for each session.
- Gently remind you to give others a turn to talk.

***6. Know that you don't have to share everything*.**

7. Practice. Practicing on your own will help you learn how to use the skills you learn and make it more likely that you will get well.

***8. Tell us if you are unhappy with the group or your treatment*.**



ANNOUNCEMENTS

LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 4

1. Make announcements if there are any. Answer group members' questions right away if they relate to the way the group is run.

2. Time will not allow for group members to add big items to the agenda. However, each person should have a chance to talk about personal issues that add to his or her depression. Each person needs to feel that he or she has been heard and understood by the group. Many of the group members' concerns can be addressed in the work of the session. If necessary, arrange to talk with a group member individually after the session.

The group leader will make any announcements that might be necessary. For example, if the next session is scheduled on a day that is a holiday, the day of that session may be changed. During this time, you will have a chance to tell the group leader ahead of time if, for example, you need to be late for a session.

Is there anything you would like to let the leader know about?



INTRODUCTIONS

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 5

1. Give group members phone numbers where they can contact you.

- Write your names and the phone numbers on the board.
- Suggest that group members write the information in their workbooks where it will be easy to find.

2. Say: *Now we would like for everyone to get to know each other. You will have a chance to talk about your depression and substance abuse later during the sessions. For now, let's start the introductions with the subjects in your workbook.*

3. Introduce the text. Provide a model for the group members by introducing yourselves first. **Answer one or two questions** in the workbook.

- If some members begin to provide more information than necessary, gently remind them that they will have time to talk about other issues during the group. For now the focus is on introductions.
- It may be helpful to ask group members questions that result in short answers, such as, *"Where did you grow up?"*
- If members focus on their depression or their substance abuse when they describe themselves, stop them and remind them that the group wants to know who they are and what they are like apart from their depression or substance abuse. (It is very useful for them to present their "other" self to the group.)

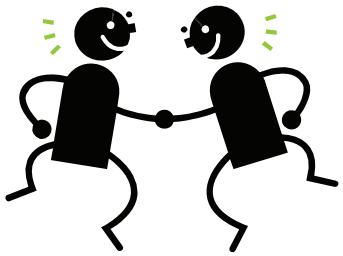
Group Leaders

Your group leaders are:

_____(_____)_____
(Name) (Contact number)

_____(_____)_____
(Name) (Contact number)

Group Members



You will be coming to group CBT with the group of people you are meeting in this session. Talking with them will be an important part of CBT.

Now group members will introduce themselves. We will be talking about your experiences with depression or substance abuse as the group progresses. At this time, we want to know a bit about you as an individual. Begin by telling the group your name, and then **choose one or two of the following** subjects to talk about:

- Where you grew up
- Your family
- What kind of work you have done
- Your main interests or hobbies
- Something about yourself that you think is special

What is depression?

Leader Tips

Time: 15 minutes
Group Member's Workbook: Page 6

No matter how different group members might be from each other, the information about depression allows them to see that they are not alone. They share common feelings and a common enemy—depression.

1. **Introduce** "Depression Is Common."
2. **Say:** *What is depression like for you?*
   - One group leader should write the symptoms named by the group on the board.
   - As group members mention a symptom, ask whether other group members have had similar concerns.
   - If some symptoms of depression are not mentioned by group members, add them to the list at the end. **Say:** *Everybody in this group has experienced symptoms of depression, and what we're trying to do is help you overcome these symptoms and feel better.*
3. **Introduce** "Depression Is," "The 9 Symptoms of Depression," and "Possible Triggers for Depression." **Ask:** *What was happening in your life when you got depressed?*
   - Take notes and use this information to understand the needs of group members and to plan the sessions to make them as helpful as possible. (You probably already know something about group members based on the contact you made with them before the group started.)
   - If any of the triggers for depression are not mentioned by group members, tell them that other things can cause depression and read from the list.
4. **Introduce** the section called "What You Can Do." **Say:** *Tell one of the group leaders if you have thoughts of suicide. Depression is very treatable and you can feel better!*
5. **Sum up by emphasizing these key points**.
   - Depression is defined by the experience of five or more symptoms occurring most of the time for a period of at least two weeks and interfering with your life or activities a lot.
   - Depression is common.
   - A person can get help for depression and feel better.

Depression Is Common

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

What is depression like for you?

Depression Is:

- A low mood or sad feelings that make it hard to carry out daily duties.
- Possible at any point in your life.
- Possible diagnosis if you have five or more of the following symptoms most of the day, almost every day, for two weeks or more:

The Nine Symptoms of Depression

1. Feeling depressed, down, or irritable nearly every day.
2. Loss of interest or pleasure in activities that you normally enjoy.
3. Significant increases or decreases in your weight or appetite.
4. Sleeping too much or too little.
5. Change in the way you move (moving restlessly or slowly).
6. Feeling tired or fatigued.
7. Feeling worthless or having terrible guilt.
8. Trouble concentrating or making decisions.
9. Repeated thoughts of death or suicide.

Possible Triggers for Depression

- Use of drugs or alcohol
- Being sick with medical problems
- Biological/chemical imbalance in your body
- Economic/money problems
- Losing someone you love
- Upsetting things happening, or continual problems
- Struggles with people you are close to
- Big life changes
- Stress that lasts a long time

What was happening in your life when you got depressed?

What You Can Do

- Come to this CBT group!
- Practice the skills you learn during the CBT group.
- Get help and support from family members, friends, and others.
- Discuss how you feel with your doctor, nurse, therapist, or counselor.
- Ask your doctor if antidepressant medicines might be helpful.

Let the group leader know if you have thoughts of death or suicide. We can help you get the support you need to feel better.

WHAT IS COGNITIVE BEHAVIORAL THERAPY?

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 8

1. **Introduce** the text.

2. Stop after each section and ask for questions and comments. Or ask for a volunteer among those who have been through other CBT modules to explain CBT to the group. Encourage questions and discussion.

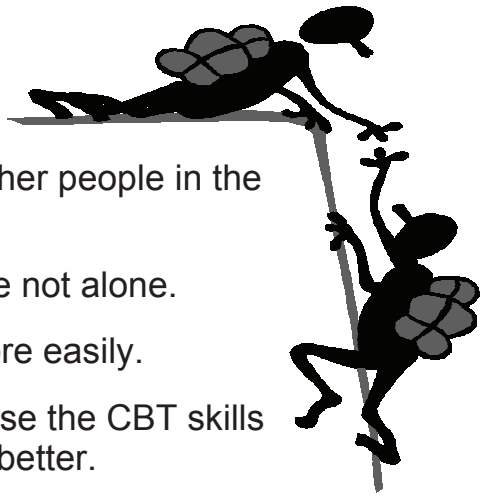
This treatment provides a specific kind of help—Cognitive Behavioral Therapy, or CBT for short—to people who are depressed. CBT teaches skills to help you change your thoughts and behaviors. These changes can improve the way you feel.

This approach does not mean that your thoughts and behaviors caused your depression in the first place. Making changes in your thinking and behavior can help your depression no matter what caused you to feel down.

"Managing" your depression means to:

- Make the feelings of depression less intense.
- Make the time that you are depressed shorter.
- Learn ways to prevent getting depressed again, despite real problems.
- Learn how staying free of drugs or alcohol can improve your mood.

The group meetings are helpful because they:



- Provide you with support from other people in the group.
- Help you understand that you are not alone.
- Help you learn the CBT skills more easily.
- Show many ways other people use the CBT skills to deal with depression and feel better.

During the group you will learn skills to:



- Change your thoughts.
- Change your behaviors, including your
  - Activities
  - Interactions with other people.
- Improve the way you feel and support your recovery.

During the group you will NOT be asked to:



- Lie down on a couch.
- Share all your painful thoughts and experiences.
- Talk at length about your family or childhood.

The group will focus on practical strategies to improve things right now.

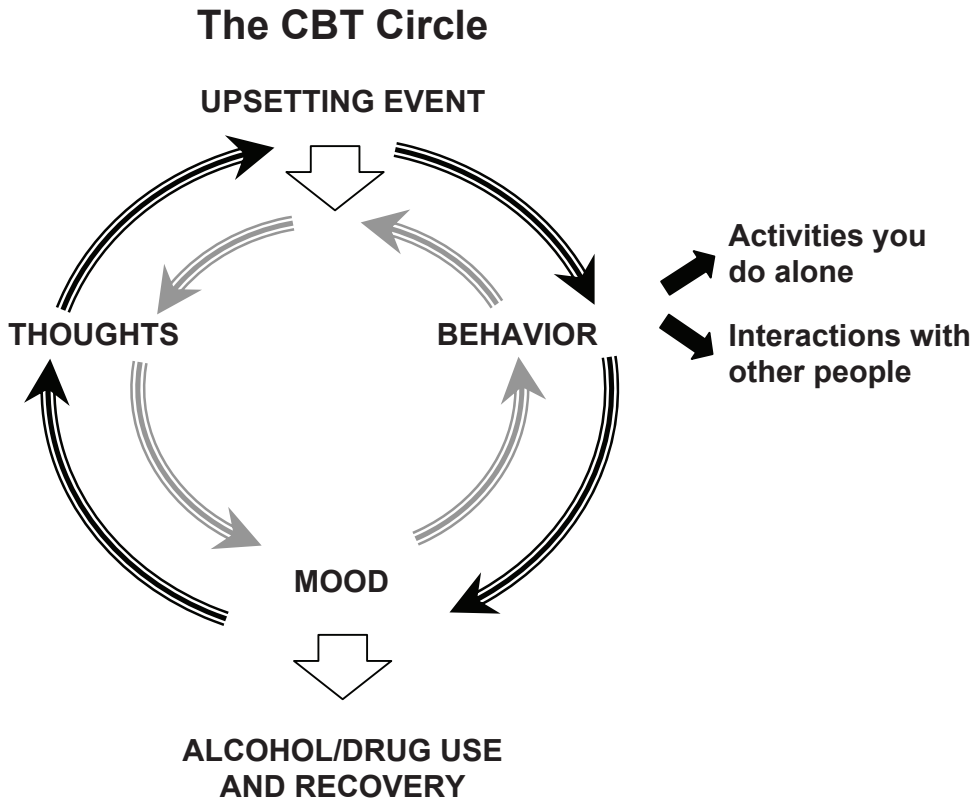
What does the name "Cognitive Behavioral Therapy" mean?

Cognitive refers to **thoughts**.

Behavioral refers to **how you act** or **what you do**. In CBT, when we talk about behavior, we mean how you act, including what activities you do and how you interact with other people.

We will focus on your thoughts and your behavior to improve your mood.

Because this CBT program is for people with depression and substance abuse, we will also discuss how mood and substance abuse are connected.



This CBT treatment program is organized into four modules, with four sessions in each module.

- Module: How your **thoughts** affect your mood **= 4 sessions**
- Module: How your **activities** affect your mood **= 4 sessions**
- Module: How your **interactions with other people** affect your mood **= 4 sessions**
- Module: How **using drugs or alcohol** affects your mood **= 4 sessions**

Total CBT sessions = 16 sessions

Group members can join the group at any module. However, each group member must begin with Session 1 of a module. That means that if the Activities module is #1 for you, the People Interactions module will be #2.

Each module focuses on one subject, but they overlap with each other, and you will find that we mention the other subjects throughout the treatment.

How does CBT treat depression?

Leader Tips

Time: 5 minutes
Group Member's Workbook: Page 12

Say: *Imagine an event, such as losing a job, or something less extreme, such as being late to work. It would be natural to feel upset. But other factors can make your suffering even worse.*

Refer to parts of the CBT circle, as you read the text below.

Thoughts. *If a person loses a job, he or she might have thoughts like "I am useless now that I don't work." This can lead to feelings of depression. Feeling depressed can then lead to other harmful thoughts such as "nothing will ever work out for me." This, in turn, will likely worsen the depression. Now, imagine a second person who, in response to the same event, instead thinks he or she learned a lot and got great experience at the job. The second person is less likely to become depressed. Being in a better mood may also lead to additional helpful thoughts like, "My past experience will help me get a new job."*

Activities. *Another factor is how we act. Going back to our example, in response to losing a job one person might start sleeping a lot more and avoid going out of the house. These behaviors can lead to a worsening of depression, which in turn could lead to additional harmful behaviors, such as neglecting personal care—skipping meals, not showering, and so on. In contrast, if a person in response to losing his or her job decides to engage in healthy behaviors such as looking for new work or taking advantage of time at home to work on hobbies or other personal projects, this person's mood is likely to be better. This, in turn, may make it easier for the person to engage in other healthy behaviors.*

People. *Depression can also negatively affect the amount or kinds of contact we have with other people. A person who loses their job might isolate from others. This may lead to feeling depressed, which in turn may lead to additional harmful interpersonal behaviors, such as spending time with one's old drinking buddies. In contrast, if after losing a job a person seeks out support from others, this can help improve mood and lead to other healthy contacts with others—like getting advice on finding new work.*

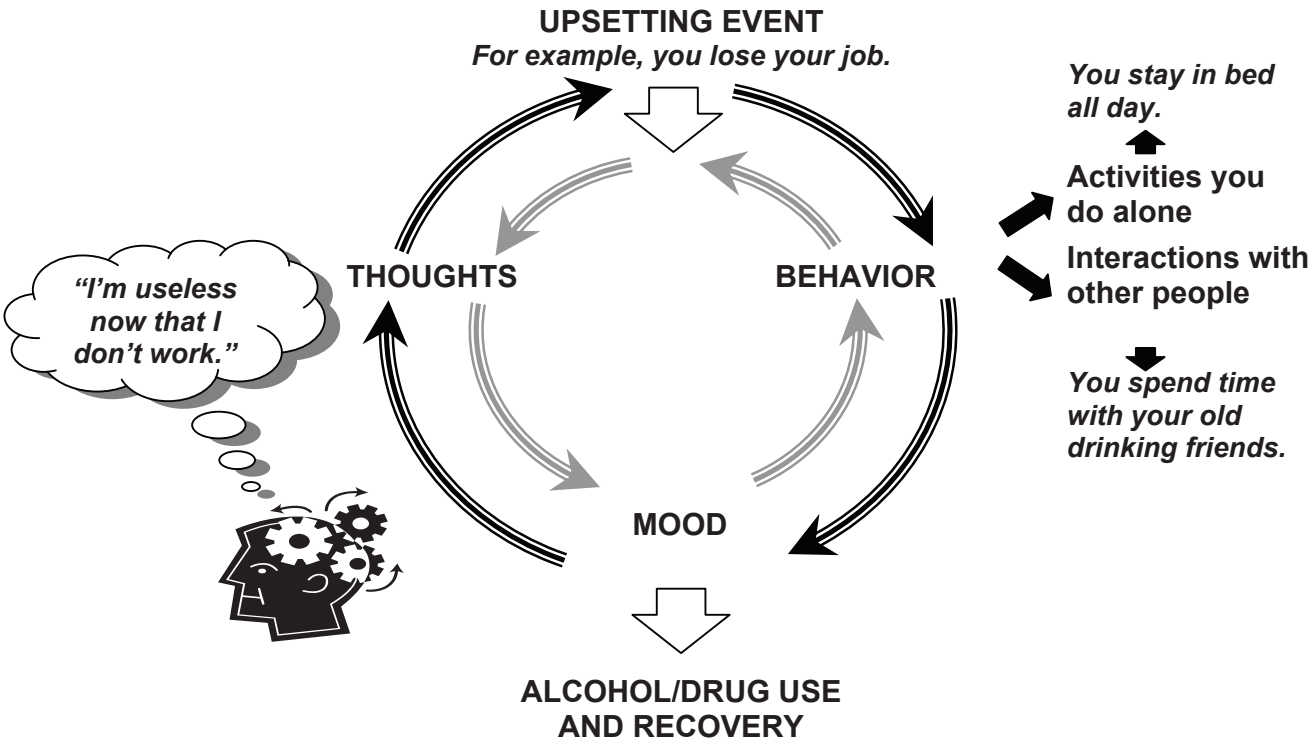
Substance abuse. *In addition to harmful thoughts, behaviors, and contacts with people worsening depression, these factors can also lead to increased use of drugs and alcohol. Then another vicious cycle can develop in which increased substance use worsens depression, and the worsened depression, in turn, increases substance use. So when we put all these parts together, we see that CBT can help prevent this cycle of increased depression and substance use by helping a person to learn new ways to think and behave in response to stressors.*

Ask questions to involve group members. For example *"How can you relate the CBT Circle to your own lives?"*

Using the CBT Circle, we can understand the cycle of depression. An upsetting event might happen such as losing a job or the death of a relative. An upsetting event can also be less extreme, such as being late to work or having a disagreement with a friend. These upsetting events are real, and almost anyone would feel a certain amount of sadness, anger, or frustration because of them. But other factors can add to your suffering. They include:

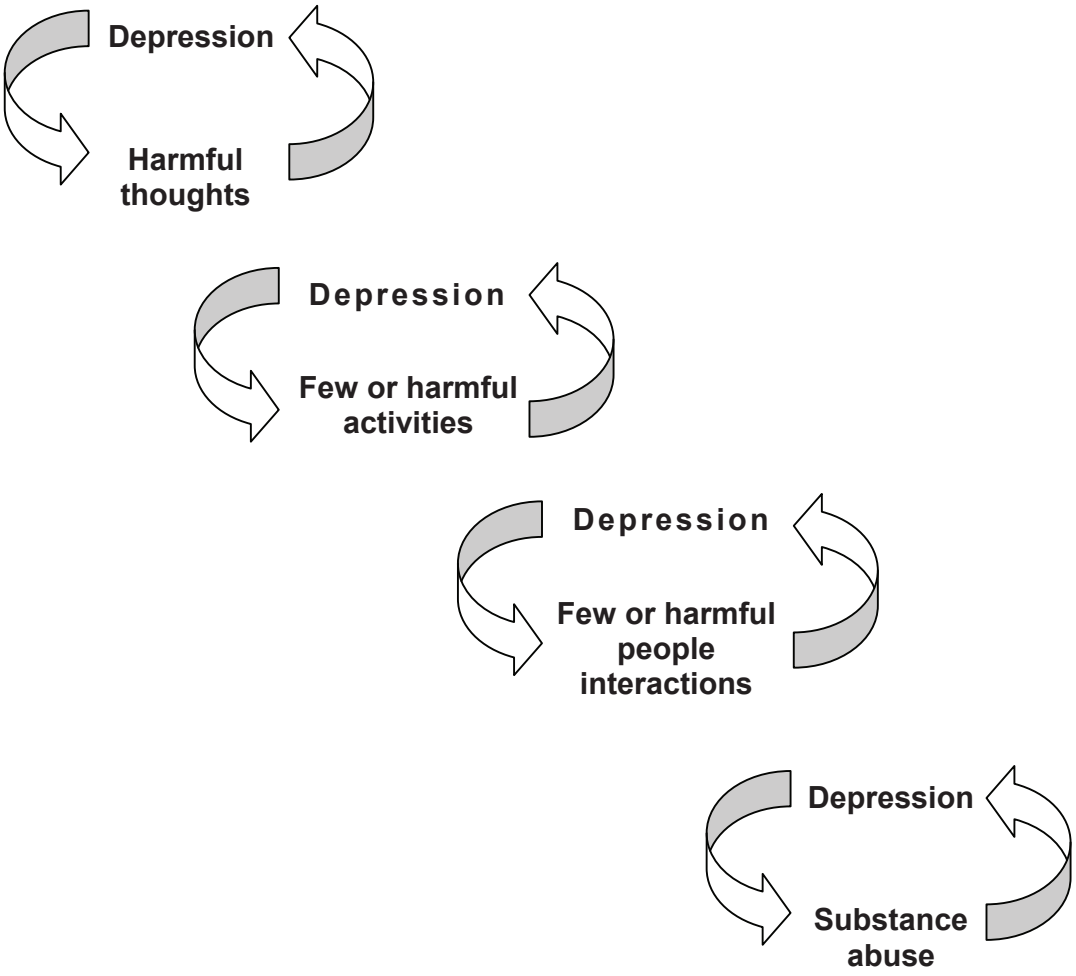
- Your thoughts.
- The way you act (your behavior).
- Interactions you have with other people.
- Use of drugs or alcohol.

The CBT Circle

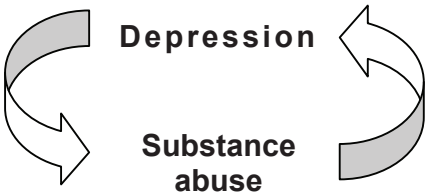


CBT helps break this cycle of depression by teaching you that for each of these factors—thoughts, activities, people interactions, and substance abuse—there is a part that you can manage and change. Also, because they are all connected, you can make changes in one area to affect the other areas.

We will be working on breaking these connections.



In this module, we focus on the connection between depression and substance abuse.



How have you been feeling?

Leader Tips

Time: 5 minutes
Group Member's Workbook: Page 14

1. **Introduce** the text.

2. After the session, **compare** each group member's survey to the ones he or she has filled out before. This comparison will allow you to monitor each group member's progress.

The survey you filled out at the beginning of session is called the "Patient Health Questionnaire," or PHQ-9 for short. You will fill out the PHQ-9 before Sessions 1 and 3 of each CBT module. It allows you and your group leaders to check how you are feeling today and to keep track of how you are feeling while you are attending the group.

Review

Practice

Leader Tips

Time: 15 minutes
Group Member's Workbook: Page 14

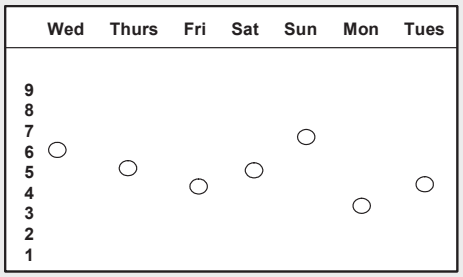
Quick Mood Scale

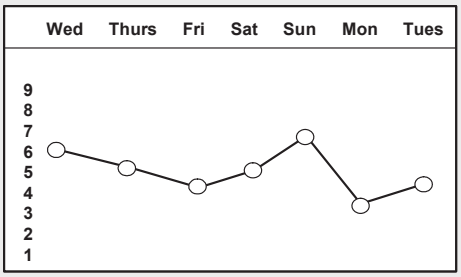
Say: *At least some of you may be continuing CBT from the last module. We'll do a quick review of the module and the practice before we start a new topic.*

Ask group members about how they did tracking their moods on their Quick Mood Scales. Make a graph based on one group member's Quick Mood Scale.

1. Start the graph with the day of the week the group meets. If your group meets on a Wednesday, write "Wednesday" or "Wed" in the first space at the top of the graph.

2. Ask for a volunteer from the group to share the numbers on his or her Quick Mood Scale. Make a graph on the board like the example below. If the group member's mood was a 6 on the first day, mark a dot at 6 below "Wed."





3. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

4. Possible follow-up questions: *What did you notice about your mood during the past week? What kinds of interactions with people did you have on the day that your mood was the lowest? What kinds of interactions with people did you have on the day that your mood was the highest?* Help group members to notice the connection between having more helpful interactions with people and improved mood.

Making a Plan to Meet Somebody New

5. Say: *Who would like to share their plan for meeting somebody new?*

Ask these follow-up questions, if you have time. *What steps were you able to take since last session? What steps do you plan to take next? What did you notice about the connection between taking those steps and your mood?*

Last Module

6. Say: *What do you remember from the last module that was helpful to you?* Review the key messages from the last module. You may not have time to review all of them, but review at least some of the key messages to reinforce what group members remember or found useful.

If you were part of the CBT group for the last module ("People Interactions and Your Mood"), you have been practicing CBT skills. How is your practice going? At the end of the last module, we asked you to:

1. Track your mood and your people interactions using the Quick Mood Scale.

2. Take a step to get to know somebody new.

Last Module

- What do you remember most from the last module?
- What did you learn that was most helpful, in terms of improving your mood?
- What was less helpful?

Key messages from the last module include:

Session 1: Your People Interactions and Mood Are Connected

- Helpful interactions with people can make your mood better.
- You can choose to spend time with people who have a positive effect on your mood.
- You can build a balanced social support network that includes:
  - People who give you practical support, advice, emotional support, and companionship.
  - People who you support.

Session 2: What Gets in the Way of Good Relationships?

- You can mourn your losses and feel better by reaching out for support and doing activities.
- You can adjust to the loss of an old role by looking for opportunities offered by your new role.
- One way to approach disagreements with others is to understand that a problem is outside of both of you rather than part of one of you, and look for solutions together.

Session 3: Good Communication Is Key to Improving Your Relationships and Mood

- You can choose to communicate with others in a way that improves your relationships and your mood.
- Active listening is an important part of communication.
- By asking for what you want and expressing your feelings assertively, you can improve your relationships with others and your mood.

Session 4: Using Your New Skills to Improve Your Relationships and Your Mood

- You can overcome the obstacles that get in the way of helpful people interactions.
- You have a right to express your thoughts and feelings.
- You can choose how you want to think and act with others to improve your relationships and your mood.

NEW TOPIC: YOUR MOOD AND SUBSTANCE ABUSE ARE CONNECTED

How Does Your Mood Affect Your Use of Drugs or Alcohol?

LEADER TIPS

Time: 15 minutes
Group Member's Workbook: Page 17

1. Say: *Have you noticed any connection between your mood and your use of drugs and alcohol? Let's explore the idea of a connection. Think back. Can you remember a time when you were feeling down and you decided to use drugs or have a drink in order to feel better or stop the pain?*

2. Give the group time to think. Read aloud question #1 and ask group members how they might answer it. Write their answers on the board and ask the group members to write their answers in the space in their workbooks. Go over the rest of the questions together.

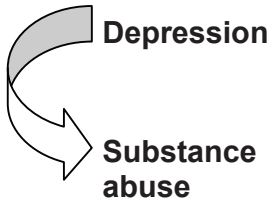
3. Ask the question at the bottom of page 18: *What do you notice about the connection between your thoughts and feelings, and your decision to use?*

Group members should start to see that feeling depressed can lead to thoughts and feelings that make it more likely they will want to use.

Allow a few minutes for group discussion.

4. Point out the faces on page 19. **Say:** *Sometimes it is hard to know what you are feeling, or to choose a word to describe your feeling. These faces are here to help you when you think about your feelings.*

Let's find out how your mood affects your use of drugs or alcohol.
Can you remember a time when you…



- Felt down or depressed?

and then

- Used drugs or alcohol, even though you were trying not to?

1. What was the situation? (For example, when did you use, where were you, and who were you with?)

_____

_____

2. What kinds of **thoughts** were you having **before** you used? (For example, "It's useless to even try anymore.")

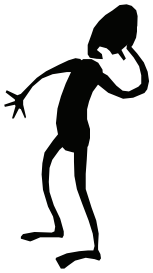


_____

_____

_____

3. In addition to feeling sad, were there other feelings you were having **before** you used? (For example, were you feeling anxious, fearful, or angry?)



_____

_____

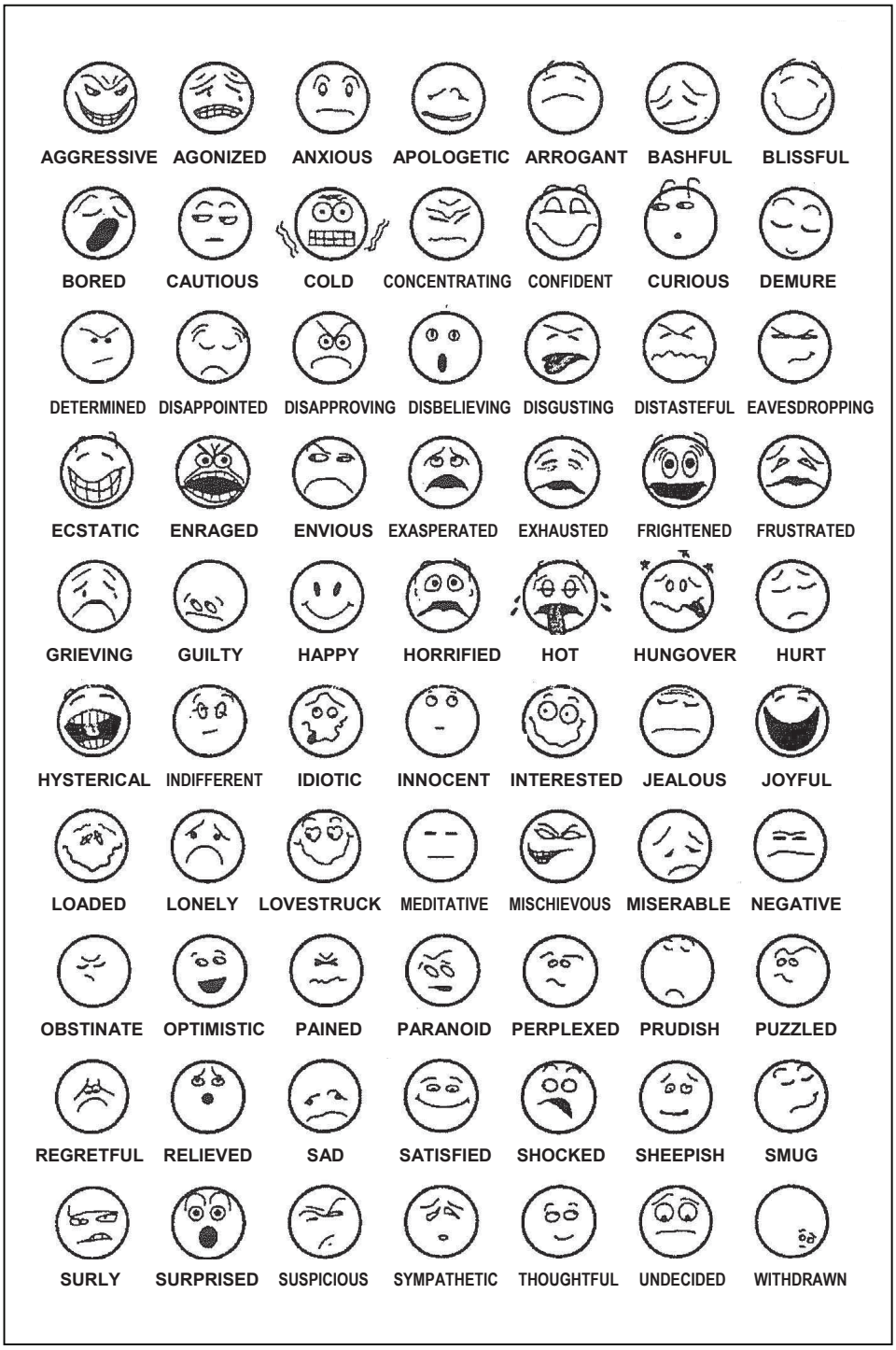
_____

_____

What do you notice about the connections between your thoughts and feelings, and your decision to use?



Examples of Feelings



How Does Using Drugs or Alcohol Affect Your Mood?

Leader Tips

Time: 15 minutes
Group Member's Workbook: Page 20

1. Say: *OK, we just talked about what can happen when you are feeling down. You may be more likely to use drugs or alcohol. Now let's look at this connection from the other side: how does using drugs or alcohol affect your mood?*

2. Say: *Think back to a time you used. How did you feel **after** you used?*

Give the group time to think. Introduce question #1. Remind group members to look back at the faces if they need help describing their feelings. Write their answers on the board and ask the group to write their answer in the space in their workbooks. Go through the rest of the questions together.

3. Ask the question at the bottom of page 21: *What do you notice about the connections between your decision to use and your thoughts and feelings?* Group members should start to see that using drugs or alcohol is often eventually followed by feelings of sadness and other symptoms of depression. Lead a group discussion.

Just as your mood can affect your use of drugs or alcohol, using drugs or alcohol can affect your mood. Are you more likely to feel down after using drugs or alcohol?

Recall a time when you used drugs or alcohol. ***Now think about how you felt after you used (when the high wore off).***



1. What feelings did you have?

For example, did you feel:

- ☐ Sad?
- ☐ Uninterested in life?
- ☐ Irritable?
- ☐ Down on yourself?

Other feelings I had were:

_____

_____

_____

_____

2. What thoughts did you have? Can you remember a specific thought? For example, "I will always be a drunk."



☐ "I am worthless."

☐ "Everything is my fault."

☐ "I keep messing up."

☐

Other thoughts I had were:

_____

_____

_____

3. Did you notice changes in:

☐ How your body felt? ☐ Appetite? ☐ Sleep?

☐ Energy level? ☐ Your ability to think and make decisions?

Other changes I noticed were:

_____

_____

_____

What do you notice about the connections between your decision to use and your thoughts and feelings?



Notice Your Thoughts

Leader Tips

Time: 5 minutes
Group Member's Workbook: Page 22

1. Say: *Lots of thoughts pass through your head each day. Some are neutral, such as "today is Monday," "I wonder what is for dinner," or "It's cold in here." Others may make your mood better or worse, such as "I messed up and had a drink today."*

Take a few minutes now, close your eyes, and try to notice your thoughts. Just let yourself listen to the thoughts that go through your head.

Consider your mood also. Do you notice anything about how your thoughts make you feel?

Allow a few moments and then ask group members to write some of their thoughts in their book. Ask group members to share what thoughts they noticed.

2. Say: *We will talk more during the next session about the important role your thoughts play in your mood.*

Your mind is almost always full of thoughts

Thoughts are sentences we say to our selves.
Thoughts can also be images or pictures in your mind.
You may not always be aware of what you are thinking, but there are almost always thoughts running through your mind.



Take time out and try to notice your thoughts. Close your eyes. What do you hear yourself saying? Write some of your thoughts on the lines below.

_____

_____

_____



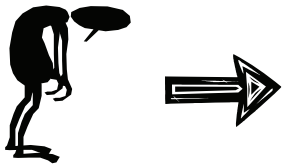
KEY MESSAGES

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 23

Review the key messages and **ask** group members if they have questions or comments.
Help group members feel hopeful that CBT can help them get over their depression.

Key messages from this session are:

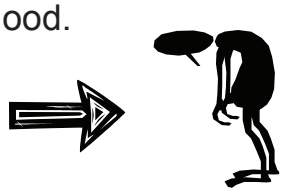


SUBSTANCE ABUSE

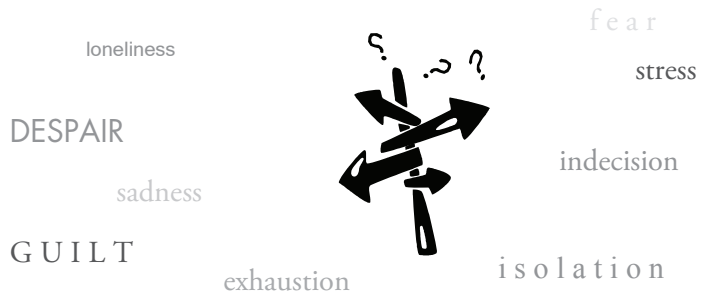
- Your mood can affect your decision on whether or not to use drugs or alcohol.

- Using drugs or alcohol can affect your mood.

SUBSTANCE ABUSE



- Using drugs or alcohol can also lead to other changes in your thinking and activities that are symptoms of depression.





PRACTICE

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 24

Say: *I would like to talk about the importance of practicing the skills you learn in the group. Some of you may be thinking: "what do you mean by practice?" Practice means doing brief activities on your own outside of the group. Practicing will help you learn how to use CBT skills in your daily life, so you can continue to feel better even after the group ends.*

You can think of the skills you learn here as tools to use in your everyday life to improve your mood. By trying out your new skills at home while you are still coming here, you can report back to the group and let us know what worked for you and what didn't work. Then we can come up with ways to make them work better.

The Quick Mood Scale

1. Say: *We would like you to keep track of your mood each day using the Quick Mood Scale. There is a copy of the Quick Mood Scale in your workbook at the end of every session. The Quick Mood Scale will help you recognize how you are feeling and how your thoughts and behaviors can help you with your mood and your recovery.*

2. Direct group members to page 24 in their workbooks. *The Quick Mood Scale runs from 1 to 9, with 1 indicating a worst mood and 9 indicating a best mood. Each day, you circle the number that indicates what your mood was that day.*

3. Go over the instructions that are on the top of the Quick Mood Scale.

Track your mood using the Quick Mood Scale

Try to complete the Quick Mood Scale at the same time each day—for example, before you go to sleep each night. As the treatment progresses and as you practice the skills you learn each session, you will probably find that your mood improves also.

QUICK MOOD SCALE

Instructions

- Fill in the days of the week across the top of the scale. For example, if you start rating your moods for the week on a Wednesday, write "Wednesday" (or "W") on the first line, "Thursday" (or "Th") on the second line, etc. You can also write down the date (4/15, 4/16, etc.) if you want to keep track of how you are improving from week to week.
- Keep the scale beside your bed. Before you go to bed, think about your mood for the day and circle a number that matches your mood.
- Try to use all the numbers, not just 1, 5, or 9.
- There is no right answer. Only you know how you have felt each day.
- If you want to track your mood over a period of time longer than a week, write down the number rating for your daily moods on a calendar.

Day of the Week	_____	_____	_____	_____	_____	_____	_____
Best mood	**9**	**9**	**9**	**9**	**9**	**9**	**9**
	8	**8**	**8**	**8**	**8**	**8**	**8**
	7	**7**	**7**	**7**	**7**	**7**	**7**
	6	**6**	**6**	**6**	**6**	**6**	**6**
OK/average mood	**5**	**5**	**5**	**5**	**5**	**5**	**5**
	4	**4**	**4**	**4**	**4**	**4**	**4**
	3	**3**	**3**	**3**	**3**	**3**	**3**
	2	**2**	**2**	**2**	**2**	**2**	**2**
Worst mood	**1**	**1**	**1**	**1**	**1**	**1**	**1**



Feedback

Leader Tips

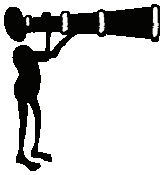
Time: 2 minutes
Group Member's Workbook: Page 25

1. Encourage group members to comment on today's session. When you plan later sessions, you can think about their comments and, as much as possible, tailor the treatment to the individuals in the group.

2. Ask one or two of the questions.

The group leader will ask for your comments about how the session went. He or she might ask the following questions.

- What was helpful about today's session?
- What was less helpful?
- What suggestions do you have to improve your treatment?



Looking ahead

Leader Tips

Time: 1 minute
Group Member's Workbook: Page 25

1. The purpose of the preview is to encourage group members to return the next week by giving them a glimpse of the topic to be covered. Group members are welcome to read ahead in their workbooks.

2. Say: *The workbooks are yours to keep, but* ***please bring them to each session.***

3. Say: *Change can happen.*

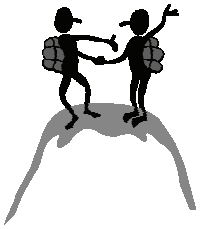
- *Even though you couldn't see how to make changes in the past, you can still change in the future.*
- *You have learned things about each other that show that who you are does not have to do only with substance abuse and depression.*
- *Try to remind yourselves of who you are apart from your problems.*

4. Say: *In this group, you will learn to change those things that you can change for the better and to cope with those parts of daily life that you cannot change.*

In the next session, we will talk more about the connections among your thoughts, your mood, and substance abuse.

Congratulations for attending the group. Coming to group is a big step in improving your mood and supporting your recovery.

The next session, Session 2 in "Substance Abuse and Your Mood," will focus on how you can learn skills to manage your thoughts, and help both your mood and your recovery.



GROUP LEADER SELF- EVALUATION FORM: SUBSTANCE ABUSE, SESSION 1

Instructions

Taught/Done: Were you able to cover the material? If you didn't do this in this session but you do it later, when it is done write in the date you covered it.

Difficult to Teach: How hard was it to teach this part of the session? If it was neither easy nor hard, you can write "medium."

Section	Taught/Done? (Yes/No)	How Difficult Was It to Lead This Part of the Session? (Easy/Hard)
Welcome		
Purpose and Outline		
Group Rules		
Announcements		
Introductions		
What Is Depression?		
What Is Cognitive Behavioral Therapy?		
How Does CBT Treat Depression?		
How Have You Been Feeling?		
Review		
Practice		
Last Session		
New Topic: Your Mood and Substance Abuse Are Connected		
How Does Your Mood Affect Your Use of Drugs or Alcohol?		
How Does Using Drugs or Alcohol Affect Your Mood?		
Notice Your Thoughts		
Key Messages		
Practice		
Feedback		
Looking Ahead		

SESSION 2: THOUGHTS, MOOD, AND SUBSTANCE ABUSE

Leader Tips

Materials Needed

- **Group Member's Workbooks** ("Substance Abuse and Your Mood")—a few copies to loan in case some group members forget to bring their workbooks.
- **Pens**—enough for everyone in the group
- **Dry erase board, chalkboard**, or large sheets of paper to present material to group
- **Index cards**—enough to give everyone in the group seven cards
- **Small binder clips**—enough to give one to every group member—so they can attach their index cards to their workbooks
- **Kleenex** or other facial tissue

Group Leaders' Goals

- Welcome all group members.
- Reinforce the importance of outside practice.
- Introduce and reinforce the connections among thoughts, mood, and substance abuse.
- Help group members begin to see that it is possible to change the way they think.

Leader Tips

Welcome Group Members

As group members arrive, greet them by name. Ask them informally how their practice went.

Purpose and Outline
Group Member's Workbook: Page 27

Introduce the Purpose and Outline.

PURPOSE

- Understand the connections among thoughts, mood, and substance abuse.
- Learn to notice your thoughts.
- Identify harmful thoughts that can lead to depression and substance abuse.
- Learn how to replace harmful thoughts with helpful thoughts to improve your mood and support your recovery.

OUTLINE

I. Announcements
II. Review
III. New Topic: Your Thoughts, Mood, and Substance Abuse Are Connected
    A. The Serenity Prayer
    B. Your Thoughts Have Power
    C. Harmful Thoughts Can Lead to Depression and Substance Abuse
    D. Helpful Thoughts Can Improve Your Mood and Support Your Recovery
    E. Replace Harmful Thoughts with Helpful Thoughts
    F. Catch \It, Check It, Change It: Three Steps to Notice and Change Your Harmful Thoughts
IV. Key Messages
V. Practice
VI. Feedback
VII. Looking Ahead



ANNOUNCEMENTS

The group leaders will make any announcements that might be necessary.

Is there anything you need to let the leaders know about?

Review

Leader Tips

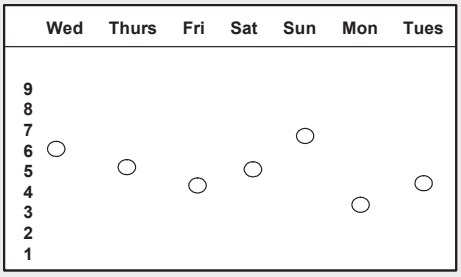
Time: 20 minutes
Group Member's Workbook: Page 28

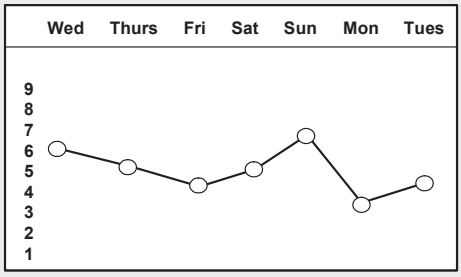
Quick Mood Scale

Ask group members about how they did tracking their moods on their Quick Mood Scales. Make a graph based on one group member's Quick Mood Scale.

1. Start the graph with the day of the week the group meets. If your group meets on a Wednesday, write "Wednesday" or "Wed"" in the first space at the top of the graph.

2. Ask for a volunteer from the group to share the numbers on his or her Quick Mood Scale. Make a graph on the board like the example below. If the group member's mood was a 6 on the first day, mark a dot at 6 below "Wed."





3. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

4. Possible follow-up questions: *What did you notice about your mood during the last week? Your mood was the lowest on* [day]. *What were your thoughts on that day? Your mood was higher on* [day]. *What thoughts were you having on that day? What do you notice about the connection between your thoughts and your mood?*

5. **Note:** Depending on the size of the group, you may choose to chart the Quick Mood Scales of all group members or just one or two. Some group members will be eager to share each week, but don't focus only on them. In the course of the four-session Substance Abuse module, encourage as many group members as possible to share their Quick Mood Scales—even those who are shyer and less vocal. For each member who shares, try to connect substance abuse and mood. The point is to teach how to apply the CBT skills to specific, real-life situations, but not necessarily to solve **every** difficult situation. (This would be an example of all-or-nothing thinking: "*If CBT doesn't solve all my problems, then it doesn't work.")*

Last Session

1. It may be difficult for group members to remember what you talked about in the last session. Use this time to remind them of the key messages, and to help them understand how today's lesson follows.

2. **Review** the key messages from last session.

3. **Say:** *In the last session we talked about the connection between substance abuse and your mood. Today we will talk more about how your thoughts are connected to substance abuse and your mood.*

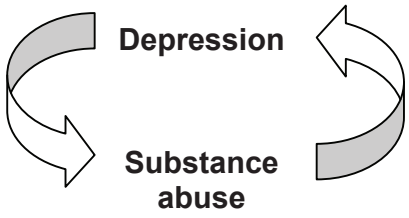
Practice

Your practice after last session was to track your mood using the Quick Mood Scale.

How did your practice go?

Last Session

In the last session, we talked about two important ideas. First, when you are feeling depressed, you are more likely to use drugs or alcohol. And, when you use drugs or alcohol, you are more likely to feel depressed.



Key messages from the last session were:

- Your mood can affect your decision on whether or not to use drugs or alcohol.
- Using drugs or alcohol can affect your mood.
- Using drugs or alcohol can also lead to other changes in your thinking and activities that are symptoms of depression.

NEW TOPIC: YOUR THOUGHTS, MOOD, AND SUBSTANCE ABUSE ARE CONNECTED

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 30

1. **Ask** group members if they are familiar with the serenity prayer. Mention that the word God in the serenity prayer can refer to any kind of higher power or moral value. Ask if any group member would like to recite it or read it aloud from the workbook.

2. **Go over** the text after the Serenity Prayer.



~ The Serenity Prayer ~

"God, grant me the serenity to accept
the things I cannot change,
Courage to change the things I can,
And the wisdom to know the difference."

CBT (Cognitive Behavioral Therapy) has something in common with the Serenity Prayer. It teaches that, even though you cannot change everything in your life, you can choose **how you think** about events and **how you react**. ***Changing the things I can*** involves **thinking** and **doing**:

- Changing how you think about things, and
- Changing how you respond.

In this session, we will talk about the power of your thoughts and their important connection with depression and substance abuse. You can manage your thoughts to feel better and support your recovery.

Your Thoughts Have Power

Leader Tips

Time: 10 minutes
Group Member's Workbook: Page 31

1. **Say:** *Last session you took a moment to try to notice your thoughts. Was it difficult to pay attention to your thoughts?*
2. **Say:** *Remember that lots of thoughts pass through your mind each day. Thoughts are sentences we tell ourselves. Some are neutral, such as "I will wear my green shirt today." Others may be more harmful or helpful. You can learn to pay attention to your thoughts and to manage them so they are helpful to you.*
3. **Go over** the text.

"Harmful" and "helpful" thoughts

We will talk about "**harmful**" and "**helpful**" thoughts. These terms are just shortcuts—a thought is not really bad or good, harmful or helpful all by itself. Harmful and helpful refers to the consequences of your thoughts.

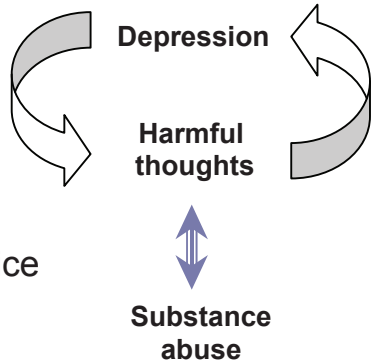


A thought that brings your mood down is harmful.



A thought that lifts your mood is helpful.

You can manage your thoughts to feel better and support your recovery



Harmful thoughts, feeling down, and substance abuse go together. On the other hand, helpful thoughts, feeling good, and staying clean also go together. With practice, you can learn how to notice your thoughts. And once you know how to notice your thoughts, you can also learn how to manage them. When you are feeling down or when you feel like using drugs or alcohol, you can change your thoughts to help yourself feel better and stay clean.

Harmful Thoughts Can Lead to Depression and Substance Abuse



Leader Tips

Time: 15 minutes
Group Member's Workbook: Page 32

1. **Say:** *First, we will focus on harmful thoughts – thoughts that bring your mood down. We are going to look at some common harmful thoughts and consider how you might feel if you had those thoughts.*

2. **Go over** the introduction at the top of the page and the headings above the check boxes. Make sure the group understands the directions. Wait for group members to put a mark in one or both boxes next to the thoughts.

3. **Say:** *Now, try to identify some of your own harmful thoughts and write them on the lines. Then check the boxes if the thought would bring your mood down or make you want to use.*

4. **Say:** *Who would like to share some of the thoughts you listed? What do you notice about how these thoughts could affect you?*

These are common harmful thoughts because they can bring your mood down and/or make you want to use. ***Mark the boxes*** next to the thoughts that would affect your mood and/or your desire to use.

This harmful thought would:

Bring my mood down	Make me want to use	
☐	☐	I used last night so I might as well keep using.
☐	☐	I failed at this again.
☐	☐	It's not even worth trying.
☐	☐	I have wasted my life.
☐	☐	I am a coward.
☐	☐	I don't have what it takes.
☐	☐	I can't imagine what my life will be like in ten years.
☐	☐	I can't have fun without getting high, so if I choose to stay drug-free, I will never have fun again.
☐	☐	Things are just going to get worse.
☐	☐	No matter how hard I try, people aren't satisfied.
☐	☐	They know I am a drug addict.
☐	☐	If I have a relapse, all my hard work for sobriety was wasted.

Notice that harmful thoughts can lead to depression or substance abuse or BOTH.

Write down some harmful thoughts that you might have. Mark the boxes to show whether the thoughts affect your mood or your desire to use or both.

This harmful thought would:

Bring my mood down	Make me want to use	
☐	☐	_____
☐	☐	_____
☐	☐	_____
☐	☐	_____
☐	☐	_____
☐	☐	_____
☐	☐	_____
☐	☐	_____

Frequent harmful thoughts can be a warning sign that you are depressed or more likely to use drugs or alcohol.

Helpful Thoughts Can Improve Your Mood and Support Your Recovery



Leader Tips

Time: 20 minutes
Group Member's Workbook: Page 34

1. **Say:** *Next, we will focus on helpful thoughts – thoughts that improve your mood. We are going to look at some examples of helpful thoughts and consider how you might feel if you had those thoughts.*

2. **Go over** the introduction at the top of the page and the headings above the check boxes. Make sure the group understands the directions. Wait for group members to put a mark in one or both boxes next to the thoughts.

3. **Say:** *Now, try to identify some of your own helpful thoughts and write them on the lines. Then check the boxes if the thought would improve your mood or support your recovery.*

4. **Say:** *Who would like to share some of the thoughts you listed? What do you notice about how these thoughts could affect you?*

These are common helpful thoughts because they can bring your mood up and/or support your recovery. ***Mark the boxes*** next to the thoughts that would affect your mood and/or your desire to use.

This helpful thought would:

Bring my mood up	Support my recovery	
☐	☐	I made a mistake last night, but today is a new day and I don't have to keep using.
☐	☐	I felt really down last night, but I will feel better today.
☐	☐	I supported my family for years and there are still many things I can do for them.
☐	☐	Many people try several times before they quit drinking, and I will keep trying too.
☐	☐	Getting sober can be tough, but I will take things one day at a time and try my hardest.
☐	☐	My mistake cost me some time, but I can learn from it.
☐	☐	Even though some people are not trustworthy, many are.

Notice that a helpful thought that improves your mood can also help you stay off drugs or alcohol.

Write down some helpful thoughts that you might have. How would they affect your mood and your desire to use?

This helpful thought would:

Bring my mood up	Support my recovery	
☐	☐	_____
☐	☐	_____
☐	☐	_____
☐	☐	_____
☐	☐	_____
☐	☐	_____
☐	☐	_____
☐	☐	_____

Replace Harmful Thoughts with Helpful Thoughts

Leader Tips

Time: 10 minutes
Group Member's Workbook: Page 36

1. **Go over** the introduction to the table.
2. **Say:** *Look at the table called "Example of Replacement Thoughts." The table includes some common harmful thoughts and then lists some helpful thoughts that you could use to replace the harmful thoughts. Take a look at the harmful thoughts on the left. Which of these thoughts have you had in the past?* Review a harmful thought and then the sample replacement thought. Work with the group to come up with another replacement thought for that harmful thought. Do the same with other harmful thoughts from the table, as time permits.

One way to cope with a harmful thought is to focus your attention on more helpful thoughts. Helpful thoughts can be "replacement" thoughts for your harmful thoughts. The helpful thoughts will help you feel better and support your recovery.

Examples of Replacement Thoughts





Once a drug user, always a drug user.	Just because I used drugs in the past doesn't mean I can't get clean now. Many other people have.
Once a drinker, always a drinker.	Many people who drink too much try several times before they quit drinking. I am working hard to stop drinking, and I can be successful if I keep trying.
I have wasted my life using drugs/alcohol.	Even though some time has been lost, now that I am sober I can still do things that are important to me.
Today was awful.	Some bad things happened, but tomorrow is another day.
I should have known better than to trust him.	I am learning that I need to move slowly before trusting others and wait to make sure they are trustworthy.
I was a terrible parent; my children saw me use drugs.	I made mistakes as a parent, but now I am working on staying clean and becoming a better parent to my kids.
I should support my family better.	I supported my family for years and there are still many things I can do for them.
Trying to stay sober is impossible.	Getting sober can be tough, but I will take things one day at a time and try my hardest.
Life is too hard to deal with without using drugs.	Sometimes it is hard to face all of life's challenges, but I know that I can do it by taking one step at a time.
I never do anything right.	I have made mistakes but I have done many things right.
When I had that drink, I ruined my sobriety.	I slipped, but that doesn't mean I will have a full-blown relapse. I am still proud of the time I was sober and of my efforts to stay sober now.
I'm nothing but a drunk.	I had trouble with alcohol, but I'm working to stay sober. And there are good parts of me not related to drinking.

Catch It, Check It, Change It: Three Steps to Notice and Change Your Harmful Thoughts

Leader Tips

Time: 30 minutes
Group Member's Workbook: Page 37

1. Say: *The Catch It, Check It, Change It exercise helps us to practice identifying a harmful thought, questioning the thought, and then coming up with a replacement thought.*

2. Introduce the text "Catch It, Check It, Change It." **Ask** for questions as you discuss the material.

3. Say: *Look at the table in your workbook.*

4. Catch It. Say: *For "Catch It," you are trying to catch the thought that made your mood go down. Sometimes it is easier to notice your feeling first. Think of a negative emotion or low mood as a stop sign to "catch" your thought. Think about a time in the last week when you noticed your mood get worse. What was the situation? What were your feelings? What were your thoughts?*

Say: *Let's try it. Would anybody like to share something that has happened to you recently?* (Work with the volunteer and fill in the first three columns. Then continue with the other columns.)

5. Check It. Say: *Now, let's "check" this thought. Is this thought helpful or harmful? Does it make you feel better or worse? Those of you who have had the Thoughts module know that you can examine the thought more closely. Is it accurate? Complete? Balanced?*

First, is the thought accurate? "Accurate" means almost the same thing as "true." Is the statement true?

Is the thought complete? Remember, a complete thought includes all the facts.

Is the thought balanced? If the thought is balanced, it isn't too extreme. It is fair and reasonable.

6. Change It. Say: *Now, let's "change" this harmful thought to a more helpful thought. Can you think of a replacement thought for the harmful thought?*

7. Next, ask group members to work through the exercise on their own. Walk around to help group members. Group members may have the most difficulty coming up with the replacement thoughts (the "Change It" column).

Say: *You will have more opportunity to practice this strategy in the CBT Thoughts module.*

Thoughts are so automatic that ***one of the trickiest parts of CBT is learning how to notice your own thoughts***. But with practice, you can do it!

Three steps will help you notice your thoughts, examine them to see if they are helpful, and change them if they are not.

1. **Catch it.**
2. **Check it.**
3. **Change it.**

(The CBT module “Thoughts and Your Mood” talks more about how to manage your thoughts to feel good and support your recovery.)

1. Catch It



The first step is to notice—or "catch"—your harmful thought.

If you find that your feelings are easier to catch than your thoughts, you can use your feelings as a signal to stop and focus on what you are thinking. For example, when you notice that your mood changes or that you feel sad or angry, STOP! Ask yourself some questions.

- What thought was I having when I noticed a change in my mood?
- What was happening at the time?

2. Check It



Ask yourself some questions about your thought. First, is the thought harmful or helpful? Does it make you feel worse or better?

Then examine the thought more closely. Is it accurate, complete, and balanced?

Is the thought:

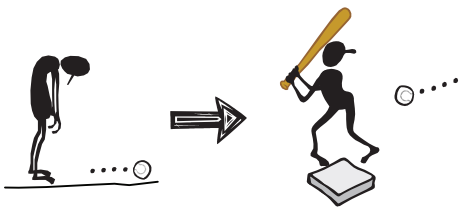
- **Accurate (true)?** "I worked really hard to get off drugs and alcohol."
- **Inaccurate (not true)?** "It's just luck that I got clean."

- **Complete (includes all the facts)?** "I had a slip after being sober for a month. But I give myself credit for the time I was clean and continue to work hard to maintain my recovery."
- **Incomplete (leaves out some facts)?** "I used yesterday. I will never stay clean."

- **Balanced (fair and reasonable)? "**Starting recovery is stressful, but that doesn't mean I will start using again."
- **Unbalanced (too extreme)?** "Nothing has worked out for me. I know I will start using again."

If a thought is not accurate, complete, and balanced, it can bring your mood down and increase the chances that you will use drugs or alcohol. It is harmful to you because it has negative consequences.

3. Change It



How could you change your harmful thought? What helpful thought could replace your harmful thought?

Catch It, Check It, Change It

Think about a time in the last week when you noticed a change in your mood. Then try to answer the questions in the table below. (Examples are provided, but think about your own situation.)







What happened? *I had a fight with my partner.*	**What were your feelings?** *Sad, angry.*	**What was your thought?** *My partner always gets his/her way.*	**Examine your thought. Is it helpful or harmful? Is it accurate, complete and balanced?** *Was there a time when I got what I needed? Maybe my thought isn't complete.*	**Replace the harmful thought with a helpful thought.** *We won't always agree. My partner gets his/her way sometimes, but I often get what I want too.*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



KEY MESSAGES

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 41

Review the key messages and ask group members if they have questions or comments.

Key messages from this session are:

- Thoughts are helpful or harmful based on how they make you feel.
- The harmful thoughts that lead you to feel depressed can make it more likely you will use.
- The helpful thoughts that help improve your mood may also help you with your recovery.
- You can learn to catch your harmful thoughts and replace them with helpful ones.



PRACTICE

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 41

1. Say: *For your practice we would like you to use the Quick Mood Scale again to keep track of your mood each day. Remember, the Quick Mood Scale runs from 1 to 9, with 1 indicating a worst mood and 9 indicating a best mood. Each day, you circle the number that indicates what your mood was that day. Notice that at the bottom of the Quick Mood Scale there is a place where you should circle "Yes" or "No" to indicate whether you were able to notice your harmful thoughts each day.*

Keep Track of Your Thinking Each Day

2. Say: *The first step in changing your thoughts and improving your mood is to identify those thoughts that are most powerful in terms of your own mood. Your other practice activity is to keep track of your thinking each day.*

3. Pass out index cards, seven cards for each person, and one binder clip per person. **Read the directions (practice #2) aloud. Then say:** *You also have room in your workbook to write your harmful and helpful thoughts each day. You may use the cards, or the workbook, or both. You can take a few minutes right now and put the plus signs and minus signs on your cards.*

4. Say: *Try not to write down things that are happening to you. Instead, write down what you are thinking that makes you feel better or worse. We expect that you will be able to identify 5–10 thoughts each day. Bring the cards with you for next session. You can use the clip to attach them to your workbook. Take a moment to write down one harmful and one helpful thought to get you started.*

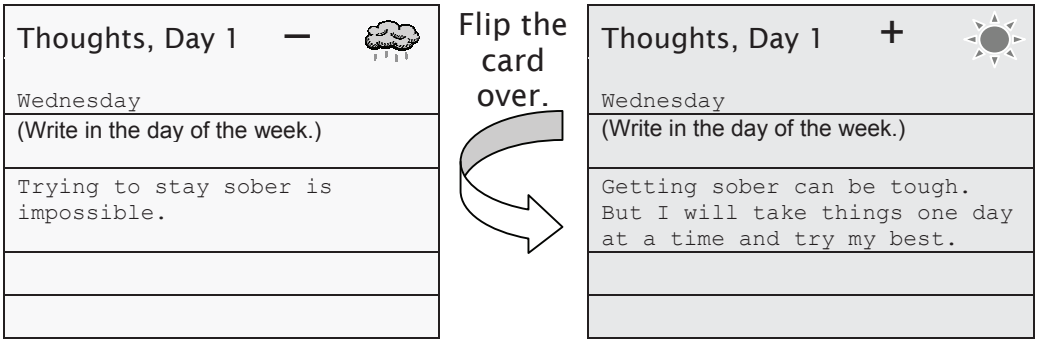
5. Remind the group that it is important that they do the practice activities. **Ask** the group members if they have any questions.

1. Track your mood using the Quick Mood Scale. Notice that at the bottom there is a place for you to mark "Yes" or "No" as to whether you were able to notice your harmful thoughts each day.

2. Track your thoughts using index cards.

Harmful thoughts may feel very powerful. As you begin to challenge your harmful thoughts, you might find that it is hard to think of a helpful replacement thought right at the time that the harmful thought occurs. One thing that might help is a handy list of helpful thoughts. You can simply pull out your list when you need to challenge a harmful thought. In this practice, you start to make your own list.

- Use one separate card for each day (using either the separate index cards or the "cards" printed in your workbook).
- Write the day of the week on the cards. For example, if you start tracking your thoughts for the week on a Wednesday, write "Wednesday" (or "W") on the first card.
- Mark one side of the first day's card with a minus sign (-) and write 4–5 negative (harmful) thoughts that you have that day. Mark the other side of the card with a plus sign (+) and on that side write 4–5 positive (helpful) thoughts that you have on the same day. You can look back at the lists of harmful and helpful thoughts for examples.
- Bring your cards with you to the next session.



QUICK MOOD SCALE

Instructions

- Fill in the days of the week across the top of the scale. For example, if you start rating your moods for the week on a Wednesday, write "Wednesday" (or "W") on the first line, "Thursday" (or "Th") on the second line, etc. You can also write down the date (4/15, 4/16, etc.) if you want to keep track of how you are improving from week to week.
- Keep the scale beside your bed. Before you go to bed, think about your mood for the day and circle a number that matches your mood.
- Try to use all the numbers, not just 1, 5, or 9.
- There is no right answer. Only you know how you have felt each day.
- If you want to track your mood over a period of time longer than a week, write down the number rating for your daily moods on a calendar.
- At the bottom, circle "Yes" or "No" indicating how successful you were in noticing your harmful thoughts.

Day of the Week	_____	_____	_____	_____	_____	_____	_____
Best mood	**9**	**9**	**9**	**9**	**9**	**9**	**9**
	8	**8**	**8**	**8**	**8**	**8**	**8**
	7	**7**	**7**	**7**	**7**	**7**	**7**
	6	**6**	**6**	**6**	**6**	**6**	**6**
OK/average mood	**5**	**5**	**5**	**5**	**5**	**5**	**5**
	4	**4**	**4**	**4**	**4**	**4**	**4**
	3	**3**	**3**	**3**	**3**	**3**	**3**
	2	**2**	**2**	**2**	**2**	**2**	**2**
Worst mood	**1**	**1**	**1**	**1**	**1**	**1**	**1**
Were you able to notice your harmful thoughts?	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
	No	**No**	**No**	**No**	**No**	**No**	**No**

Thoughts, Day 1 –



(Write in the day of the week.)

Thoughts, Day 1 +



(Write in the day of the week.)

Thoughts, Day 2 –



(Write in the day of the week.)

Thoughts, Day 2 +



(Write in the day of the week.)

Thoughts, Day 3 –



(Write in the day of the week.)

Thoughts, Day 3 +



(Write in the day of the week.)

Thoughts, Day 4 –



(Write in the day of the week.)

Thoughts, Day 4 +



(Write in the day of the week.)

Thoughts, Day 5 –



(Write in the day of the week.)

Thoughts, Day 5 +



(Write in the day of the week.)

Thoughts, Day 6 –



(Write in the day of the week.)

Thoughts, Day 6 +



(Write in the day of the week.)

Thoughts, Day 7 –



(Write in the day of the week.)

Thoughts, Day 7 +



(Write in the day of the week.)



Feedback

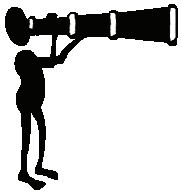
Leader Tips

Time: 2 minutes
Group Member's Workbook: Page 49

Before ending the group, ask group members to comment on the session.

The group leader will ask for your comments about how the session went. He or she might ask the following questions.

- What was helpful about today's session?
- What was less helpful?
- What was difficult?



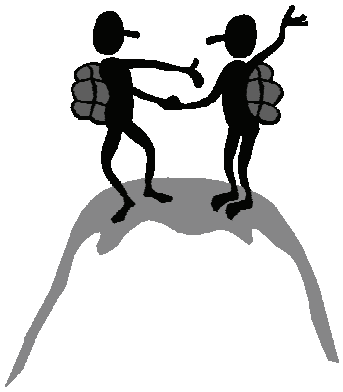
LOOKING AHEAD

LEADER TIPS

Time: 1 minute
Group Member's Workbook: Page 49

Say: *In the next session, we will talk about the connections among your activities, your mood, and substance abuse.*

Session 3 in "Substance Abuse and Your Mood" will focus on how you can learn to do helpful activities to improve your mood and support your recovery.



GROUP LEADER SELF- EVALUATION FORM: SUBSTANCE ABUSE, SESSION 2

Instructions

Taught/Done: Were you able to cover the material? If you didn't do this in this session but you do it later, when it is done write in the date you covered it.

Difficult to Teach: How hard was it to teach this part of the session? If it was neither easy nor hard, you can write "medium."

Section	Taught/Done? (Yes/No)	How Difficult Was It to Lead This Part of the Session? (Easy/Hard)
Welcome		
Purpose and Outline		
Announcements		
Review		
Practice		
Last Session		
New Topic: Your Thoughts, Mood, and Substance Abuse Are Connected		
The Serenity Prayer		
Your Thoughts Have Power		
Harmful Thoughts Can Lead to Depression and Substance Abuse		
Helpful Thoughts Can Improve Your Mood and Support Your Recovery		
Replace Harmful Thoughts with Helpful Thoughts		
Catch It, Check It, Change It: Three Steps to Notice and Change Your Harmful Thoughts		
Key Messages		
Practice		
Feedback		
Looking Ahead		

SESSION 3: ACTIVITIES, MOOD, AND SUBSTANCE ABUSE

Leader Tips

Materials Needed

- **Group Member's Workbooks** ("Substance Abuse and Your Mood")—a few copies to loan in case some group members forget to bring their workbooks
- **Pens**—enough for everyone in the group
- **PHQ-9 depression measure**—enough copies for everyone in the group
- **Dry erase board, chalkboard**, or large sheets of paper to present material to group
- **Kleenex** or other facial tissue

Group Leaders' Goals

- Introduce and reinforce the connections among activities, mood, and substance abuse.
- Help group members identify activities they could do.
- Help group members identify obstacles that get in the way of doing helpful activities.
- Discuss how to get past obstacles and get started doing activities.
- Help group members understand the importance of physical activity.
- Give group members ideas for how to improve their sleep.

Leader Tips

Welcome Group Members

- Greet group members by name. Ask them informally how their practice went.
- Pass out the PHQ-9 depression measure. Ask group members to fill it out, put their names on it, and return it to you. Remind group members that they filled out the same questionnaire in Session 1.
- Scan the questionnaires quickly as you collect them. Notice any major changes in the severity of group members' depression symptoms, including thoughts of suicide. If a group member reports thoughts of suicide, follow the procedures that you have worked out with your supervisor in advance regarding how to handle these situations. Often this involves having one group leader meet privately with the client either during group or immediately following to further assess the client's risk of suicide or "handing off" the client to another clinician who will conduct this assessment. Consult with your supervisor immediately in the case of a client who is suicidal.

Purpose and Outline

Group Member's Workbook: Page 51

Introduce the Purpose and Outline.

PURPOSE

- Understand the connections among activities, mood, and substance abuse.
- Identify helpful activities that you could do. "Helpful" activities can improve your mood and do not involve drugs or alcohol.
- Learn how to overcome obstacles and do more helpful activities to improve your mood and support your recovery.
- Identify steps you can take to increase your physical activity and improve your sleep.

OUTLINE

I. Announcements
II. How Have You Been Feeling?
III. Review
IV. New Topic: Your Activities, Mood, and Substance Abuse Are Connected
    A. Staying Active Helps You Feel Happier and Supports Your Recovery
    B. Harmful Activities to Avoid
    C. Helpful Activities You Could Do
    D. How to Get Going and Do Helpful Activities
    E. What Gets in the Way of Doing Helpful Activities?
    F. Physical Activity Improves Your Mood and Supports Your Recovery
    G. Tips to Improve Your Sleep
V. Key Messages
VI. Practice
VII. Feedback
VIII. Looking Ahead



ANNOUNCEMENTS

The group leader will make any announcements that might be necessary.

Is there anything you would like to let the leader know about?

How have you been feeling?

Leader Tips

Time: 5 minutes
Group Member's Workbook: Page 53

1. **Introduce** the text in the Group Member's Workbook.

2. After the session, **compare** each group member's PHQ-9 measure to the ones he or she has filled out before. This comparison will allow you to monitor each group member's progress.

The questionnaire you filled out at the beginning of Session 1 and again today is called the "Patient Health Questionnaire," or PHQ-9 for short. It allows you and your group leaders to check how you are feeling today and to keep track of how you are feeling while you are attending the group.

Review

Leader Tips

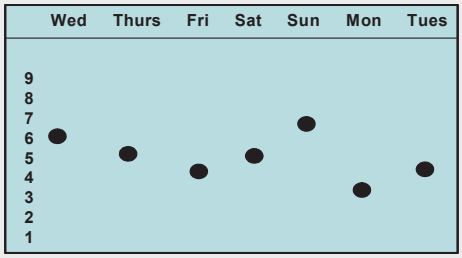
Time: 10 minutes
Group Member's Workbook: Page 54

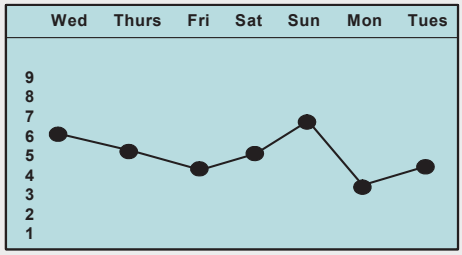
Ask group members about how they did tracking their moods on their Quick Mood Scales. Make a graph based on one (volunteer) group member's Quick Mood Scale.

1. Start the graph with whatever day of the week the group meets. If your group meets on a Wednesday, write "Wednesday" or "Wed" in the first space at the top of the graph.

2. Ask for a volunteer group member to share the numbers on his or her Quick Mood Scale. Based on those numbers, make a graph on the board like the example below. If the group member's mood was a 6 on the first day, mark a dot at 6 below Wed. (Remember: #1 is the worst mood and #9 is the best mood.)

3. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.





4. Possible follow-up questions: *What do notice about your mood during the last week? Your mood was the lowest on [day]. What were your thoughts on that day [integrate thoughts recorded on index cards or workbooks]? Your mood was higher on [day]. What thoughts were you having on that day? What do you notice about the connection between your thoughts and your mood?* Integrate what group member recorded on their index card.

Keep Track of Your Thoughts Each Day

5. Review of thoughts tracking should be integrated into the review of the Quick Mood Scale. The questions below will allow you to check in with other group members that did not get their Quick Mood Scale up on the board. **Ask and discuss:** *Was it difficult to keep track of your harmful and helpful thoughts each day? Who would like to share some harmful and helpful thoughts?*

Last Session

6. Review last session's key messages.

Practice

At the end of the last session, we asked you to do the following practice activities.

1. Keep track of your moods on the Quick Mood Scale.

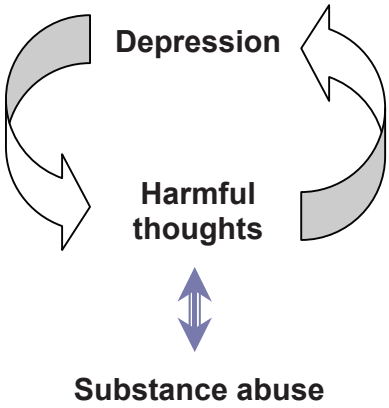
2. Track your thoughts using index cards or the "cards" included in your workbook.

How did your practice go?

Last Session

Key messages from last session were:

- Thoughts are helpful or harmful based on how they make you feel.
- The harmful thoughts that lead you to feel depressed can make it more likely you will use.
- The helpful thoughts that help improve your mood may also help you with your recovery.
- You can learn to catch your harmful thoughts and replace them with helpful ones.



NEW TOPIC: YOUR ACTIVITIES, MOOD, AND SUBSTANCE ABUSE ARE CONNECTED

Staying Active Helps You Feel Happier and Supports Your Recovery

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 55

1. Say: *When you are depressed and in recovery, you may not feel like doing anything. In this session, we will:*

- *Talk about the importance of activities.*
- *Help you think of activities you might like to do.*
- *Talk about getting around the obstacles that get in your way.*

2. Go over the text. Ask the group if they have any comments.

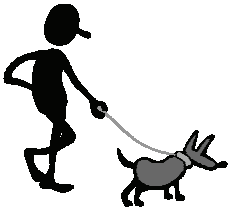
3. Help group members understand that:

- Their lack of interest in activities is a normal part of depression and recovery.
- Doing helpful activities can help them feel better and make it less likely that they will drink or use drugs.

What you do affects the way you feel. When you are active and do things that are healthy for you, you are more likely to feel good and less likely to use drugs or alcohol.

Doing helpful activities:

- Creates pleasant thoughts that stay in your head even after the activity is over.
- Can help you feel better.
- Helps you focus on things other than your worries.



- Gives you a break from your problems.
- Takes up time that you might otherwise use to drink or use drugs.



- Makes it easier the next time that you want to do an activity.
- Makes it easier to say “No” to drugs or alcohol.
- Helps you make new friends.
- Helps you learn about new hobbies.
- Gives you ideas for different jobs.
- Can help you become healthier physically.



Harmful Activities to Avoid

Leader Tips

Time: 10 minutes
Group Member's Workbook: Page 56

1. **Say**: *Helpful activities are things you can do that make you feel good and support your recovery. We will continue talking about helpful activities that you can do to improve your mood, but first we want to talk for a moment about harmful activities that you may want to avoid.*
2. **Introduce** the ideas in the text.
3. **Say:** *Let's make a list of high-risk activities. What would a high-risk activity be for you?* **Write** the group's ideas on the board.
4. Ask group members to write their ideas on the lines at the bottom of the page.
5. Follow up with group members and ask them to share what they have written.



Spending time with a friend is usually a helpful activity. But what if your friend is still using?

Some activities are too risky for people who are depressed or who are in recovery, because the activities might make them feel more depressed or more likely to use. For example, these activities might be high-risk for you:

- Staying in bed all day on Saturday.
- Visiting a friend in a neighborhood where you will be offered drugs.
- Going to your favorite bar.

Write your high-risk activities on the lines below.

_____

_____

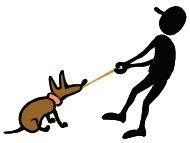
Helpful Activities You Could Do

Leader Tips

Time: 15 minutes
Group Member's Workbook: Page 57

1. **Say:** *Next, we will talk about ideas for helpful activities that you might like to do to improve your mood.*
2. **Introduce** the exercise. Then ask the group to read the list on their own and mark the boxes next to activities that they might enjoy. Answer any questions they might have.
3. **Ask** group members to share other ideas they have for activities they could do. Write their ideas on the board.
4. **Make sure** group members have filled in at least two ideas for activities they could do at the bottom of the page.

Helpful activities are activities that can improve your mood and that do not involve drugs or alcohol. There are many helpful activities that you could do. A few examples are listed below. ***Put check marks in the boxes next to the activities you might enjoy.***



- ☐ Take care of animals
- ☐ Listen to the radio
- ☐ Eat a good meal
- ☐ Be outdoors
- ☐ Talk about sports
- ☐ Play cards or chess
- ☐ Learn something new
- ☐ Give a compliment
- ☐ Spend time with family
- ☐ Go to a garage sale
- ☐ Talk on the telephone
- ☐ Learn yoga or Tai Chi
- ☐ Sing a favorite song to yourself
- ☐ Go to AA meetings
- ☐ Do volunteer work
- ☐ Accept a compliment
- ☐ Have the oil changed in your car
- ☐ Talk with your sponsor
- ☐ Cook
- ☐ Do a crossword puzzle
- ☐ Take a long bath or shower
- ☐ Write stories or poetry
- ☐ Go to church
- ☐ Notice and enjoy a nice sunset
- ☐ Have peace and quiet
- ☐ Eat a piece of fresh fruit
- ☐ Work
- ☐ Do the laundry
- ☐ Use the chin-up bars at the park
- ☐ Read the newspaper or a magazine

Write some other activities you would enjoy.

_____

_____

_____

How to Get Going and Do Helpful Activities

Leader Tips

Time: 15 minutes
Group Member's Workbook: Page 58

1. **Say:** *Now you have some ideas about what helpful activities you might do. But we know that sometimes it is hard to do them. How can you get going?*
2. **Introduce** the steps in the text.
3. **Say:** *Let's brainstorm some activities that you could do:*
   - *For free or little money*
   - *Quickly and simply*
   - *Alone*

Notice that you can write some ideas in the table in your workbook.

4. **Ask:** *Before we move on, does anybody have any comments or questions?*

Now that you have some ideas about helpful activities you could do, you might still find it is hard to start doing them. ***How can you get going?***



1. Take one step at a time. Take the first step, even if you don't feel like it. Then take the second step. You might find that one step leads to another and that doing helpful activities gets easier.

2. Make plans. Think ahead about activities you could do and put them on your "calendar," even if your calendar is in your head. When the day and time come to do the activity, don't even think about it—just do it.



3. Look for variety. Remember, there are all kinds of activities. When you plan your day, choose a variety of activities. They can make your day more interesting!

4. Keep in mind that to do activities you don't have to have…

- Money
- A lot of time or equipment
- Other people



What helpful activities could you do?	Write your ideas in the boxes below.
For free or little money (Example: Go to the library.)	
Quickly and simply (Example: Sing a song you like to yourself.)	
Alone (Example: Play the guitar.)	

What Gets in the Way of Doing Helpful Activities?

Leader Tips

Time: 15 minutes
Group Member's Workbook: Page 60

1. **Say:** *What gets in the way of doing helpful activities? This table shows some examples of the obstacles you might face. Do any of these sound familiar?*
2. **Read** the first obstacle on the list on the next page. Ask group members if it applies to them.
3. **Read** the solution to the first obstacle. Ask group members for their comments.
4. **Choose** two or three more obstacles and solutions to read aloud.
5. **Say:** *Now we would like you to write your own obstacles and possible solutions in the table.* Allow quiet time for group members to write.
6. **Ask:** *Who would like to share what they wrote?* Put the group's responses on the board and lead a group discussion.
7. **Say:** *Does anybody have anything else they would like to share before we move on?*

Why is it difficult to do helpful activities? Some common obstacles are listed below. What could you do to get around the obstacles? ***Write your own obstacles and possible solutions*** at the bottom of the list.

Obstacles	Possible solutions
Examples	
I have no sober friends.	• Attend a sober support group (for example, AA). • Choose an activity you could do alone.
My family won't talk to me.	• Write a letter to a family member expressing your wish to work things out. • Begin building a new support group by attending AA, church/synagogue/mosque, a club, a lecture/class, etc.
I don't have money.	• Do an activity that doesn't cost money. • Look in the newspaper for free activities.
I feel like I don't deserve to have fun.	• Replace the harmful thought with helpful thought[s]: – "A healthy life includes work and fun." – "I need to learn that I can stay sober **and** have fun. Otherwise it will be harder to stay sober."
I have no car.	• Walk or ride the bus. • Do activities close to home.
I'm too tired.	• Start with a simple activity that takes only one minute. For example, step outside and look at the sunset, sing a song you like to yourself, or plan to do something nice for someone you love.

Physical Activity Improves Your Mood and Supports Your Recovery

Leader Tips

Time: 15 minutes
Group Member's Workbook: Page 61

1. **Say:** *We would like to talk about two important activities: being physically active and sleeping. Being physically active means doing any healthy activity that gets your body moving.*
2. **Ask:** *What kinds of physical activity are you doing now? Would you like to do more physical activity?*
3. **Ask:** *Why do you think it is important to be physically active?* Lead a group discussion and write ideas on the board.
4. **Introduce** the first two lists in the text, especially those points that the group did not touch on.
5. **Go over** the guidelines for physical activity.
6. **Say:** *Think about what step you can take in the next week to be more physically active. Write your idea in your workbook.*
7. **Ask** group members to share what they wrote. Help them make plans that are specific (When? How often? Where? How much activity?). Try to anticipate obstacles and reduce barriers (e.g., Child care? Special equipment? Money? Depends on another person?).
8. **Remind** group members that if they have not been physically active recently, their muscles may be sore at first if they exercise strenuously. They should start easy and stay with it long enough for their muscles to get used to moving again. **Say**: *Eventually, physical activity will be pleasurable, and you will miss it if you don't keep moving. The goal is to get to that point.*

Being physically active is a fun and important activity. There is even some research showing that physical activity and exercise can improve depression.

Physical activity is good for your body. It can:

- Give you more energy.
- Help reduce the risk for certain types of cancer (colon cancer, for example).
- Reduce the risk of heart disease.
- Slow the aging process.
- Increase the level of the good (HDL) cholesterol.
- Help you sleep better.
- Make you sharper mentally.
- Help you keep a healthy weight.
- Improve muscle tone.

Physical activity also can help you:

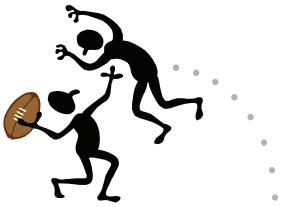


- Feel better about your body.
- Feel better about yourself.
- Help you get rid of built-up stress and frustration.
- Have a sense of accomplishment.
- Stay away from drugs and alcohol.
- Give you a break from your worries.
- Enjoy the outdoors.
- Eat healthier.
- Meet new people.
- Get to know new neighborhoods.
- Get ideas for other things to do.

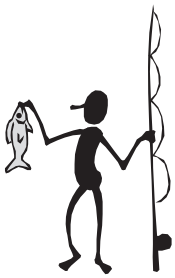


When you are depressed and in recovery, it may feel like it is difficult to be active. But give it a try and keep at it, and then see how you feel.

Here are some guidelines for physical activity.



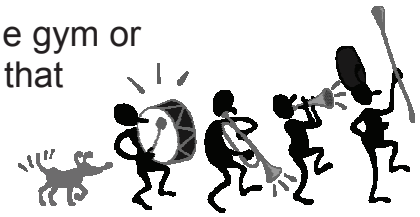
- You can begin increasing your physical activity today! However, if you have a medical condition, check with your doctor before doing strenuous physical activity.



- Do what you like to do. For example, if you enjoy the outdoors, plan outdoor activities. What do you like to do?

- Try to be physically active for 30 minutes each day.

- Physical activity isn't just going to the gym or running a mile. It includes anything that gets your body moving such as:



  - Playing with your children.
  - Doing housework.
  - Using the stairs instead of riding the elevator.
  - Parking your car a little farther away from where you are going.
  - Getting off the bus two stops away from where you live.

- Set reasonable goals and go at your own pace.

  For example, if you decide you want to run for physical activity, you don't have to run a 10K the first day—or ever! Your first steps might look like this.

Tuesday Put on your tennis shoes.	Wednesday Do some gentle stretching.	Thursday Walk to the end of the block.	Friday Walk to the end of the block.	Saturday Walk around the block.	
Sunday Walk around the block.	Monday (Take a day off.)	Tuesday Walk around the block.	Wednesday Walk around the block twice.	Thursday Walk around the block twice.	

I would like to be more physically active. I will start by:



_____

_____

_____

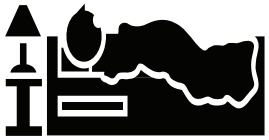
_____

Tips to Improve Your Sleep

Leader Tips

Time: 15 minutes
Group Member's Workbook: Page 64

1. **Say:** *Sleep is another important activity. Has anyone had concerns about their sleep?* Get an idea of what kinds of sleep concerns the group members have.
2. **Say:** *We're going to give you some ideas for how to have the best sleep you can.*
3. **Go over** the text. Stop and ask for comments.
4. After introducing the tips, **ask:** *For those of you who have concerns about your sleep, are there things here that you would like to try?*



Many people with depression and substance abuse problems have problems with sleep. Some people have trouble getting enough sleep and others sleep too much. Getting the right amount of sleep will help you stay healthy and feel better. It will support your recovery.

You can use CBT to improve your sleep.

- Thoughts that can make it harder to sleep: "It is already midnight and I will never get to sleep."



vs.

- Thoughts that make it easier to sleep: "Even if I am not sleeping, at least my mind and body can rest."

These tips can help to improve your sleep. If you don't have sleep problems now, keep these tips in mind in case you need them in the future.

To develop a consistent sleep pattern, try the first three tips. Eventually, you should feel drowsy at about the same time every night.



1. Do not go to bed until you are drowsy. If you find yourself lying awake, get up and go to another room for a few minutes until you feel drowsy. Then return to bed.

2. Get up at about the same time each morning, including weekends. If you feel you must sleep in, don't oversleep by more than one hour.





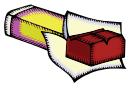
3. Do not take naps.

The next tips will help you avoid some common habits that make it hard to sleep. They also will help you build new habits that improve sleep.

4. Do not eat or drink anything with caffeine after about 4 PM or within six hours of bedtime. Things that contain caffeine include:



- Certain foods (for example, chocolate)



- Certain drinks (for example, tea, coffee, and soda)
- Some medications (for example, over-the-counter cold, headache, and pain relief medications)





5. Do not smoke within several hours of bedtime, because nicotine is a stimulant.

6. Do not drink alcohol. 



7. Participate in physical activity regularly. Try to finish physical activity at least four hours before bedtime.

8. Think of ways to make your sleep environment more comfortable.

- Keep books, newspapers, magazines, telephones, TVs, laptop computers, and other distractions away from the bed. Use the bed for sleep and sex only.
- Ask others to keep the noise down. Use ear plugs if necessary.



- Arrange for a comfortable room temperature.
- Place things over the window to darken the room.



- If you can, ask others to do activities such as watching TV, talking on the telephone, or working on a computer in another room.



9. Avoid large meals and excessive fluids right before bed. If you wake up in the middle of the night, do not have a snack.



10. If you take any medications, take them only as prescribed. If you feel that the medications are making your sleep problems worse, talk with your doctor. Some over-the-counter medications contain stimulants.

If you sleep too much…

For most people, the right amount of sleep is between seven and nine hours each night. If you are sleeping more than that, you may be sleeping too much. Try these tips for getting up and going, and staying active all day.

1. Put your alarm clock across the room so you are forced to get out of bed to turn it off.





2. Open the curtains or window shade first thing in the morning. The light will help you feel more awake.

3. Ask a friend to call you in the morning to help you wake up and get going.



4. Plan an activity in the morning that you enjoy. You could:

- Listen to music
- Read the newspaper
- Go outside in the air and light
- Do something with a friend

5. Plan an "active" activity for the part of the day that you are most likely to nap. For example, make that time your exercise time instead of the time you lie quietly on your bed and read.



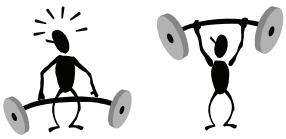
KEY MESSAGES

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 68

Review the key messages.

- Harmful activities can lead to depression and the use of drugs or alcohol.
- Doing helpful activities will help you feel better and support your recovery.
- Start slow, but steadily replace harmful activities with helpful activities.
- You can take steps to increase your physical activity and improve your sleep.



PRACTICE

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 69

Quick Mood Scale

1. Say: *Keep track of your mood each day using the* ***Quick Mood Scale****. Also keep track of how many helpful activities you did each day.*

Think of Four Activities You Could Do
and
Do at Least One of the Activities before Next Session

2. Group members should think of four activities they could do when they are feeling down.

Say: *Except for using drugs or alcohol, what do you do now when you are feeling down? What helpful activities help you feel better?*

Tell group members that these should be:

- Easy activities
- Activities that do not require a lot of time or money
- Activities they already know about
- Activities they like to do
- Activities that help them feel better

Some examples are: calling their sponsor, having lunch with a friend or relative, taking a hot bath, or going for a walk.

3. Group members should write their four activities on the lines.

4. Group members should choose one of the four activities and do it before the next CBT session.

1. Track your mood using the Quick Mood Scale. Count how many helpful activities you do each day and put the number at the bottom of the scale.

2. Think of four activities you can do when you are feeling down.

- What helpful activities are easy for you to do and help you when you feel down?
- Write the activities on the lines below.

_____

_____

_____

_____

3. Pick at least one of the four activities to do before the next session.

QUICK MOOD SCALE

Instructions

- Fill in the days of the week across the top of the scale. For example, if you start rating your moods for the week on a Wednesday, write "Wednesday" (or "W") on the first line, "Thursday" (or "Th") on the second line, etc.
- Keep the scale beside your bed. Before you go to bed, think about your mood for the day and circle a number that matches your mood.
- Try to use all the numbers, not just 1, 5, or 9.
- There is no right answer. Only you know how you have felt each day.
- If you want to track your mood over a period of time longer than a week, write down the number rating for your daily moods on a calendar.
- Try to remember about how many helpful activities you did each day and write the number at the bottom of each column.

Day of the Week	_____	_____	_____	_____	_____	_____	_____
Best mood	**9**	**9**	**9**	**9**	**9**	**9**	**9**
	8	**8**	**8**	**8**	**8**	**8**	**8**
	7	**7**	**7**	**7**	**7**	**7**	**7**
	6	**6**	**6**	**6**	**6**	**6**	**6**
OK/average mood	**5**	**5**	**5**	**5**	**5**	**5**	**5**
	4	**4**	**4**	**4**	**4**	**4**	**4**
	3	**3**	**3**	**3**	**3**	**3**	**3**
	2	**2**	**2**	**2**	**2**	**2**	**2**
Worst mood	**1**	**1**	**1**	**1**	**1**	**1**	**1**
How many helpful activities did you do each day?							



Feedback

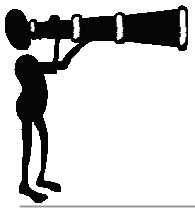
Leader Tips

Time: 2 minutes
Group Member's Workbook: Page 71

Before ending the group, ask group members to comment on the session.

The group leader will ask for your comments about how the session went. He or she might ask the following questions.

- What was helpful about today's session?
- What was less helpful?
- What was difficult?
- What suggestions do you have to improve your therapy?



Looking ahead

Leader Tips

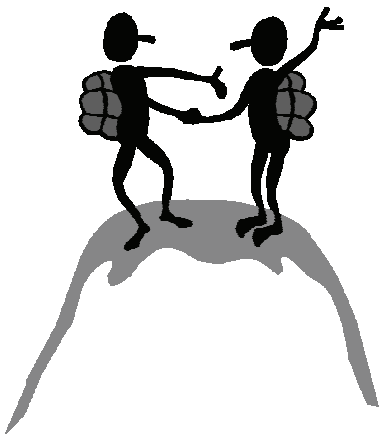
Time: 2 minutes
Group Member's Workbook: Page 71

1. **Encourage** group members to come to the next session.

2. **Say:** *In the next session, we will talk about the connections among your interactions with other people, your mood, and substance abuse.*

3. **Congratulate** group members for attending the group.

Session 4 in "Substance Abuse and Your Mood" will focus on how you can improve your interactions with other people to improve your mood and support your recovery.



GROUP LEADER SELF- EVALUATION FORM: SUBSTANCE ABUSE, SESSION 3

Instructions

Taught/Done: Were you able to cover the material? If you didn't do this in this session but you do it later, when it is done write in the date you covered it.

Difficult to Teach: How hard was it to teach this part of the session? If it was neither easy nor hard, you can write "medium."

Section	Taught/Done? (Yes/No)	How Difficult Was It to Lead This Part of the Session? (Easy/Hard)
Welcome		
Purpose and Outline		
Announcements		
How Have You Been Feeling?		
Review		
Practice		
Last Session		
New Topic: Your Activities, Mood, and Substance Abuse Are Connected		
Staying Active Helps You Feel Happier and Supports Your Recovery		
Harmful Activities to Avoid		
Helpful Activities You Could Do		
How to Get Going and Do Helpful Activities		
What Gets in the Way of Doing Helpful Activities?		
Physical Activity Improves Your Mood and Supports Your Recovery		
Tips to Improve Your Sleep		
Key Messages		
Practice		
Feedback		
Looking Ahead		

SESSION 4: INTERACTIONS WITH PEOPLE, MOOD, AND SUBSTANCE ABUSE

Leader Tips

Materials Needed

- **Group Member's Workbooks** ("Substance Abuse and Your Mood")—a few copies to loan in case some group members forget to bring their workbooks
- **Pens**—enough for everyone in the group
- **3" x 5" index cards**—enough so that each group member can have three
- **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
- **Certificates of Achievement** for graduating group members
- **Kleenex** or other facial tissue

Group Leaders' Goals

- Introduce the connections among people interactions, mood, and substance abuse.
- Help group members understand that if most of their interactions with people are with people who drink or use drugs, they may need to make new friends.
- Help group members identify helpful activities they could do to meet new people.
- Help group members learn how to start a conversation and how to build friendships slowly.
- Look at the things that get in the way of helpful interactions with people and find ways to get around them.
- Look back and review the Substance Abuse module.

Leader Tips

Welcome Group Members

- Greet group members by name and ask them informally how their practice went.
- Remind group members that this is the last session of the module.

Purpose and Outline
Group Member's Workbook: Page 73

Introduce the Purpose and Outline.

PURPOSE

- Understand that helpful interactions with people can help you feel happier and support your recovery.
- Identify ways to meet new people.
- Identify the obstacles that get in the way of having helpful interactions with people and learn how to manage them.

OUTLINE

I. Announcements

II. Review

III. New Topic: Your Interactions with People, Your Mood, and Substance Abuse Are Connected

   A. Interactions with People Help You Feel Happier and Support Your Recovery

   B. Meeting New People

   C. Who Would You Like to Get to Know Better?

   D. What Gets in the Way of Helpful Interactions with People?

IV. Key Messages

V. Practice

VI. Feedback

VII. Review of Module: Substance Abuse and Your Mood

VIII. Goodbye to Graduating Group Members

IX. Looking Ahead to the Next Module



ANNOUNCEMENTS

LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 74

1. If any members of your group will have completed all four modules at the end of this session, they will be "graduating" from CBT. Tell the group who these graduates are and say *"congratulations."*

2. **Say:** *At the end of this session, we will be talking more with these group members to find out how they are feeling and what their plans are for the future.*

The group leader will make any announcements that might be necessary.

Is there anything you would like to let the leader know about?

Review

Practice

Leader Tips

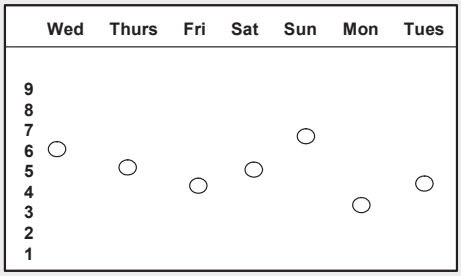
Time: 15 minutes
Group Member's Workbook: Page 75

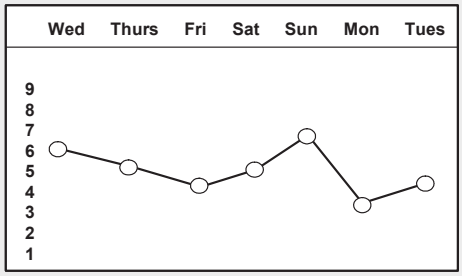
Quick Mood Scale

Ask group members about how they did tracking their moods on their Quick Mood Scales. Make a graph based on one group member's Quick Mood Scale.

1. Start the graph with the day of the week the group meets. If your group meets on a Wednesday, write "Wednesday" or "Wed"" in the first space at the top of the graph.

2. Ask for a volunteer from the group to share the numbers on his or her Quick Mood Scale. Make a graph on the board like the example below. If the group member's mood was a 6 on the first day, mark a dot at 6 below "Wed."





3. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

4. Possible follow-up questions: *How many helpful activities did you do on the day your mood was the lowest? What about the day that you had the highest mood? What got in the way of doing more helpful activities?*

Do One of the Four Activities You Thought of to do When You are Feeling Down

5. Ask: *What are some of the activities you thought of? What activity did you do?*

Your practice after last session was to:

1. Track your mood using the Quick Mood Scale.

2. Think of four activities you can do when you are feeling down. Do one of the activities.

How did your practice go?

Last Session

Leader Tips

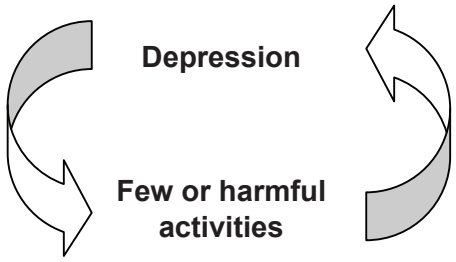
Last Session

Time: 5 minutes
Group Member's Workbook: Page 75

1. **Review** the key messages.

2. **Say:** *Today we will be talking about how to have more helpful interactions with other people to improve your mood and support your recovery.*

Key messages from the last session were:



- Harmful activities can lead to depression and the use of drugs or alcohol.
- Doing helpful activities will help you feel better and support your recovery.
- Start slow, but steadily replace harmful activities with helpful activities.
- You can take steps to increase your physical activity and improve your sleep.

NEW TOPIC: YOUR INTERACTIONS WITH PEOPLE, YOUR MOOD, AND SUBSTANCE ABUSE ARE CONNECTED

Interactions with People Help You Feel Happier and Support Your Recovery

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 76

1. **Say:** *Helpful interactions with people can help to improve your mood and support your recovery. We will do an exercise to help you understand how people interactions can help your mood.*

2. **Lead** the group through the exercise at the top of the next page. **Ask:** *would anybody like to share their feelings and thoughts? Lead a group discussion.*

3. **Say:** *The more time you spend alone, the worse you may feel, and the more you may want to be alone or to use drugs or alcohol. It is important to break the cycle.*

4. **Discuss** the key points at the bottom of the page.



Close your eyes and think about a person with whom you shared a positive moment that did not involve using drugs or alcohol some time in the past.

1. Notice your **mood**. How does it feel to remember a nice time with another person?

_____

_____

2. What **thoughts** do you have as you remember this experience?

_____

_____

Helpful interactions with other people:



- Can help you feel good and make it less likely that you will use drugs or alcohol.
- Take your mind off your own problems.
- Provide you with company when you do activities.
- Allow you to share life's nice moments with someone else.
- Give others a chance to listen to you and help you with your problems.
- Give you the chance to help and support others.
- Allow you to see how other people live and have fun without using drugs or alcohol.

Meeting New People

Leader Tips

Time: 10 minutes
Group Member's Workbook: Page 77

1. **Say**: *We know that when you are feeling down it is not easy to get out and meet new people. In this session, we will talk about how you can meet people, how you can get to know them, and how to overcome the obstacles that might get in the way.*
2. **Go over** the first paragraph. **Ask:** *How many of you think that you may need to meet some new people?*
3. **Go over** the next paragraph and the list of points. **Ask:** *Do you think that being around other people could improve your mood and support your recovery?*
4. **Read aloud** the list of activities and ask group members to mark the boxes and fill in their own ideas for activities they might enjoy.

When you are in recovery from using drugs or alcohol, you may find that most of the people you know are involved with drugs or alcohol. If your old friends are still using, hanging out with them is high-risk for you. So, **you may need to meet some new people.**

A good way to start meeting new people is to do something that you like doing, and do it in the company of other people. When you do this:

- There is less pressure because you will be involved in an activity you enjoy.
- You might meet people who could keep you company doing activities you enjoy.
- Even if you don't meet somebody you want for a good friend, you won't feel like you wasted your time.
- You will see that sober people can have fun doing sober activities. And so can you!

Here are some activities you could do to be around people. Check the ones that sound good to you.



- ☐ Go rollerblading in the park.
- ☐ Go to a free outdoor music concert in the summer.
- ☐ Hear a speaker at the library tell about a recent trip to an exciting location.
- ☐ Attend a workshop at a bicycle shop and learn how to change a bike tire.
- ☐ Volunteer to help at a local charitable organization.
- ☐ Go on a nature hike sponsored at a local park.
- ☐ Watch (or play in) a pickup basketball game at the park.
- ☐ Go to an Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meeting.
- ☐ Go to a yard sale.
- ☐ Sit at an outside table at a coffee place.
- ☐ Go to a farmers' market.
- ☐ Attend a community or religious event.

What are your ideas for activities you could do around other people? Write them here.

_____

_____

_____

Who Would You Like to Get to Know Better?

Leader Tips

Time: 20 minutes
Group Member's Workbook: Page 79

1. Say: *Now you know how important it is to make contact with other people. What if you wanted to make a new friend? Can you think of somebody you would like to get to know? The idea is to expand your social network, so think about how you could meet somebody new, or get to know an acquaintance better.*

2. Help group members answer questions #1 and #2.

3. Go over the text in question #3. **Ask** group members to choose a partner with whom to do the practice. They should pretend that they are meeting someone they don't know well, and have a conversation. After one person has a turn STARTING the conversation, the other should have a turn.

4. When the group is finished, ask them:

- *How difficult was it to start a conversation?*
- *How did you feel?*
- *What did you learn?*
- *Could you do the same thing with someone you don't know well?*

Another way to have more contact with others is to start making plans to get to know people in your community.

1. Identify three new people you would like to get to know better. Somebody at church? Somebody in your AA group? A neighbor? A parent of one of your children's friends? If you don't know the person's name, write a description such as: "The friendly woman at church."

_____

_____

_____

2. Why do you want to know them better? For example, do you think you might have common interests? Does the person have a nice smile?

_____

_____

_____

3. Practice having a conversation.

Choose a partner from the CBT group and pretend that you are starting a conversation with one of the people you would like to get to know. ***How could you begin?*** Here are some ideas.

- Hi. I don't think we've met. I'm _____ [tell the person your name]. What's your name?
- Did you enjoy the sermon?
- Are you ready for the summer weather?
- I had a question about last week's practice. Will you help me?
- Can I bring you anything from the snack table?
- I'm so happy—I really wanted a drink last night but I didn't have one.
- I like your shirt. Where did you get it?
- Our kids seem to really like playing together. Have you been to the park with the great jungle gym?

Switch roles so that both you and your partner have a turn practicing.

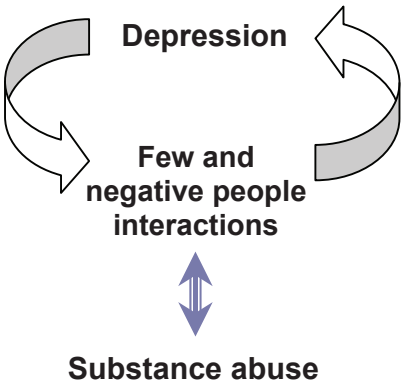
What Gets in the Way of Helpful Interactions with People?

Leader Tips

Time: 10 minutes
Group Member's Workbook: Page 81

1. **Say:** *We know that when you are depressed and working on your recovery, it is hard to maintain helpful interactions with people. What else gets in the way?*
2. **Lead** the group through the text and the exercise on the next page.

Your depression might lead you to feel like avoiding other people and spending time only by yourself. Then you are likely to feel more depressed, more alone, and more like using drugs or alcohol.



Or

When you use drugs or alcohol, you may have contact mostly with other people who use. This lack of helpful interactions with people may lead you to feel depressed.

But it doesn't have to be this way. You can feel better and enjoy people again!

Why is it difficult to begin new relationships? Some common obstacles are listed below. What could you do to get around the obstacles? **Write your own obstacles** and possible solutions at the bottom of the list.

Obstacles	Possible solutions
Examples	
I have no sober friends.	• Begin to make new friends. • Attend a sober support group (e.g., AA). • Choose an activity you can do alone but with other people around.
I am feeling irritable.	• Remember: Feeling irritable is a symptom of your depression and recovery. Interactions with people will help you feel better. • Go to your sober support group (e.g., AA).
I don't know how to meet new people.	• Start by doing activities you enjoy, but where other people will be around.
I think that sober people won't understand me.	• Replace the harmful thought with a helpful thought. For example: "I don't know for sure that sober people won't understand me. Some will, and some won't. I will give them a chance."
I don't trust people.	• Take it slow and learn who you can trust.
I'm afraid of being criticized.	• Understand that you probably feel more sensitive because you are depressed and in recovery. • As you meet new people, look for new friends who are honest with you but supportive.
I had a really bad experience with somebody.	• Know that relationships don't always work out. • Let the new relationship grow slowly while you and the new person get to know each other.
I'm afraid people won't like me.	• Think a helpful thought: "I am an interesting person. Just as I don't like everyone, everyone may not like me, but many people will—especially if I let them get to know me."



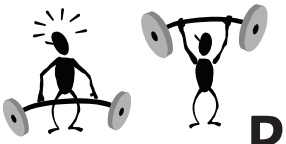
KEY MESSAGES

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 83

Review the key messages and **ask** group members if they have questions or comments.

- Helpful interactions with others can have a positive effect on your mood and your recovery.
- If most of your friends are involved with drugs or alcohol, you may have to make new friends.
- You can meet new people by doing activities you enjoy in the company of other people.
- It is possible to problem-solve around the obstacles that get in the way of meeting and being with people.



PRACTICE

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 83

Quick Mood Scale

1. **Say:** *Keep track of your mood each day using the Quick Mood Scale. Also keep track of how many helpful interactions with people you had each day. If you are finished with CBT, you can continue to use the Quick Mood Scale to help you keep track of your progress and know if you are becoming depressed again.*

Take a Step to Get to Know Somebody New

2. **Go over** the instructions (#2 below) for completing this part of the practice. **Ask** group members if they have any questions.

1. Track your mood using the Quick Mood Scale.

2. Take a step to get to know somebody new.

- Earlier in this session, you identified three people you would like to get to know better. Choose one of the people and write the person's name below. If you don't know the person's name, write a description such as: "The friendly woman at church."

_____

- Take the first steps to get to know this person. How will you approach him or her? Will you see the person or make a telephone call? What will you say? Write your plan down below.

_____

_____

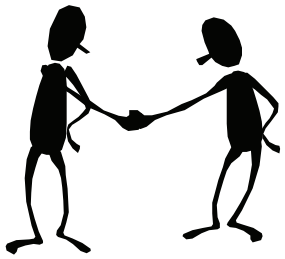
_____

_____

_____

Example:

I probably will see this person next Sunday at church. During the social hour, I will introduce myself. I will ask the person whether he/she liked the sermon (or the music). I will offer to get us something from the refreshment table. At the end of our conversation, I will say "It was nice meeting you. I'll see you next Sunday."



QUICK MOOD SCALE

Instructions

- Fill in the days of the week across the top of the scale. For example, if you start rating your moods for the week on a Wednesday, write "Wednesday" (or "W") on the first line, "Thursday" (or "Th") on the second line, etc. You can also write down the date (4/15, 4/16, etc.) if you want to keep track of how you are improving from week to week.
- Keep the scale beside your bed. Before you go to bed, think about your mood for the day and circle a number that matches your mood.
- Try to use all the numbers, not just 1, 5, or 9.
- There is no right answer. Only you know how you have felt each day.
- If you want to track your mood over a period of time longer than a week, write down the number rating for your daily moods on a calendar.
- Try to remember how many positive interactions with people you have each day. Write the number at the bottom of each column.

Day of the Week	_____	_____	_____	_____	_____	_____	_____
Best mood	**9**	**9**	**9**	**9**	**9**	**9**	**9**
	8	**8**	**8**	**8**	**8**	**8**	**8**
	7	**7**	**7**	**7**	**7**	**7**	**7**
	6	**6**	**6**	**6**	**6**	**6**	**6**
OK/average mood	**5**	**5**	**5**	**5**	**5**	**5**	**5**
	4	**4**	**4**	**4**	**4**	**4**	**4**
	3	**3**	**3**	**3**	**3**	**3**	**3**
	2	**2**	**2**	**2**	**2**	**2**	**2**
Worst mood	**1**	**1**	**1**	**1**	**1**	**1**	**1**
How many helpful people interactions did you have?							



FEEDBACK

LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 86

Encourage group members to comment on today's session and the Substance Abuse module.

The group leader will ask for your comments about how this session and the Substance Abuse module went. He or she might ask the following questions:

- What did you learn that was most helpful in terms of improving your mood? For supporting your recovery?
- What was less helpful?
- What was difficult?

REVIEW OF MODULE: SUBSTANCE ABUSE AND YOUR MOOD

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 86

Review the key messages.

Over the past four sessions, we have been focusing on the connections among mood, thoughts, activities, interactions with people, and substance abuse.

The key messages from "Substance Abuse and Your Mood" were:

Session 1: Depression and Substance Abuse

- Your mood can affect your decision on whether or not to use drugs or alcohol.
- Using drugs or alcohol can affect your mood.
- Using drugs or alcohol can also lead to other changes in your thinking and activities that are symptoms of depression.

Session 2: Thoughts, Mood, and Substance Abuse

- Thoughts are helpful or harmful based on how they make you feel.
- The harmful thoughts that lead you to feel depressed can make it more likely you will use.
- The helpful thoughts that help improve your mood may also help you with your recovery.
- You can learn to catch your harmful thoughts and replace them with helpful ones.

Session 3: Activities, Mood, and Substance Abuse

- Harmful activities can lead to depression and the use of drugs or alcohol.
- Doing helpful activities will help you feel better and support your recovery.
- Start slow, but steadily replace harmful activities with helpful activities.
- You can take steps to increase your physical activity and improve your sleep.

Session 4: Interactions with People, Mood, and Substance Abuse

- Helpful interactions with others can have a positive effect on your mood and your recovery.
- If most of your friends are involved with drugs or alcohol, you may have to make new friends.
- You can meet new people by doing activities you enjoy in the company of other people.



- It is possible to problem solve around the obstacles that get in the way of meeting and being with people.

Coping Cards Can Help You Feel Better and Support Your Recovery

Leader Tips

Time: 25 minutes
Group Member's Workbook: Page 88

1. This activity provides a review of the module and a take-home tool to support group members' ongoing practice.
2. **Pass out** index cards so that each person has three.
3. **Go over** the instructions in #1 below. Help group members complete the coping cards by writing down helpful thoughts.
4. **Go over** the instructions in #2 below. Help group members complete the coping cards by writing down helpful activities.
5. **Go over** the instructions in #3 below. Help group members complete the coping cards by writing down the names of helpful people they could reach out to.
6. **Ask** group members if they have any comments or questions.
7. **Say:** *Feel free to stay a few minutes after this session and laminate your cards. We have laminating paper and all the other supplies you will need.* (After the session, help group members laminate their cards using the laminating paper.)

Use three index cards to give yourself quick ideas to improve your mood. Write on your coping cards the following:

1. ***Helpful thoughts you can say to yourself***. On the first card, write as many helpful thoughts as you can think of. When you are feeling down, say these thoughts to yourself to improve your mood. For example:

   I am an honest person.
   I always try my hardest.
   I have been a good parent.
   People know they can trust me.
   I really like the fact that I care about other people.

2. ***Helpful activities*** you can do. On the second card, write down a few helpful activities that can improve your mood. Try to think of activities that have improved your mood in the past and that have few obstacles. If you would like, you can look back at the lists of activities in Session 3.

3. ***Helpful people*** you can reach out to. On the third card, write down the names of a few people you can talk to when you are feeling down. Who can you count on to listen? A family member? Best friend? A sponsor?

Keep your coping cards someplace where you can find them easily—maybe in your purse or wallet, or by your bed.



If you're feeling down, or if you feel like drinking or doing drugs, pull out a card and read it. It can help you get past the moment of stress.



GOODBYE TO GRADUATING GROUP MEMBERS

LEADER TIPS

Time: 20 minutes
Group Member's Workbook: Page 89

Leader goals:

- Reinforce the work the group members have done and the changes they have made.
- Help the group members develop a specific plan for what they will do if they become depressed again. Focus on what they can try on their own, but remind them that it is ok to seek treatment again.

1. It is important to talk with group members who have completed all the CBT modules and who will be leaving the group. If nobody in your group is graduating, skip this section.

2. Say: *As you know, some members of the group have finished CBT and will be leaving the group. Our graduates are* _____ (say their names).

3. Look at the graduates and say: *How do you feel about leaving?* Give them a few minutes to respond.

4. Discuss the questions listed.

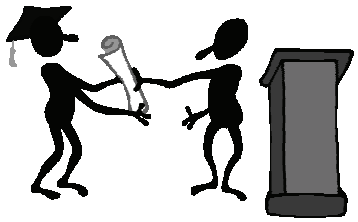
5. Say: *Would other group member like to share what they have noticed about changes these group members have made or what you appreciated about having them in group?*

6. Say something specific to each group member who is leaving. (Think about what you want to say ahead of time.) Be direct about the group member's contribution to the group and the changes you have seen the group member make.

7. Present certificates of achievement to the graduating group members. (You can photocopy the sample certificate from the group leader's introduction. See the section called "Supplies You Will Need.")

If you have completed all four modules in CBT, you are now a CBT graduate.

CONGRATULATIONS!



Since you are leaving the group, you might want to talk about some of the following:

1. What have you learned that you think will help you feel better?

2. What have you learned that will help you reach some of your goals?

3. How will you get support in your everyday life when you are no longer coming to group meetings?

4. What will you do the next time you feel depressed?

5. What will you do the next time you feel like using?

If you still feel depressed, tell your group leader, and he or she will help you get further treatment.



Looking ahead

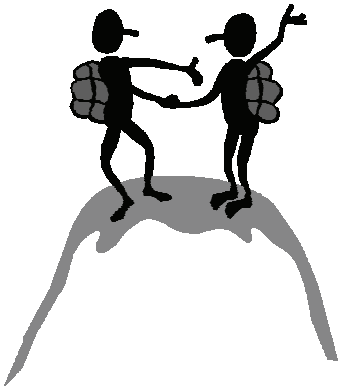
Leader Tips

Time: 1 minute
Group Member's Workbook: Page 90

Just as you did at the end of the first session, congratulate group members for attending the group.

Say: *This is the last session in this module, "Substance Abuse and Your Mood." If you are continuing with CBT, the next module will be "Thoughts and Your Mood." You will learn more about how to manage your thoughts to help you feel better and support your recovery.*

The next module focuses on the relationship between your thoughts and your mood.



GROUP LEADER SELF- EVALUATION FORM: SUBSTANCE ABUSE, SESSION 4

Instructions

Taught/Done: Were you able to cover the material? If you didn't do this in this session but you do it later, when it is done write in the date you covered it.

Difficult to Teach: How hard was it to teach this part of the session? If it was neither easy nor hard, you can write "medium."

Section	Taught/Done? (Yes/No)	How Difficult Was It to Lead This Part of the Session? (Easy/Hard)
Welcome		
Purpose and Outline		
Announcements		
Review		
Practice		
Last Session		
New Topic: Your Interactions with People, Your Mood, and Substance Abuse Are Connected		
Interactions with People Help You Feel Happier and Support Your Recovery		
Meeting New People		
Who Would You Like to Know Better?		
What Gets in the Way of Helpful Interactions with People?		
Key Messages		
Practice		
Feedback		
Review of Module		
Goodbye to Graduating Group Members		
Looking Ahead		

RESOURCES FOR GROUP MEMBERS

ORGANIZATIONS THAT PROVIDE HELP FOR DEPRESSION AND SUBSTANCE ABUSE

Alcoholics Anonymous (AA)
1-800-923-9722

Depression and Bipolar Support Alliance (DBSA)
1-800-826-3632
www.dbsalliance.org

Narcotics Anonymous (NA)
www.na.org

National Alliance for the Mentally Ill (NAMI)
1-800-950-6264
www.nami.org

Project Return (wellness and support for people with mental illness)

Recovery Inc. (self-help program for mental health)
1-312-337-5661
www.recovery-inc.org

BOOKS AND VIDEOTAPES ABOUT DEPRESSION AND SUBSTANCE ABUSE

Control Your Depression
Authors: Peter M. Lewinsohn, Ricardo F. Muñoz, Mary A. Youngren, and Antonette M. Zeiss.
Published by Fireside Books, New York, New York, 1992.

Coping with Depression **(videotape)**
Author: Mary Ellen Copeland
Published by New Harbinger Publications, Inc., Oakland, California, 1994.

Feeling Good: The New Mood Therapy
Author: David D. Burns
Published by William Morrow, New York, New York, 1980.

The Loneliness Workbook: A Guide to Developing and Maintaining Lasting Connections
Author: Mary Ellen Copeland.
Published by New Harbinger Publications, Inc., Oakland, California, 2000.

Mind Over Mood: Change How You Feel by Changing the Way You Think
Authors: Dennis Greenberger and Christine A. Padesky.
Published by Guilford Press, New York, New York, 1995.