GROUP LEADER'S MANUAL

Building Recovery by Improving Goals, Habits, and Thoughts

An Integrated Group Cognitive Behavioral Therapy for Co-Occurring Depression and Alcohol and Drug Use Problems

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

The authors adapted this publication (with contributions from Dina Daleo and John Sheehe) from the May 2000 revision of the "Manual for Group Cognitive Behavioral Therapy for Major Depression: A Reality Management Approach" by Ricardo F. Muñoz, Chandra Ghosh Ippen, Stephen Rao, Huynh-Nhu Le, and Eleanor Valdes Dwyer with their permission.

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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-2). BRIGHT-2 is a manualized group cognitive behavioral therapy (CBT) program for co-occurring depression and alcohol and drug use problems. The treatment program was developed and evaluated in outpatient substance abuse treatment programs in Los Angeles County.

We designed BRIGHT-2 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 and substance abuse treatment to individuals who often do not receive it. Thus, while BRIGHT-2 can be delivered by mental health practitioners with experience in CBT, we also believe that BRIGHT-2 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 (Hepner et al., 2011). While BRIGHT-2 is an integrated treatment designed to treat *both* depression and alcohol and drug use problems, BRIGHT is designed to treat depression in individuals with co-occurring 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-2 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 Drug Abuse (Grant number R01DA020159). 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.

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THANK YOU for your interest in the BRIGHT-2 Cognitive Behavioral Therapy (CBT) program. This program is designed for people who suffer from depression and alcohol and drug use 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- 2 TREATMENT MANUAL

This Group Leader's Introduction is one of a series of resources that serve as practical resources for implementing the BRIGHT-2 group cognitive behavioral therapy (CBT) program for people who suffer from depression and substance abuse. 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-2 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 with alcohol/drug use problems 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-2 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-2 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-2 manual, however, was designed specifically to provide the additional support that many practitioners may need when first implementing CBT for depression and alcohol and drug use problems. Thus, throughout the BRIGHT-2 materials, we encourage the new BRIGHT counselor to receive supervision or consultation from an experienced CBT supervisor.

The following BRIGHT-2 resources are available:

Group Leader's Introduction (this module)

Group Leader's Manual (3 modules)

- Module 1: "Thoughts, Alcohol/Drug Use and Your Mood"
- Module 2: "Activities, Alcohol/Drug Use and Your Mood"
- Module 3: "People, Alcohol/Drug Use, and Your Mood"

Group Member's Workbook (3 modules)

- Module 1: "Thoughts, Alcohol/Drug Use and Your Mood"
- Module 2: "Activities, Alcohol/Drug Use and Your Mood"
- Module 3: "People, Alcohol/Drug Use, and Your Mood"

All seven of these resources are needed to fully implement the BRIGHT-2 CBT Program. More information about the structure of the treatment is included later in this Introduction.

How BRIGHT- 2 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- 2?

BRIGHT-2 is intended for use in outpatient and residential substance abuse treatment programs as well as in mental health settings as an **integrated treatment for both depression and substance abuse**.

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

BRIGHT-2 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 and alcohol/drug use are 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 Guidebook: 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-2 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-2 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-2 into the usual care provided by the treatment site. For example, staff not directly involved in the delivery of BRIGHT-2 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-2 intervention, and can help maintain the motivation of counselors delivering the intervention.

GROUP LEADERS

We recommend that BRIGHT-2 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-2 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-2 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-2 intervention. CBT works best if the same leaders stay for the entire 18-session program, conducting all three 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-2 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-2.

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-2 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-2 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-2, 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-2 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, including 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 their physical illness.

What are alcohol and drug use problems?

Not everyone who drinks alcohol or uses drugs has a problem. Alcohol and drug use are problems if they cause distress and get in the way of everyday life and future life goals. People with alcohol or drug use problems have trouble fulfilling their responsibilities at home, school, and work because of their alcohol or drug use. Their use may continue despite legal troubles or situations where they have put themselves and others in danger (for example, drinking while driving).

People with alcohol and drug use problems often have problems for a long time and have many challenges. They often are unable to admit that alcohol or drug use is a problem for them. Over time, they are unable to stop alcohol/drug use despite continued negative effects. Even when things get worse or the effect of alcohol or drugs is no longer pleasurable, they can't stop drinking/using or remain abstinent once they have stopped.

As with depression, alcohol or drug use problems are not a sign of personal weakness or a condition that can be wished away. People with alcohol/drug use problems cannot merely "pull themselves together" or quit. They need help to recover. Alcohol and drug use problems are treatable conditions from which people can recover.

Symptoms of Alcohol and Drug Use Problems

- Conflicts with other people, including family members
- Problems at work or school, or difficulty keeping a job
- Financial problems
- Physical symptoms or health problems, or if drinking/using has made existing health problems worse
- A tolerance for the alcohol or drugs so that more is required to get the same "high"
- Withdrawal symptoms (such as shakiness, nausea, headaches, or fatigue) that are relieved by drinking or using again

- Memory lapses
- Legal problems (such as an arrest for driving under the influence—DUI; arrest for possession or use of illegal drugs; or not meeting financial obligations)
- Feelings of hopelessness, guilt, or worthlessness related to drinking or using

Causes of Alcohol and Drug Use Problems

Just as they have been studying depression, scientists have been studying alcohol/drug use for a long time, and no one factor has been discovered that is the cause of all alcohol and drug use problems. Many factors may contribute. They include:

- Childhood experiences
- Biochemical processes in the brain
- Medical problems
- Chronic pain
- Stress or trauma
- Depression and other mental health issues.

An individual with a parent or other family member with a history of alcohol or drug problems may be at risk, but this does not mean that all children of parents with alcohol/drug problems develop problems. Stress and depression symptoms also make a person more vulnerable to alcohol/drug use problems. Group members may have concerns that their children will "inherit" depression and alcohol/drug use problems from them. It is important to tell the group that many factors contribute to alcohol/drug use problems and that alcohol and drug use problems are preventable and treatable. For example, people with a strong family history of alcohol problems might prevent alcohol problems in their own life by deciding not to drink.

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-2 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-2 is an integrated group treatment for *both* depression and substance abuse. First, there are several ways to screen for depression and track a person's progress as he or she begins to feel better. BRIGHT-2 uses two measures to assess depression and mood 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-2. 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-2. 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-2. Clients may have other co-occurring disorders (e.g., anxiety disorders, eating disorders) and this typically does not prevent them from benefiting from BRIGHT-2 (though some exceptions are listed below). Note

that BRIGHT-2 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. The PHQ-9 is also integrated into every other group treatment session to assist with monitoring change in depression symptoms over time.

Second, there are several ways to screen for alcohol and drug use problems. Our implementation and evaluation of BRIGHT-2 was conducted in outpatient substance abuse treatment settings. In these settings, all clients were receiving treatment for an alcohol or drug use problem and additional screening was necessary. In other settings, brief screeners for problem alcohol use (e.g., AUDIT-C) and problem drug use (e.g., DAST) could be implemented to support identifying clients that may benefit from treatment.

A group member with alcohol dependence may prefer to aim for drinking occasionally instead of not drinking at all. It is important to understand group members' goals as well as your clinic's philosophy about alcohol use. Some programs (such as Alcoholics Anonymous—AA) teach abstinence, whereas others allow group members to moderate their drinking (this approach is also known as "harm reduction"). This CBT treatment can be used in settings that emphasize abstinence or those that take a harm reduction approach.

While the PHQ-9 is built into the treatment to allow tracking of change in depression symptoms over time, we do not currently include a companion measure to assess changes in alcohol or drug use or associated symptoms (e.g., cravings, confidence to abstain from alcohol or drugs). There are several reasons for this. Some treatment settings may not see changes in drinking or using while clients are in treatment (e.g., residential substance abuse treatment settings). Similarly, measures of associated symptoms may not change predictably during treatment. We have used two subscales from the Alcohol Abstinence Self-Efficacy Scale. In particular, we used eight items that assess how tempted the group member was to use alcohol or drugs and how confident they were that they would not use alcohol or drugs. These items were somewhat useful in monitoring how the amount of temptation and confidence a group member experienced. However, these measures were more likely to highlight a group member who was at a higher risk for relapse than they were to show a decrease over time, as is usually observed with the PHQ-9. Group

leaders are encouraged to try this measure or another brief measure they are familiar with to monitor symptoms associated with alcohol and drug use.

We believe that the following types of clients *may not* benefit from BRIGHT-2:

- 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-2 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, going to a movie, and interacting with other people.

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

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

Of course, people cannot change every negative aspect of the world around them. We can't all by ourselves control the traffic or the crime rate, for example. But there are many things we *can* change. As people who are depressed become aware of the way that thoughts and behaviors affect mood, they can feel happier and more hopeful even if 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-2 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.

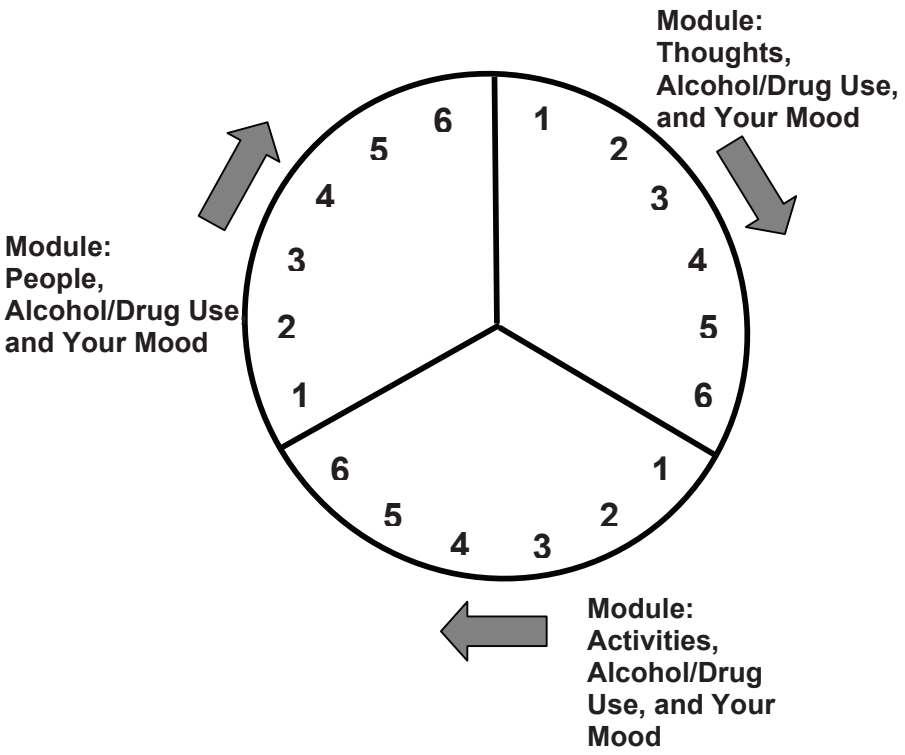
- CBT can benefit almost everyone. Even when we are not especially aware of it, we are having thoughts that influence how we feel. If you can think in ways that are helpful, you will begin to feel better.

- 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 gettting sober. This treatment will help you stay away from drugs or alcohol by giving you ideas about how to improve your mood.

BRIGHT- 2 STRUCTURE:
THREE MODULES WITH SIX SESSIONS EACH

BRIGHT-2 consists of three modules. A module consists of six sessions, each of which emphasizes a specific topic and its connection to mood and recovery. As shown in the figure below, the modules focus on thoughts, activities, and people. 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-2 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.

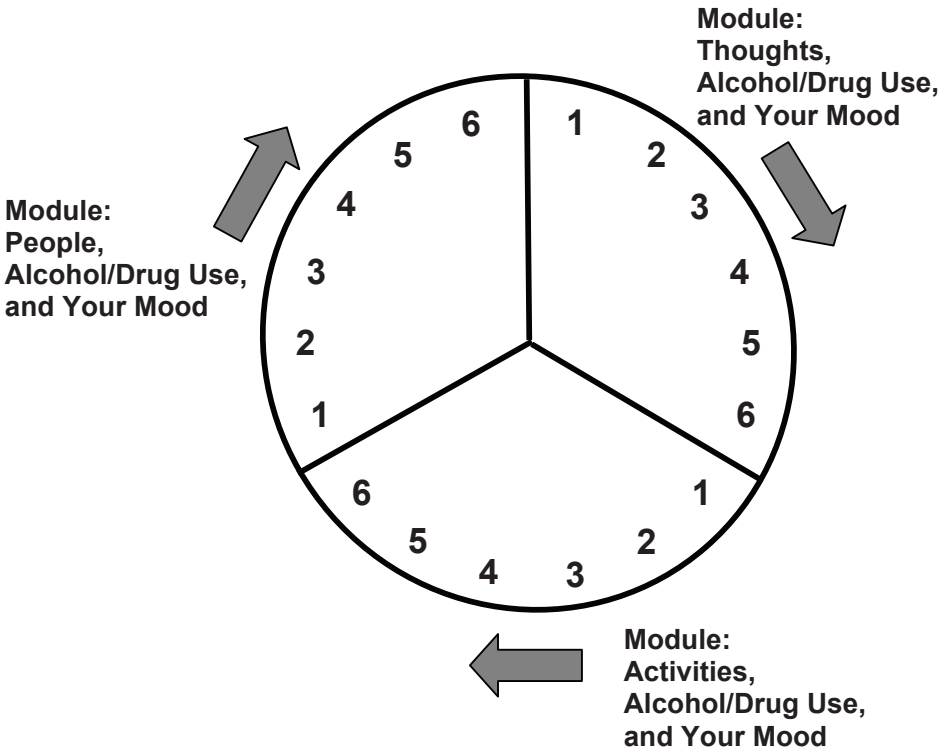
Don't Forget to Check In with Group Members

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 manuals, 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 three continuous modules means that new members may join a group that is already in progress, and members who have completed all three 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 18 sessions, but the three 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 18-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 or People modules, depending on when they enter treatment.

Introductory material must be presented at the beginning of each module. That means that by the time the third module starts, members who joined the group when it was first launched will be hearing that material for the third 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 often 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 62) 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 2–6. 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 #4, "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 confidentially 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.

"4. 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 t 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-2 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 the 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 continues 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-2 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-2 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-2 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-2 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/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 6 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-2 (he or she will have completed all three BRIGHT-2 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. 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 measure during Sessions 1, 3, and 5 of each module—or nine times altogether. So, for example, if you have five people in your group, you would need 45 copies (5 x 9 = 45) of the measure, plus a few extra. (Photocopy the PHQ-9 from page 56 in this Introduction.)

Small index cards—to use in the Thoughts module, Sessions 1–3; 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 three 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, 3, and 5 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!

_____

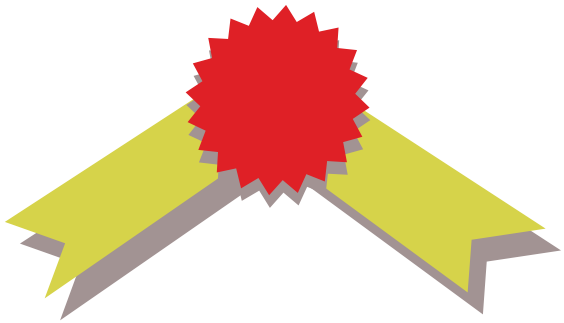
[name]

You have successfully completed

Group Cognitive Behavioral Therapy (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" 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?*)

REFERENCES WE USED TO PUT THIS WORKBOOK TOGETHER

Arnow, B. A., & Castonguay, L. G., "Treatment goals and strategies of cognitive-behavioral and psychodynamic therapists: A naturalistic investigation," *Journal of Psychotherapy Integration*, 6(4), 333–347, 1996.

Bandura, A., *Principles of Behavior Modification*, New York: Holt, Rinehart & Winston, 1969.

Bandura, A. (Ed.), *Social Learning Theory*, Englewood Cliffs, NJ: Prentice-Hall, 1977.

Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G., *Cognitive Therapy of Depression*, New York: The Guilford Press, 1979.

Burns, D., *Feeling Good: The New Mood Therapy*, New York: William Morrow, 1980.

Copeland, E. T., "A cognitive-behavioral approach to the group treatment of adolescents," *Small Group Behavior*, 15(3), 398-403, 1984.

Danish, S. J., Mash, J. M, Howard, C. W., Curl, S. J., Meyer, A. L., Owens, S., & Kendall, K., *Going for the Goal: Leader Manual* (5th revision), Richmond, VA: Virginia Commonwealth University, 1992.

Davis, M., "Assertiveness groups," in McKay, M., & Paleg, K. (Eds.), *Focal Group Psychotherapy*, pp. 195–236, Oakland: New Harbinger Publications, 1992.

Dies, R. R., "The therapist's role in group treatments," in Bernard, H. S., & MacKenzie, K. R. (Eds.), *Basics of Group Psychotherapy*, pp. 60–99, New York: The Guilford Press, 1994.

Ellis, A., *Reason and Emotion in Psychotherapy*, New York: Lyle Stuart, 1962.

Greenberger, D. & Padesky, C., *Mind Over Mood: Change How You Feel by Changing the Way You Think*, New York: The Guilford Press, 1995.

Helms, J. E., & Cook, D. A., Using Race and Culture in Counseling and Psychotherapy: Theory and Process, Boston, MA: Allyn & Bacon, 1999.

Kaiser Medical Center Department of Psychiatry, *Cognitive Behavioral Therapy of Depression*, San Francisco, January 1999.

Levin, S., & Kanter, S. S., "Some general considerations in the supervision of beginning group psychotherapists," *International Journal of Group Psychotherapy*, 14(3), 318–331, 1964.

Lewinsohn, P. M., Muñoz, R. F., Youngren, M. A., & Zeiss, A. M., *Control Your Depression,* New York: Prentice Hall, 1978.

Lewinsohn, P. M., Muñoz, R. F., Youngren, M. A., & Zeiss, A. M., *Control Your Depression*, New York: Fireside Books, 1992.

Miranda, J., J. Schreckengost, & Heine, L., "Group treatment for depression," in McKay, M., & Paleg, K. (Eds.), *Focal Group Psychotherapy*, pp. 135–162, Oakland: New Harbinger Publications, 1992.

Monti, P., Abrams, D., Kadden, R., & Cooney, N., *Treating Alcohol Dependence*, New York: The Guilford Press, 2002.

Muñoz, R. F., "The Healthy Management of Reality," 1996. Available at http://www.medschool.ucsf.edu/latino/pdf/healthy_management.pdf

Muñoz, R. F., Aguilar-Gaxiola, S., & Guzmán, J., *Manual de Terapia de Grupo para el Tratamiento Cognitivo-conductual de Depresión*, Hospital General de San Francisco, Clínica de Depresión, 1986.

Muñoz R., Ippen, C., Rao, S., Le, H., & Dwyer, E., *Manual for Group Cognitive-Behavioral Therapy of Major Depression: A Reality Management Approach*, San Francisco: Cognitive Behavioral Depression Clinic, San Francisco General Hospital, University of California, San Francisco, 2000.

Persons, J. B., *Cognitive Therapy in Practice: A Case Formulation Approach*, New York: W. W. Norton & Co, Inc., 1989.

Price, J. R., Hescheles, D. R., & Price, A.R. (Eds.), *A Guide to Starting Psychotherapy Groups*, San Diego: Academic Press, 1999.

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

Rogers, C. R., *Client-Centered Therapy*, Boston: Houghton Mifflin, 1951.

Schoenewolf, G., 101 Therapeutic Successes: Overcoming Transference and Resistance in Psychotherapy, Northvale, 1989.

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

Stamm, B. H. (Ed.), Secondary Traumatic Stress: Self-Care Issues for Clinicians, Researchers, and Educators, Lutherville, 1995.

Vinogradov, S., & Yalom, I. D., "Self-disclosure in group psychotherapy," in *Self-Disclosure in the Therapeutic Relationship*, pp. 191–204, New York, 1990.

Vinogradov, S., & Yalom, I. D., "Group therapy,"iIn *The American Psychiatric Press Textbook of Psychiatry* (2nd ed.), pp. 1143–1175, Washington, DC, 1994.

Watkins, K. E., Hunter, S. B., Hepner, K. A., Paddock, S. M., de la Cruz, E., Zhou, A. J., Gilmore, J., & Wenzel, S. "A community-based effectiveness trial of group cognitive behavioral therapy for patients with persistent depressive symptoms and substance use disorders," *Archives of General Psychiatry*, in press.

Wells, K. B., Sherbourne, C., Schoenbaum, M., Duan, N., Meredith, L., Unetzer, J., Miranda, J., Carney, M. F., & Rubenstein, L. V., "Impact of

disseminating quality improvement programs for depression in managed primary care: A randomized controlled trial," *Journal of the American Medical Association*, 283(2), 212-220, 2000.

Wheatley, S. L., T. S. Brugha, & D. A. Shapiro, *Preparing for Parenthood*, San Francisco: Cognitive Behavioral Depression Clinic, San Francisco General Hospital, University of California, San Francisco, 1998.

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

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

BRIGHT- 2 PUBLICATIONS

Hepner, K. A., Muñoz, R. F., Woo, S. M., Osilla, K. C., Wiseman, S. H., & Watkins, K. E., *BRIGHT: A Group Cognitive Behavioral Therapy for Depression in Clients with Co-Occurring Alcohol and Drug Use Problems*, Santa Monica, CA: RAND Corporation, 2011.

Hepner, K. A., Stern, S. A., Paddock, S. M., Hunter, S. B., Osilla, K. C., & Watkins, K. E., *A Fidelity Coding Guide for a Group Cognitive Behavioral Therapy for Depression*, Santa Monica, CA: RAND Corporation, forthcoming.

Hepner, K. A., Woo, S. M., & Watkins, K. E., "Training addiction counselors in group CBT for depression: Preliminary findings," *Advances in Cognitive Therapy*, 10(1), 2, 2009.

Hunter, S.B., Watkins, K. E., Hepner, K. A., Paddock, S. M., Munjas, B., Osilla, K. C., & Perry, S., "Treating depression and substance use: A randomized controlled trial," under review.

Osilla, K. C., Hepner, K. A., & Watkins, K. E., "Developing an integrated treatment for substance use and depression using cognitive behavioral therapy," *Journal of Substance Abuse Treatment*, 37, 412–420, 2009.

Woo, S. M., Hepner, K. A., Gilbert, E. A., Osilla, K. C., Munoz, R. F., & Watkins, K. E., "Strategies for training addiction counselors in group cognitive behavioral therapy for depression," under review.

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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

An Integrated Group Cognitive Behavioral Therapy for Co-Occurring Depression and Alcohol and Drug Use Problems

Thoughts, Alcohol/Drug Use, 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)

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SESSION 1: THOUGHTS CAN BE HARMFUL OR HELPFUL

LEADER'S NOTES

LEADER TIPS

Materials Needed

- **Group Member's Workbooks** ("Thoughts, Alcohol and Drug Use, and Your Mood")—enough for everyone in the group
- **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
- **The PHQ-9 depression measure**—enough copies 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

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 with depression and alcohol/drug use problems.
- Remind continuing group members of topics and skills introduced in the previous module ("People, Alcohol/Drug Use, and Your Mood").
- Introduce the connections among thoughts, alcohol/drug use, 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, Alcohol/Drug Use, and Your Mood").
- Pass out the PHQ-9 depression measure. Ask group members to fill them out, put their names on them, and return them to you. Tell group members that you will talk more about the questionnaire 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-2 Cognitive Behavioral Therapy for depression and for alcohol and drug use. This is the module called "Thoughts, Alcohol/Drug Use, and Your Mood." We will talk more about Cognitive Behavioral Therapy in a few minutes.*
- **Say:** *Some of the group members may have attended one or more previous modules. Many of you are entering the group for the first time.*
- **Identify** members of the group, if any, who will be graduating (completing all three CBT modules) at the end of this module.
- **Say:**
  - *Congratulations to everyone for coming to this group and taking a step towards your recovery from both depression and alcohol/drug use.*
  - *Turn to the first page after the cover in your books and put your name and the date on the lines.*
  - *The workbooks belong to you. You will keep them when the group is over. You should bring your workbooks to every group meeting. You will be writing in them.*
  - *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

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 this group, depression, and alcohol/drug use problems.
- Learn that there are connections among thoughts, depression, and cravings. (A "craving" is the desire to drink or use.)
- Learn that thoughts can be harmful or helpful to you.

OUTLINE

Welcome
How Have You Been Feeling?
Group Rules
Announcements
Introductions
What Is Depression?
What Are Alcohol/Drug Use Problems?
What Is Cognitive Behavioral Therapy (CBT)?
Review
New Topic: Thoughts Can Be Harmful or Helpful
    Thoughts Are Sentences We Tell Ourselves
    Identify Your Harmful Thoughts
    Examples of Harmful Thoughts
    Examples of Helpful Thoughts
Key Messages
Practice
Feedback
Looking Ahead

How have you been feeling?

Leader Tips

Time: 5 minutes
Group Member's Workbook: Page 2

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

2. After the session, **compare** each group member's PHQ-9 scores with his or her previous scores (if the group member has filled out the questionnaire at a previous session). This comparison will allow you to monitor each group member's depression.

Note: In addition to the PHQ-9, choose another measure to monitor how group members are progressing in their recovery. See the Group Leader's Introduction for a discussion of how select a measure that supplements the PHQ-9. Compare current and previous scores as you would with the PHQ-9 measure.



You filled out a questionnaire at the beginning of the session, the "Patient Health Questionnaire"—PHQ-9 for short.

You will fill out the questionnaire before the group begins at Sessions 1, 3, and 5 of each CBT module. The questionnaire allows you and your group leaders to keep track of how you are feeling while you are attending the group.

GROUP RULES

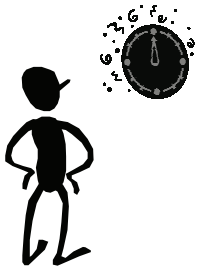
LEADER TIPS

Time: 5 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. Tell the group the name of your supervisor. Consider the rules and expectations at your treatment setting and convey to group members how lapses in sobriety will be handled. Ask if anybody in the group has questions or comments about any of the rules.

1. Come to every group meeting. Important and useful new ideas will be discussed at each group session. The sessions will give you new tools that you can use to help your recovery from depression and alcohol/drug use. This is why it's so important to come to each group meeting. If you can't make it, call us at this number:

(_____)_____-_____ (Contact number)



2. Come to group meetings on time.

3. Do not come to group under the influence of alcohol or drugs.

For the benefit of the group, you will be asked to leave the session if you are under the influence.

4. Maintain the confidentiality of the group.



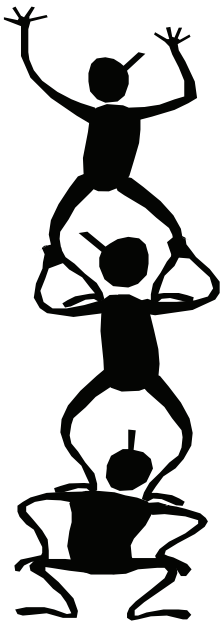
Please do not share what you hear in the group with anybody else. Likewise, group leaders will not repeat what you say. There are three exceptions.

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.

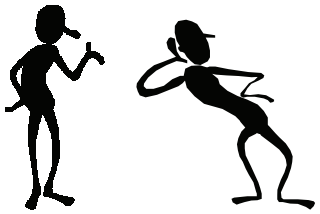


5. Be respectful and supportive of others in the group.

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.

You may find that other group members have had experiences similar to yours, but feel differently about them. That's OK—it is important to respect each person's opinion.

6. 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.

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

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

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



ANNOUNCEMENTS

LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 6

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 and cravings. 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 leaders know about?



INTRODUCTIONS

LEADER TIPS

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

1. Give group members phone numbers where they can contact you. Also remind clients to call 911 if they are having thoughts of hurting themselves.

- Write your names and the phone numbers on the board.
- Suggest that group members write the information in their workbooks in the space provided.

Say: *Now we would like for everyone to get to know each other. You will have a chance to talk about your depression and drinking or using 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 drinking or using 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 drinking/using.

Group Leaders

Your group leaders are:

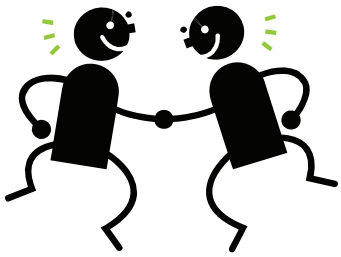
_____(_____)_____
(Name) (Contact number)

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

In an emergency (for example, if you are having thoughts of hurting yourself), **call 911.**

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 and drinking/using later in the session. 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: 10 minutes
Group Member's Workbook: Page 8

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 problem—depression.

1. Ask: *What is depression like for you?* Encourage open discussion.

- One group leader should write group members' depression 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.*

Remind group members that their workbooks are theirs to keep and that they should feel free to write in them.

2. 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.

3. Say: *Tell one of the group leaders if you have thoughts of suicide. Depression is very treatable and you can feel better.*



What is depression like for you?

Feel free to write notes to yourself anywhere in your workbook. In some places, there is extra space for your notes.

Depression Is:

- More than a passing sadness or bad mood.
- A period of feeling very sad that lasts a long time and that makes it hard to do daily activities.
- Possible at any point in your life.
- A 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

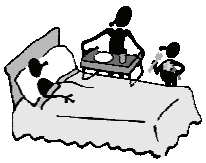
1. Feeling depressed, down, or irritable nearly every day.
2. Loss of interest or pleasure in activities that you normally enjoy.
3. Significant increases or decreases in your weight or appetite.
4. Sleeping too much or too little.
5. Change in the way you move (moving restlessly or slowly).
6. Feeling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

What was happening in your life when you most recently got depressed?

Possible Triggers for Depression



- Use of alcohol or drugs
- Being sick with medical problems or in pain
- Biological/chemical imbalance in your body
- Financial/money problems
- Losing someone you love
- Upsetting things happening, or ongoing problems





- Struggles with people you are close to
- Big life changes
- Stress that lasts a long time
- Living with people who are addicts





Did you know

Depression is Common

- 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.
- Depression is the #1 cause of disability in the United States. ("Disability" is the inability to carry out daily living activities.)

Source: *Controlling Your Drinking* by William R. Miller, Ph.D. and Ricardo F. Munoz, Ph.D. Published by the Guilford Press, 2005.

WHAT ARE ALCOHOL/DRUG USE PROBLEMS?

LEADER TIPS

Time: 15 minutes
Group Member's Workbook: Page 10

1. Say: *Now that we have discussed your experiences with depression, let's talk about using alcohol and drugs and how using alcohol or drugs may have caused problems for you.*

2. Ask group members: *How has your use of drugs or alcohol affected your depression symptoms?*

3. Ask group members: *How has your drinking or using been a problem for you?*

4. Briefly go over the bullets under "Common problems of alcohol/drug use" to help group members see if their drinking/using is a problem for them.

5. Ask: ***What would your life look like if you stopped drinking/using and your mood improved?*** Encourage open discussion. Help group members think of specific areas of their lives that would improve. Ask group members to write their ideas on the lines in their workbooks.

Common problems of alcohol/drug use:

- Conflicts with other people, including family members.
- Problems at work or school, or difficulty keeping a job.
- Financial problems.
- Physical symptoms or health problems, or existing health problems becoming worse.
- A tolerance for the alcohol or drugs so that you require more to get the same "high."
- Not being able to stop on your own.
- Withdrawal symptoms (such as shakiness, feeling sick to your stomach, headaches, or fatigue) when you don't use that are relieved when you use again.

- Memory problems.
- Legal problems (such as an arrest for driving under the influence—DUI; arrest for possession or use of illegal drugs; or not meeting your financial obligations).

What would your life look like if you stopped drinking/using and your mood improved? Write your ideas below.



_____

_____

_____

_____

_____



Did you know

Many Americans Don't Drink

34% of men and 44% of women in the United States do not drink alcohol.

Source: *Controlling Your Drinking* by William R. Miller, Ph.D. and Ricardo F. Munoz, Ph.D. Published by The Guilford Press, 2005.

WHAT IS COGNITIVE BEHAVIORAL THERAPY?

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 12

1. Say: *Now we will talk a bit more about the treatment approach that we use in this group.* **Review** the text.

2. Stop after each section and ask for questions and comments. Make sure to make this interactive. For example, elicit personal examples from group members.

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

4. Go over the CBT circle on page 13. Or ask for a volunteer among those who have been through other CBT modules to explain CBT to the group. Encourage questions and discussion.

Thoughts. *If a person lost a job, he or she might think that he or she has nothing to offer or that nothing can be done about the situation. This person might become depressed. Imagine a second person who instead thinks he learned a lot and got great experience at the job, so he feels that he is likely to do very well getting another job. The second person is less likely to become depressed*

Activities. *Another factor is how we act. When we feel down, we have less interest in doing things and as a result we often behave differently than we usually do. For example, when you're depressed you may not feel like taking a walk or even getting out of the house. Staying in bed all day could make your mood continue to spiral down.*

People. *Depression affects our mood in another way. When we are depressed, we often reduce the amount of contact we have with other people, or the interactions we do have are not healthy for us. This might be because the people we spend time with may be using drugs or alcohol. Maybe the people have completely different tastes in what activities they enjoy. Perhaps they aren't supportive in ways that make us feel good about ourselves. Spending time with old drinking friends may also cause your mood to spiral down.*

Say: *As you can see, depression and alcohol and drug use can become a destructive cycle. CBT can help prevent the cycle. This treatment will be most helpful to you if, at the end, you have learned many ways of managing your mood, and you feel confident using them in your daily life. This will take practice.*

This treatment provides a specific kind of help—cognitive behavioral therapy, or CBT for short—to people who are depressed and who have problems with alcohol/drug use. Depression and alcohol/drug use problems often go together, so it makes sense to treat them together.

CBT teaches skills to help you change your thoughts and behaviors to improve the way you feel and support your recovery. This approach does not mean that your thoughts and behaviors caused your depression and alcohol/substance use in the first place.

CBT can help you "manage" your depression and your recovery. "Managing" means to:

- Make feelings of depression and cravings for alcohol/drugs less intense, less frequent, and shorter.
- Learn ways to prevent getting depressed again and to stay free of alcohol/drugs, despite real life problems.
- Learn what thoughts, feelings, activities, and people interactions make it more likely you will get depressed or use. They are your "triggers."

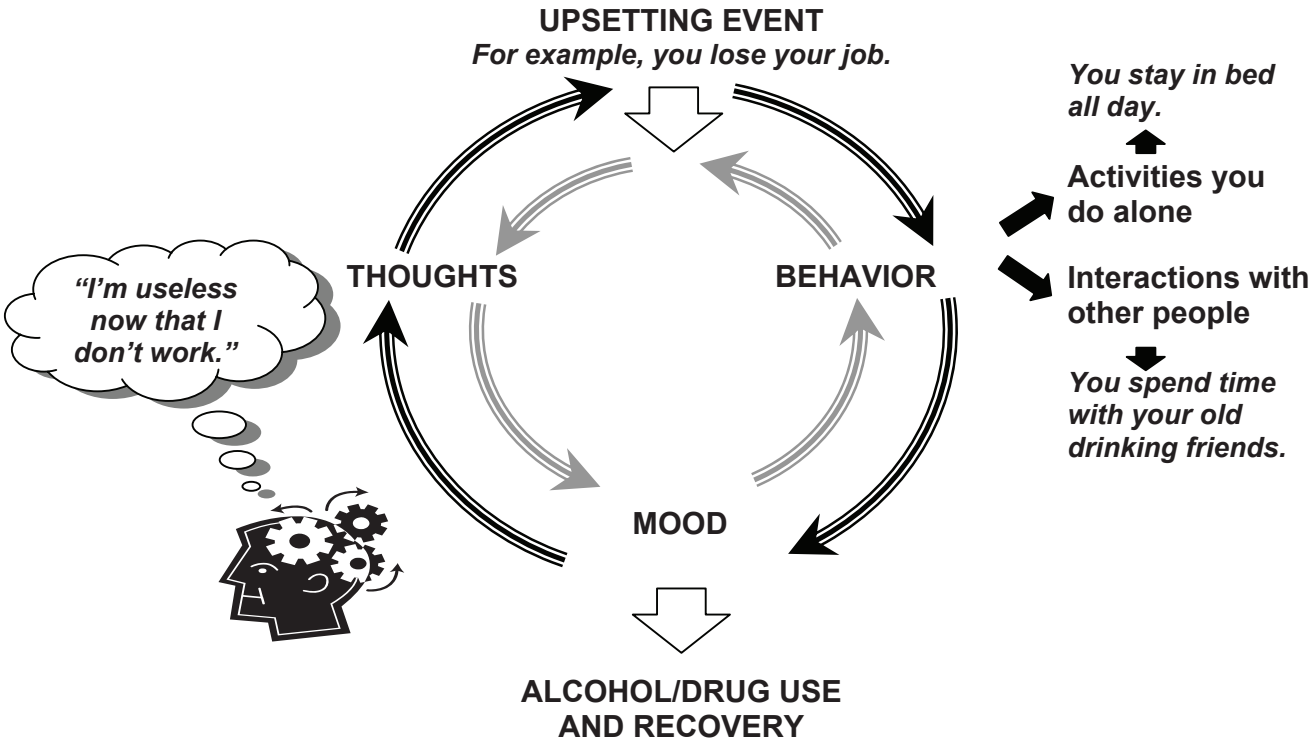
What does the name "Cognitive Behavioral Therapy" mean?

Cognitive refers to **your thoughts**.

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

One way to think of CBT is that it teaches healthy ways to manage your depression and your recovery. Managing your depression and your recovery means to make feelings of depression and cravings for alcohol/drugs less intense, less frequent, and shorter.

The CBT Circle



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

This CBT treatment program is organized into 18 sessions.

- **Thoughts** module **= 6 sessions**
- **Activities** module **= 6 sessions**
- **People** module **= 6 sessions**

Total CBT = 18 sessions

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 14

1. **Ask** group members if they are familiar with the serenity prayer. 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 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 what you ***do*** to respond.

In this module, we will talk about the power of your thoughts and their important connection with depression and alcohol/drug use. You can learn how to manage your thoughts to feel better and support your recovery.

The goal of CBT is to help you get closer to what you imagine your life would be like without depression and without drinking/using. The group will focus on practical strategies to improve things right now, and will teach you skills that you can continue to use even after the group ends.

REVIEW

Last Module

LEADER TIPS

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

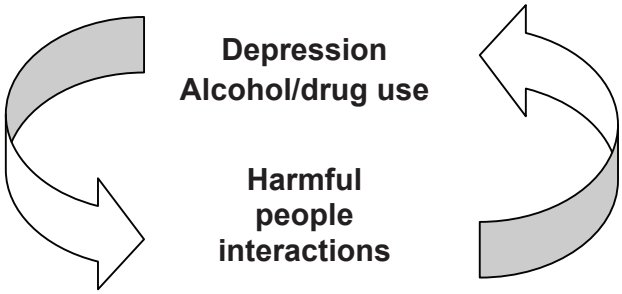
1. It may be difficult for group members to remember what you talked about in the last module. Use this time to remind them of the key messages and to help them understand how this session builds on last session.

2. Say: *In the last session, we talked about people interactions and how they can be helpful and harmful.*

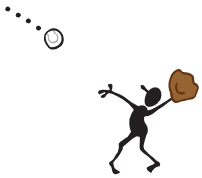
3. Ask: *What do you remember the last module? What did you learn that was most helpful for your mood and recovery?*

4. Review the key messages from the last module. Remind group members that they can learn how to catch (or notice) their harmful people interactions and choose to have helpful interactions with people.

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



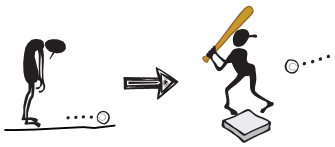
The key take-home messages from the last module were:



1. You can **catch**, or notice, your people interactions.



2. You can **check**, or examine, your people interactions to see if they help you or harm you. A helpful people interaction is healthy for you—it makes you feel good and supports your recovery.



3. You can change the harmful people interactions that get in the way of your good mood and recovery, and choose helpful people interactions instead.

Practice

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 16

Note to group leaders: If everybody in your group is new to CBT, and nobody is continuing from a previous module, you may skip this review section.

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.*

Keep Using Catch It, Check It, Change It

1. Say: *Were you able to notice your harmful people interactions and change them? Did Catch It, Check It, Change It help you?*

Using Coping Cards

2. Ask: *Where did you decide to keep your coping cards?*

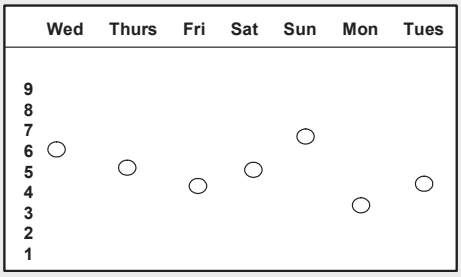
Daily Check In

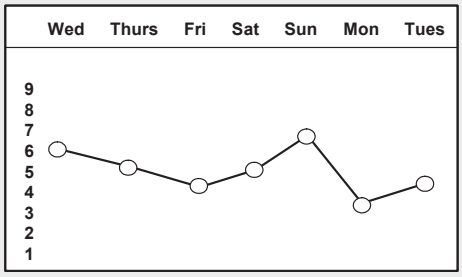
Say: *At least some of you may be continuing CBT from the last module. We'll do a quick review of the module and the practice before we start a new topic.*

Ask group members about how they did tracking their moods and coping on their Daily Check In. Make a graph based on one group member's Daily Check In.

3. 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.

4. Ask for a volunteer from the group to share the numbers **related to mood** on his or her Daily Check In. 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."



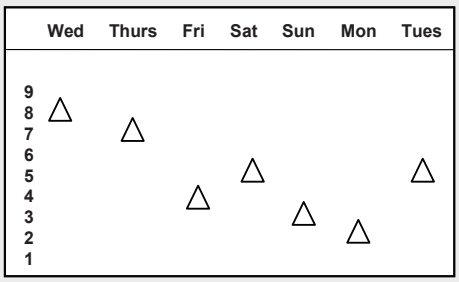


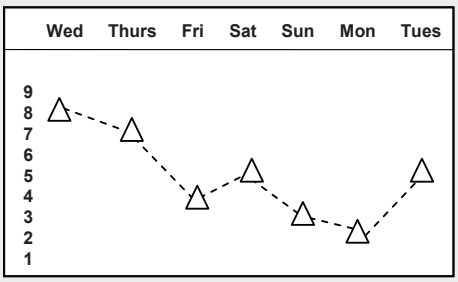
5. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

6. Possible follow-up questions: *What did you notice about your mood? 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.

7. Repeat the process for coping, using a new graph. Ask the same volunteer to share the numbers **related to coping** on his or her scale. Add dots to the new graph. If the group member's coping was 8 on the first day, mark a dot at 8 below "Wed."

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





9. Possible follow-up questions: *What did you notice about how well you coped with challenges? You coped very well on* [day]. *What kinds of people interactions were you having on that day? What was your mood? What do you notice about the connections among your people interactions, mood, and how you coped?*

10. Note: Depending on the size of the group, you may choose to chart the Daily Check In 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 six-session modules, encourage as many group members as possible to share their Daily Check In —even those who are shyer and less vocal. For each member who shares, try to connect thoughts and mood/coping, activities and mood/coping, and people interactions and mood/coping. Have the person describe the thought, activity, or people interaction and help him or her to change harmful thoughts or behavior. The point is to teach how to apply the CBT skills to specific, real-life situations, but not necessarily to solve every difficult situation.

11. 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 if there are returning group members that are 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 and managing your cravings 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 or alcohol/drug problems, but practicing outside of the group will help the group member learn to control his or her negative mood and cravings.

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 Daily Check In 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 Daily Check In is best finished on a daily basis. Looking back at the past week's mood is less reliable than completing the Daily Check In 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 they can't do anything right. Point out that they were 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 them know that you are glad they chose to come to the session whether or not they completed the practice.

If you were part of the CBT group for the last module ("People, Alcohol/Drug Use, 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. Keep using Catch It, Check It, Change It.

2. Find a place to keep your coping card.

3. Track your mood and coping using the Daily Check In.

NEW TOPIC: THOUGHTS CAN BE HARMFUL OR HELPFUL

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 17

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?*

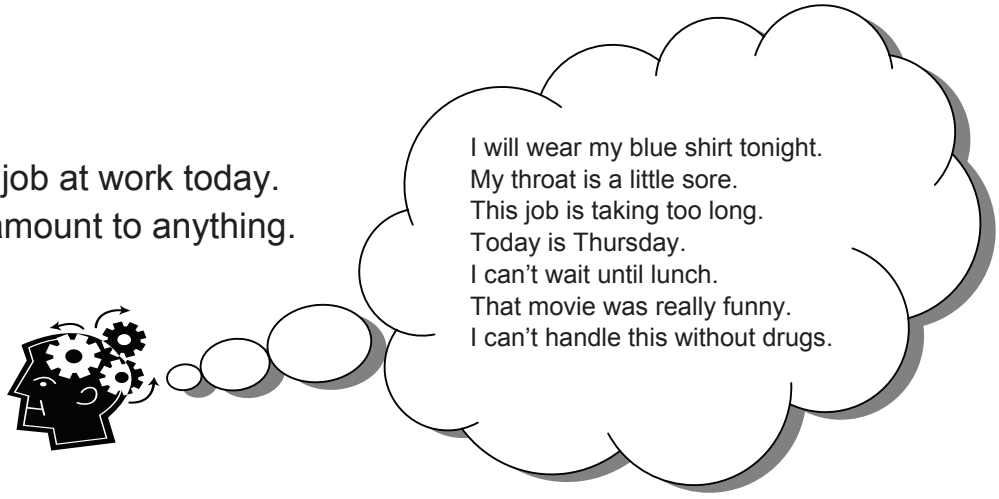
4. Say: *Identifying thoughts can be tricky at first, but it will get easier. You will see more examples of thoughts as we go through the rest of this module.*

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.*

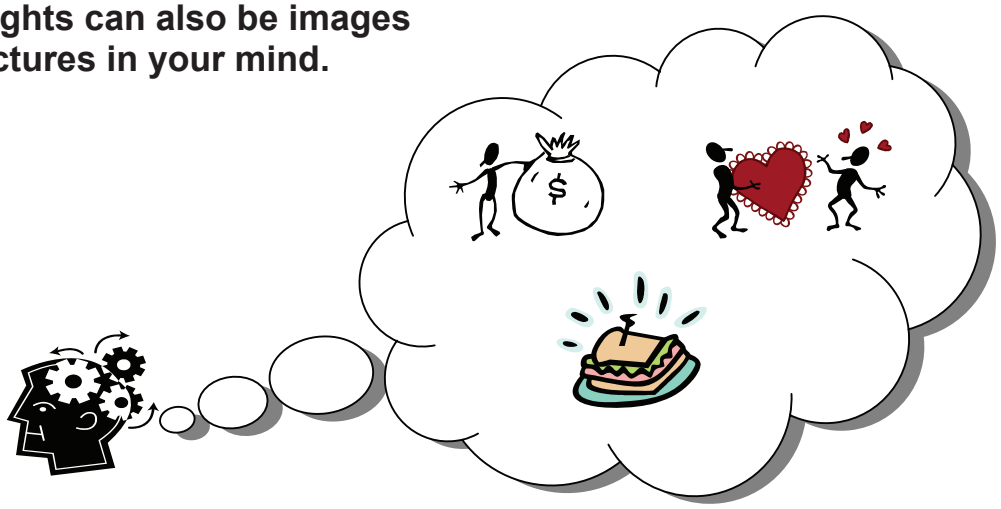
6. Say: *All this is not to say that depression is "all in your head." You may be dealing with real things such as recovery from substance abuse, health problems, financial problems, or loss of loved ones. Depression is affected by what you do, how you think, and what happens in your life—and how you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

Thoughts Are Sentences We Tell Ourselves

- 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 are emotions or moods. They can usually be described with one word.

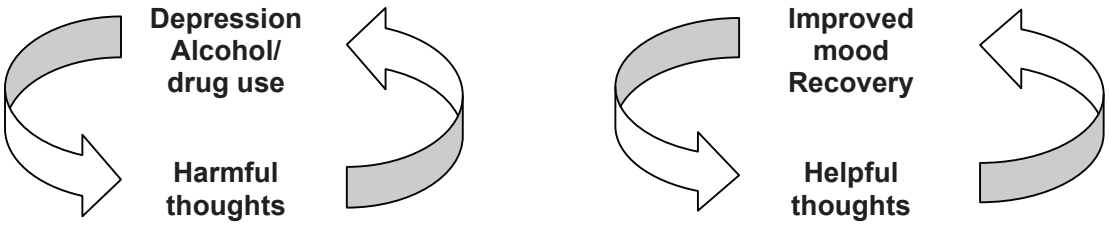
- Happiness
- Sadness
- Anger
- Shame
- Guilt



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

A thought that brings your mood down or makes you want to drink or use is ***harmful to <u>you</u>.***

A thought that lifts your mood or supports your recovery is ***helpful to <u>you</u>.***



Identify Your Harmful Thoughts

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 19

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 and try to picture yourself in the situation you were in when you felt down. If you feel comfortable closing your eyes, that might help you remember.* [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. What was going through your mind? 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. Repeat the exercise focusing on a time when group members felt like drinking or using.

4. Say: *It takes practice, but you can learn to notice your thoughts.* **Review** final text.

Try to remember a time in the last week when you **felt really low.** You may have felt unsure of yourself, sad, or angry. Close your eyes and picture yourself in the situation you were in then. What thoughts were going through your mind at the time you felt low?

Write your thoughts.

_____

_____

_____

Try to remember a time in the last week when you **felt like drinking or using.** Close your eyes and try to picture yourself in the situation you were in then. What thoughts were going through your mind at the time you felt like drinking or using?

Write your thoughts.

_____

_____

_____



As you practice noticing your thoughts, you may find it interesting that not all of the thoughts you have are completely true or helpful. That's ok for now. Later on, we will work on questioning thoughts and changing some thoughts to improve your mood. Like learning any new skill, recognizing and changing harmful thoughts will take some practice.

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 20

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 45, 46, and 47.*

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 have wrecked my body.
2. My children's problems are my fault.
3. I have worked hard, so I deserve a drink.
4. I have wasted my life.
5. I am weak.
6. Nobody loves me.
7. I'll end up living all alone.
8. I have secrets I can never tell.
9. I had one drink so I might as well keep going.
10. It's no use to try.
11. I am stupid.
12. I am a burden to others.
13. Anybody who thinks I'm nice doesn't know the real me.
14. I'll never get my kids back.
15. I am ugly.
16. I can't express my feelings.
17. I'll never find what I really want.
18. I can't cope with my problems without using.
19. I am worthless.
20. I can't handle this unless I have a drink (or fix or joint).
21. Everything bad always happens to me.
22. My kids hate me.
23. I don't have what it takes.
24. Nobody knows what I have been through.
25. I'll never get over this depression.
26. Things are so messed up that doing anything is pointless.
27. I don't have enough willpower.
28. I've messed up my kids.
29. I wish I were dead.
30. There is no point in getting out of bed.
31. Things are just going to get worse.
32. One drink or hit won't hurt.
33. No matter how hard I try, it is never good enough.
34. Life is unfair.
35. My kids will never forgive me.
36. If I don't see my friends who use, I won't have any friends.
37. I can't provide for my family.
38. I can't control my bad temper.
39. I have wasted my life because I have used drugs or alcohol.
40. I will never have fun again.
41. If I have a relapse, all my hard work for recovery will be wasted.
42. I will always be alone.
43. I don't want to know how bad my health is.
44. I'm ashamed of myself.
45. I don't feel like going to group.

What are your harmful thoughts?

46. _____

_____

47. _____

_____

48. _____

_____

LEADER TIPS

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

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. It is OK to be good at a few things and not everything.
3. The weather is great today.
4. I did better than I thought.
5. Things are bad right now, but I can do things to make them better.
6. Today is a new day.
7. That was probably a reasonable solution to a tough problem.
8. I am taking a positive step in life by taking care of myself.
9. I am going to give myself credit for trying hard.
10. That was a nice thing for me to do.
11. Today I was there for my kids.
12. I feel healthier now that I haven't been using for a while.
13. It is nice not having to fake being sober—I really am.
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. Staying sober is a learning process and I am up for the challenge.
18. I handled that situation really 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 relaxing evening without using can 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'm working hard to get my kids back.
29. I can 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. Just because I had one slip does not mean that I can't stay sober.
35. I can be responsible.
36. My experiences have prepared me well for the future.
37. I can begin to change my life today.
38. I'm pretty smart.
39. I can choose to change the future.
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.
44. There are things I am grateful for today.
45. If I practice new skills, I can learn to say no to alcohol/drugs.

What are your helpful thoughts?

46. _____

_____

47. _____

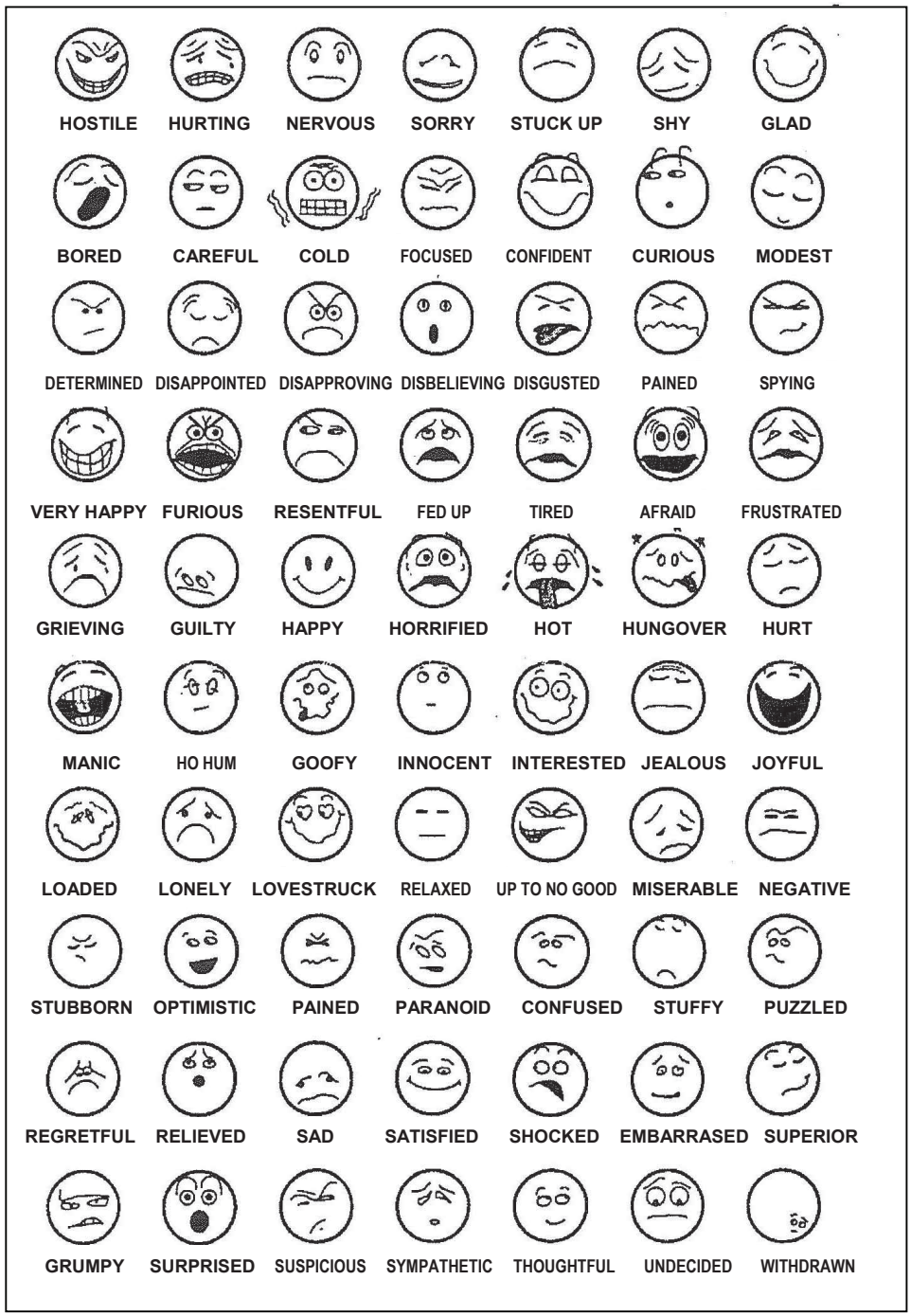
_____

48. _____

_____

Examples of Feelings and Ways of Being

Do the pictures help you remember how you feel sometimes?





KEY MESSAGES

LEADER TIPS

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

1. Say: *At the end of each session, we will review some important messages from the session. There is also space in your workbook where you can write your own key message.*

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 and support recovery.

Key messages from this session include:

- A thought is a sentence you say to yourself or a picture in your mind. A feeling is an emotion or mood.
- Thoughts are helpful or harmful to you depending on how they make you feel.
- You can learn to notice or "catch" your harmful thoughts.



What do you want to remember about this session?
Write your own key messages here.

_____

_____

_____



PRACTICE

LEADER TIPS

Time: 10 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 that will help you apply what we have talked about in group to your daily life. 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 between sessions, 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.*

Keep Track of Your Thinking Each Day

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

2. Pass out index cards (one card for each day between sessions 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.*

3. 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 hope 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.*

Daily Check In

4. Say: *Between sessions, we would like all of you to keep track of your mood and coping using the Daily Check In. There is a copy of the Daily Check In in your workbook at the end of every session. With the Daily Check In, you can learn to recognize how you are feeling and how your thoughts and behaviors affect your mood and your ability to cope with challenges to your recovery. By coping, we mean using CBT skills or other helpful strategies to support your sobriety. This will help you to learn which thoughts and behaviors improve your mood and coping and which make them worse.*

5. Draw the Daily Check In on the board or ask group members to look in their workbooks.

6. Say: *The Daily Check In runs from 1 to 9, with 1 being the lowest mood or coped the worst ever and 9 indicating the best mood or coped the best ever. Each day, you circle the number that indicates what your mood was and another number indicating how well you coped with challenges to your recovery that day. This important tool will help you see the progress you are making in improving your mood and coping with challenges using CBT.*

7. Go over the instructions that are on the top of the Daily Check In.

8. Say: *We encourage you to do these practice activities, 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 and improve how well you coped with challenges to your recovery. Therefore, it is important that you try them out until you feel confident that you can use them on your own. We will review how your practice went at the beginning of our next session.*

9. Ask: *does anybody have any questions about the practice activities? Can we help you think about any obstacles that might get in the way of doing the practice activities?*

This treatment will be successful for you if you learn skills for managing your mood and other coping skills you could use during challenges to your recovery. You will need to practice, just as you would if you were learning to play the piano or a new sport. If you don't practice the skills, you won't learn them. But the more you practice them, the more naturally you will use them, so that eventually you will do it even without making an effort.

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. Write down your thoughts each day.

- 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.

2. Track your mood and coping using the Daily Check In. The Daily Check In 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 and how well you coped with challenges to your recovery. Try to complete the Daily Check In 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 and that you can cope well with challenges to your recovery.

Example

Thoughts, Day 1 **–**



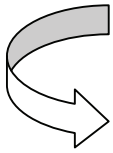
Wednesday

(Write in the day of the week.)

Trying to stay sober is impossible.

Sample

Flip the card over



Thoughts, Day 1 **+**



Wednesday

(Write in the day of the week.)

Getting sober can be tough. But I will take things one day at a time and try my best.

Sample

Daily Check In



Instructions **Today's Date: _____**

- Keep the scale beside your bed. Before you go to bed, think about your mood and how you coped with challenges to your recovery throughout the day.
- Circle a number on both scales. Try to use all the numbers, not just 1, 3, 5, 7, or 9. There are no wrong answers. Only you know how you have felt each day.
- Did you notice your thoughts? Circle "Yes" or "No" at the bottom.
- If you want to track your mood and how you coped with challenges over a period of time longer than a week, write down your ratings on a calendar.

1.

1	3	5	7	9
Lowest mood ever	Noticeably worse mood	Ok/average mood	Noticeably better mood	Best mood ever

Write in the day of the week.		____	____	____	____	____	____	____
Mood	Best mood ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Noticeably better mood	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
	Noticeably worse mood	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Lowest mood ever	1	1	1	1	1	1	1

2.

1	3	5	7	9
Coped the worst ever	Coped noticeably worse than usual	Coped OK	Coped noticeably better than usual	Coped the best ever

Write in the day of the week.		____	____	____	____	____	____	____
Coping with challenges to my recovery	Coped the best ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Coped noticeably better than usual	7	7	7	7	7	7	7
		6	6	6	6	6	6	6
	Coped OK	5	5	5	5	5	5	5
		4	4	4	4	4	4	4
	Coped noticeably worse than usual	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Coped the worst ever	1	1	1	1	1	1	1

3.

Write in the day of the week.	____	____	____	____	____	____	____
Were you able to notice your harmful thoughts each day?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

DAILY CHECK IN

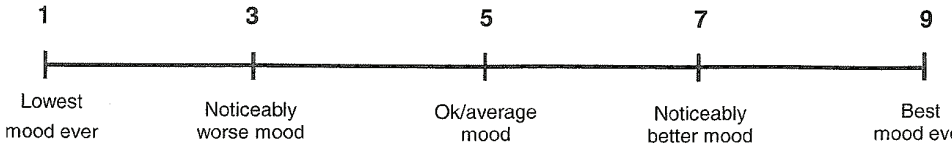


Instructions **Today's Date:** Oct. 24, 2007

- Keep the scale beside your bed. Before you go to bed, think about your mood and how you coped with challenges to your recovery throughout the day.
- Circle a number on both scales. Try [illegible] There are no wrong answers. Only you know how you have felt each da[illegible]
- Did you notice your thoughts? Circle[illegible]
- If you want to track your mood and h[illegible] time longer than a week, write down your ratings on a calendar.

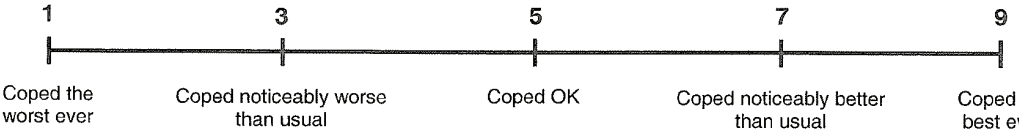
Sample

1.



Write in the day of the week.		W	Th	FRI	SAT	SUN	M	Tues
Mood	Best mood ever	9	9	9	9	9	9	9
		(8)	8	8	8	8	8	8
	Noticeably better mood	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
	Noticeably worse mood	3	3	3	3	(3)	3	3
		2	2	2	(2)	2	2	2
	Lowest mood ever	1	1	1	1	1	1	1

2.



Write in the day of the week.		W	Th	FRI	SAT	SUN	M	Tues
Coping with challenges to my recovery	Coped the best ever	9	9	9	9	9	9	9
		8	(8)	8	8	8	8	8
	Coped noticeably better than usual	(7)	7	7	7	7	7	7
		6	6	6	6	6	6	(6)
	Coped OK	5	5	5	5	5	5	5
		4	4	(4)	4	4	(4)	4
	Coped noticeably worse than usual	3	3	3	3	(3)	3	3
		2	2	2	2	2	2	2
	Coped the worst ever	1	1	1	(1)	1	1	1

3.

Write in the day of the week.	W	Th	FRI	SAT	SUN	M	Tues
Were you able to notice your harmful thoughts each day?	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

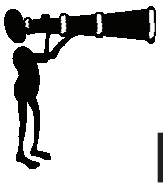
LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 33

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.

- 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 33

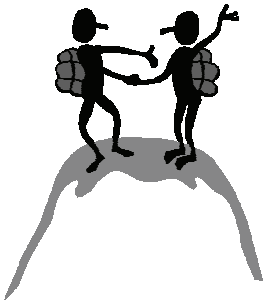
1. The purpose of the preview is to encourage group members to attend the next CBT session by giving them a glimpse of the topic to be covered. Group members are welcome to read ahead.

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

In the next session, we will talk more about how understanding some common ways of thinking can help you notice the thoughts you are having when you feel down or have strong cravings. Then you can begin to replace your harmful thoughts with helpful thoughts to help you feel better and manage your cravings.

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

In Session 2, we will talk more about how your thoughts, mood, and alcohol/drug use are connected.



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? Circle "easy," "OK," or "hard."

	Taught/Done? (circle yes or no)		**How difficult was it to lead this part of the session? (circle easy, OK, or hard)**		
Welcome	Yes	No	Easy	OK	Hard
Purpose and Outline	Yes	No	Easy	OK	Hard
How Have You Been Feeling?	Yes	No	Easy	OK	Hard
Group Rules	Yes	No	Easy	OK	Hard
Announcements	Yes	No	Easy	OK	Hard
Introductions	Yes	No	Easy	OK	Hard
What Is Depression?	Yes	No	Easy	OK	Hard
What Are Alcohol/Drug Use Problems?	Yes	No	Easy	OK	Hard
What Is Cognitive Behavioral Therapy (CBT)?	Yes	No	Easy	OK	Hard
Review					
Last Module	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
New Topic: Thoughts Can Be Harmful or Helpful					
Thoughts Are Sentences We Tell Ourselves	Yes	No	Easy	OK	Hard
Identify Your Harmful Thoughts	Yes	No	Easy	OK	Hard
Examples of Harmful Thoughts	Yes	No	Easy	OK	Hard
Examples of Helpful Thoughts	Yes	No	Easy	OK	Hard
Key Messages	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
Feedback	Yes	No	Easy	OK	Hard
Looking Ahead	Yes	No	Easy	OK	Hard

SESSION 2: YOUR THOUGHTS, MOOD, AND ALCOHOL/DRUG USE ARE CONNECTED

LEADER'S NOTES

LEADER TIPS

Materials Needed

- **Group Member's Workbooks** ("Thoughts, Alcohol/Drug Use, 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
- **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

Group Leaders' Goals

- Review the connections among thoughts, alcohol/drug use, and mood.
- Help group members begin to notice their thoughts.
- Reinforce the importance of outside practice.

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

- Understand that your thoughts can affect your feelings and your feelings can affect your thoughts.
- Understand that catching and managing your thoughts can help you manage your mood and your cravings to feel better.
- Begin to notice, or "catch" your thoughts.

OUTLINE

Announcements

Review

New Topic: Your Thoughts, Mood, and Alcohol/Drug Use Are Connected

- What You Think Affects How You Feel
- How Does Your Mood Affect Drinking/Using?
- How Does Drinking/Using Affect Your Mood?
- The "Oh, Whatever" Effect
- You Can Learn to Notice Your Thoughts

Key Messages

Practice

Feedback

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

Last Session

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 36

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 this session builds on last session.

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

3. Ask: *Do you remember the circle diagram with arrows? It shows that there are connections among thoughts, mood, and cravings. And since the arrows point both ways, it shows that your thoughts can affect your mood and cravings, and your mood and cravings can affect your thoughts. Can anyone summarize what this diagram means or give an example? [Have a group member explain what the CBT circle is, if possible.]*

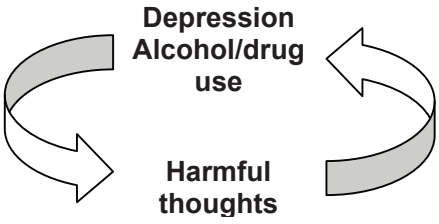
4. Read aloud the key messages or ask for a volunteer to read them.

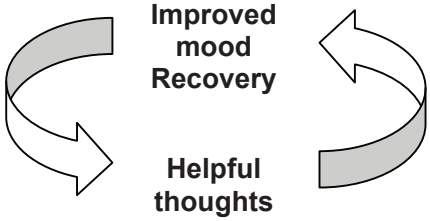
5. Ask: *Does anybody have any questions?*

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.
- Thoughts are helpful or harmful to you depending on how they make you feel.
- You can learn to notice or "catch" your harmful thoughts.

Today we will talk more about the links among your thoughts, mood, and cravings.





Practice

LEADER TIPS

Time: 20 minutes
Group Member's Workbook: Page 37

Keep Track of Your Thoughts Each Day

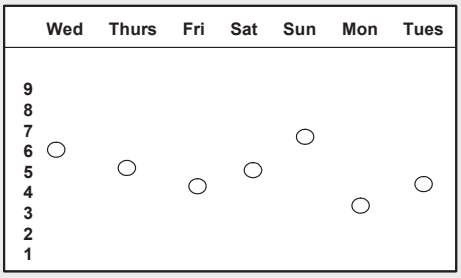
1. Ask and discuss: *Was it difficult to keep track of your harmful and helpful thoughts each day? Who would like to share some harmful and helpful thoughts?*

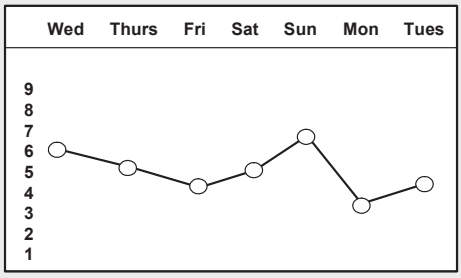
Daily Check In

Ask group members about how they did tracking their moods and coping on their Daily Check In. Make graphs based on one group member's Daily Check In.

2. Start the graphs 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.

3. Ask for a volunteer from the group to share the numbers **related to mood** on his or her 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."



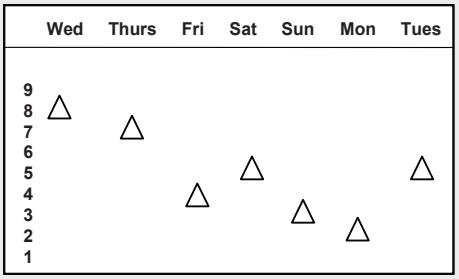


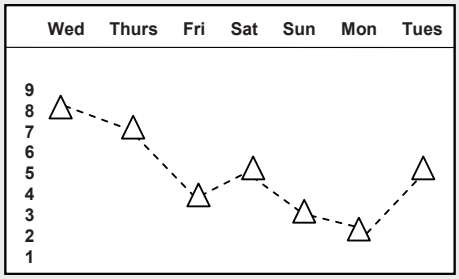
4. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

5. Possible follow-up questions: What did you notice about your mood? 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? Is there a weekly pattern? Are some days more likely to bring about low moods? If so, what tools can you use to prevent low moods?

6. Repeat the process for coping, using a new graph. Ask the same volunteer to share the numbers **related to coping** on his or her scale. Add dots to the new graph. If the group member's coping was 8 on the first day, mark a dot at 8 below "Wed."

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





8. Possible follow-up questions: *What did you notice about how well you coped with challenges? You coped very well on* [day]. *What kinds of helpful thoughts were you having on that day? What was your mood? What do you notice about the connections among thoughts, mood, and how you coped?*

9. 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.

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

1. Write down your thoughts each day.

2. Track your mood and coping using the Daily Check In.

NEW TOPIC: YOUR THOUGHTS, MOOD, AND ALCOHOL/DRUG USE ARE CONNECTED

What You Think Affects How You Feel

LEADER TIPS

Time: 15 minutes
Group Member's Workbook: Page 38

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:

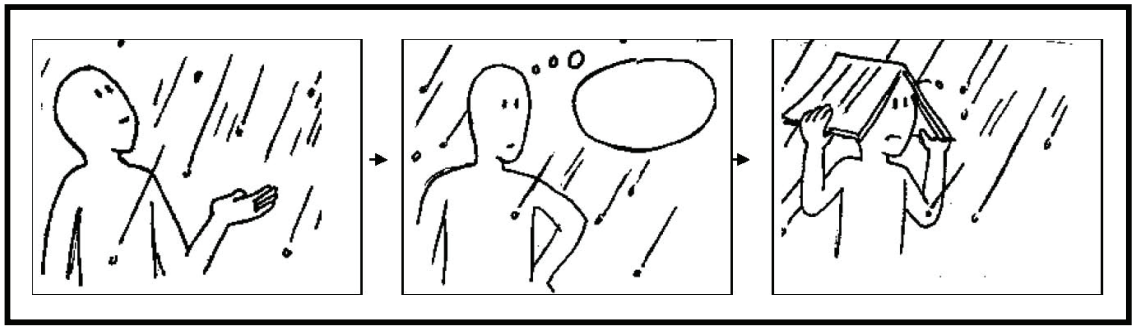
- First cartoon: "I hate rain. I'm getting all wet, and I'll probably catch a cold."
- Second cartoon: "Oh, how fun, it's raining. I can run home, make hot chocolate, and feel cozy."

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.*

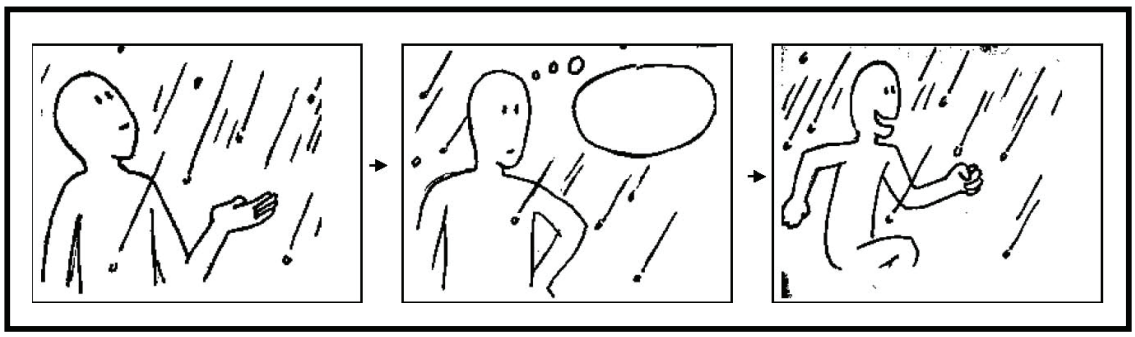
3. Say: *On the other hand, CBT doesn't expect you to see the world through rose-colored glasses. But it will teach you to notice your thoughts, identify your harmful thinking habits, and choose helpful thoughts that improve your mood and decrease your cravings. It's important to remember that EVERYONE 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?

Your mood can be improved and your cravings decreased by how you think and how you react to what happens in your life.

How Does Your Mood Affect Drinking/Using?

LEADER TIPS

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

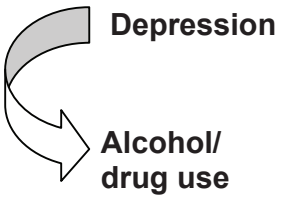
1. Say: *Have you noticed any connection between your mood and your use of alcohol or drugs? Let's explore the idea of a connection. Think back. Can you remember a time when you were feeling down and you decided to use drugs or have a drink in order to feel better or stop the pain?*

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 using one column labeled "Feelings" and one column labeled "Thoughts." Ask the group members to write their answers in the space in their workbooks. Go over the second question together.

3. Ask: *What do you notice about the connection between your thoughts and feelings, and your decision to drink or 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.

Let's find out how your mood affects your use of alcohol/drugs.
Can you remember a time when you…



- Felt down or depressed?

and then

- Used alcohol or drugs, even though you were trying not to?

1. What **feelings** were you having **before** you used alcohol/drugs? (For example, were you feeling sad, anxious, fearful, guilty, ashamed, angry?)



_____

_____

_____

2. What **thoughts** were you having **before** you used alcohol/drugs? (For example, "What's the point of trying anymore?")



_____

_____

_____



What do you notice about the connections between your thoughts and feelings, and your decision to drink or use?

How Does Drinking/Using Affect Your Mood?

LEADER TIPS

Time: 15 minutes
Group Member's Workbook: Page 41

1. Say: *OK, we just talked about what can happen when you are feeling down. You may be more likely to use alcohol or drugs. Now let's look at this connection from the other side: How does drinking or using affect your mood?*

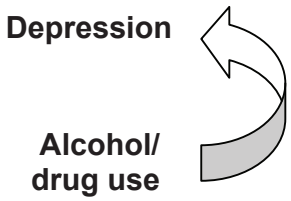
2. Say: *Think back to a time when you drank or used. How did you feel* ***after the high wore off****?*

Give the group time to think. Introduce question #1. Write their answers on the board, again using columns for "Feelings" and "Thoughts," and ask the group to write their answer in the space in their workbooks. Go through the rest of the questions together.

3. Ask: *What do you notice about the connections between your decision to drink or 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.

Just as your mood can affect your use of alcohol or drugs, using alcohol or drugs can affect your mood. Are you more likely to feel down after using alcohol or drugs?

Recall a time when you used alcohol or drugs. ***Now think about how you felt* after *you used alcohol/drugs (when the high wore off).***



1. What **feelings** did you have? For example, did you feel sad, ashamed, guilty, hopeless, irritable, or down on yourself?

_____

_____

_____

2. What **thoughts** did you have? Can you remember a specific thought? For example, "I will always be a drunk" or "I keep messing up" or "I'll never be clean, I might as well keep using," or "I deserve to suffer the rest of my life because of all the bad things I have done."

_____

_____

_____

3. Did you notice changes in:

☐ How your body felt? ☐ Appetite? ☐ Sleep?

☐ Energy level? ☐ Your ability to think and make decisions?



What do you notice about the connections between your decision to use alcohol or drugs and your thoughts and feelings?

The "Oh, Whatever" Effect

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 43

1. Review the text on this page.

2. Ask: *Can any of you think of a time this has happened to you?* Allow discussion.

3. Remind group members of the CBT circle (on the next page). **Say:** *In Session 1, you saw that harmful thoughts can lead to a destructive cycle. Today let's see how the circle idea can be helpful to you too.*

4. Review the text and the circle.

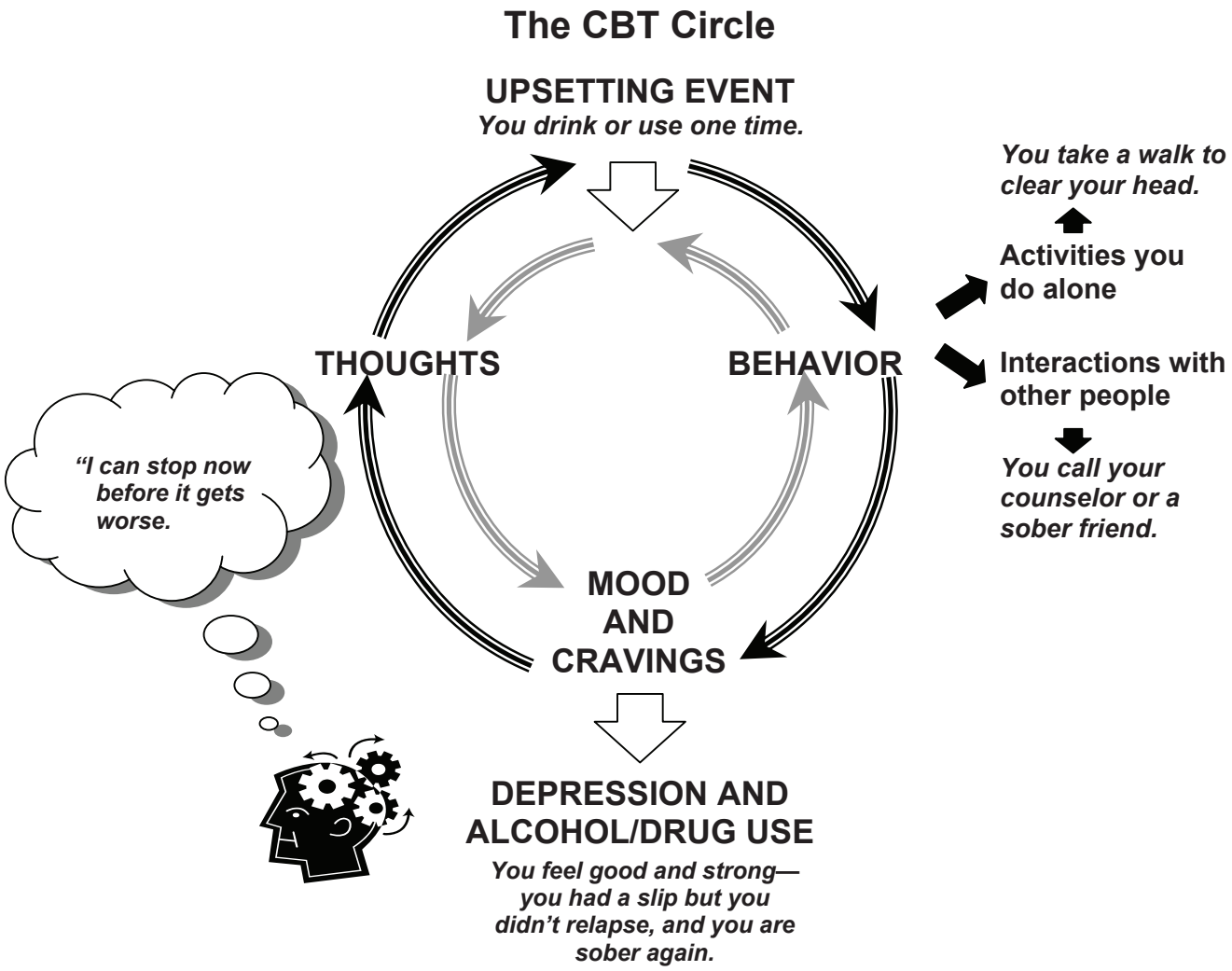
Has this ever happened to you?

Pat is trying to quit drinking or using. Pat has been in recovery for awhile. But one day Pat thinks, "Just one drink or hit won't hurt, I deserve it" and Pat has a drink or uses. Pat then feels bad, ashamed, and guilty. Instead of stopping after one mistake, Pat says, "Oh, whatever, I already blew it" and continues to drink or use. Pat enters the destructive cycle of harmful thoughts, feelings, and behavior.

We call this the "Oh, Whatever" effect.

What could you do next time instead of saying "Oh, whatever"?

You can use the cycle of ***helpful thoughts*** and behavior to help you resist your cravings.



You Can Learn to Notice Your Thoughts

LEADER TIPS

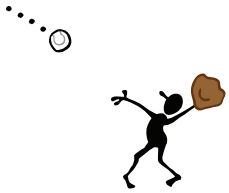
Time: 20 minutes
Group Member's Workbook: Page 45

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

2. Say: *We will be working with the idea of catching your thoughts, checking your thoughts, and changing your thoughts throughout the module.*

CBT teaches you how to manage your thoughts to improve your mood and support your recovery. But many people find that it is difficult to know what their thoughts are in the first place!

You have been practicing how to notice, or **"catch,"** a thought. The next steps will be to **"check"** the thought out and then **"change"** the thought if it is harmful to you. We call this approach Catch It, Check It, Change It. A summary of what it means to "catch," "check," and "change" a thought is presented on the next page. "Catch It, Check It, Change It" will be explained in further detail and practiced later in this module.



1. Catch It

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

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.



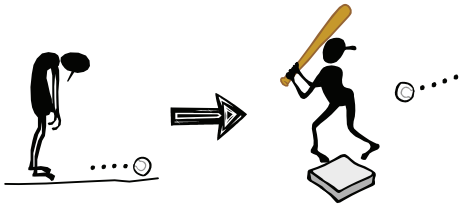
- What thought was I having when I noticed a change in my mood?
- What was happening at the time?



2. Check It

CBT will teach you to examine your thought more closely. What evidence do you have against your thought being true? How could your thought be more accurate (i.e., true), complete (i.e., includes all the facts?), and balanced (i.e., fair and accurate)?

3. Change It



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

If you find it hard to believe your helpful thought to be true, this is normal and will get easier with time.



KEY MESSAGES

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 47

1. **Say:** *Today we have talked about how you can learn to notice or "catch" your thoughts and about how your thoughts, feelings, mood, and cravings are connected.*

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

Key messages from this session include:

- You can use your helpful thoughts to improve your mood and decrease your cravings.
- Your mood can affect your drinking/using.



- Drinking/using can affect your mood.





What do you want to remember about this session?
Write your own key messages here.

_____

_____

_____

_____

_____



PRACTICE

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 49

Keep Track of Your Thinking Each Day

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

2. 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*.

3. 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. Thoughts are not just what is happening (for example, "it's raining."). Thoughts are what you tell yourself about what is happening (for example, "it's raining and that is terrible!") 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.*

Daily Check In

4. Read aloud the directions for the Daily Check In.

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

1. Write down your thoughts each day.

2. Track your mood and coping using the Daily Check In.

Notice at the bottom of the Daily Check In 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 more depressed. Eventually, you may notice that on the days when you have fewer negative thoughts, your mood will be better.

Daily Check In



Instructions **Today's Date:** _____

- Keep the scale beside your bed. Before you go to bed, think about your mood and how you coped with challenges to your recovery throughout the day.
- Circle a number on both scales. Try to use all the numbers, not just 1, 3, 5, 7, or 9. There are no wrong answers. Only you know how you have felt each day.
- Did you notice your thoughts? Circle "Yes" or "No" at the bottom.
- If you want to track your mood and how you coped with challenges over a period of time longer than a week, write down your ratings on a calendar.

1.

1	3	5	7	9
Lowest mood ever	Noticeably worse mood	Ok/average mood	Noticeably better mood	Best mood ever

Write in the day of the week.		____	____	____	____	____	____	____
Mood	Best mood ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Noticeably better mood	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
	Noticeably worse mood	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Lowest mood ever	1	1	1	1	1	1	1

2.

1	3	5	7	9
Coped the worst ever	Coped noticeably worse than usual	Coped OK	Coped noticeably better than usual	Coped the best ever

Write in the day of the week.		____	____	____	____	____	____	____
Coping with challenges to my recovery	Coped the best ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Coped noticeably better than usual	7	7	7	7	7	7	7
		6	6	6	6	6	6	6
	Coped OK	5	5	5	5	5	5	5
		4	4	4	4	4	4	4
	Coped noticeably worse than usual	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Coped the worst ever	1	1	1	1	1	1	1

3.

Write in the day of the week.	____	____	____	____	____	____	____
Were you able to notice your harmful thoughts each day?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes 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 56

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

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



LOOKING AHEAD

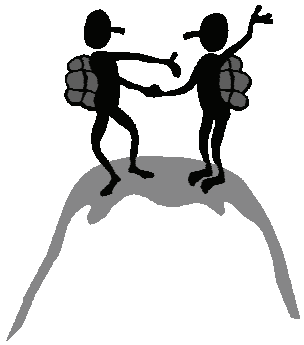
LEADER TIPS

Time: 1 minute
Group Member's Workbook: Page 56

1. Read aloud the text.

2. Congratulate group members for attending the group.

We have talked about how to catch your thoughts. In Session 3 we will begin to talk about how to "check" your thoughts to evaluate whether they are completely true.



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? Circle "easy," "OK," or "hard."

	Taught/Done? (circle yes or no)		**How difficult was it to lead this part of the session? (circle easy, OK, or hard)**		
Welcome	Yes	No	Easy	OK	Hard
Purpose and Outline	Yes	No	Easy	OK	Hard
Announcements	Yes	No	Easy	OK	Hard
Review					
Last Session	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
New Topic: Your Thoughts, Mood, and Alcohol/Drug Use Are Connected					
What You Think Affects How You Feel	Yes	No	Easy	OK	Hard
How Does Your Mood Affect Drinking/Using?	Yes	No	Easy	OK	Hard
How Does Drinking/Using Affect Your Mood?	Yes	No	Easy	OK	Hard
The "Oh, Whatever" Effect	Yes	No	Easy	OK	Hard
You Can Learn to Notice Your Thoughts	Yes	No	Easy	OK	Hard
Key Messages	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
Feedback	Yes	No	Easy	OK	Hard
Looking Ahead	Yes	No	Easy	OK	Hard

SESSION 3: HOW TO IDENTIFY HARMFUL THOUGHTS

LEADER'S NOTES

LEADER TIPS

Materials Needed

- **Group Member's Workbooks** ("Thoughts, Alcohol/Drug Use, 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
- **The PHQ-9 depression measure**—enough copies for everyone in the group

Group Leaders' Goals

- Help group members identify their own habits of harmful thinking.
- Give group members tools for examining their thoughts and deciding if they are harmful or helpful.
- Help group members feel hopeful that they can notice their harmful thoughts, examine them, and change them.

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 them out, put their names on them, and return them to you. Tell group members that you will talk more about the questionnaire 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

Introduce the Purpose and Outline.

PURPOSE

- Identify some common habits of harmful thinking.
- Notice your own habits of harmful thinking.
- Learn to manage your thoughts using "Catch It, Check It, Change It."

OUTLINE

Announcements

How Have You Been Feeling?

Review

New Topic: How to Identify Harmful Thoughts

- Common Habits of Harmful Thinking
- Harmful Thoughts Are Not Accurate, Complete, and Balanced
- Catch It, Check It, Change It

Key Messages

Practice

Feedback

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 58

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

2. After the session, **compare** each group member's PHQ-9 scores with his or her previous scores (if the group member has filled out the questionnaire at a previous session). This comparison will allow you to monitor each group member's depression.

Note: In addition to the PHQ-9, choose another measure to monitor how group members are progressing in their recovery. See the Group Leader's Introduction for a discussion of how select a measure that supplements the PHQ-9. Compare current and previous scores as you would with the PHQ-9 measure.



You filled out a questionnaire at the beginning of the session, the "Patient Health Questionnaire"—PHQ-9 for short.

You will fill out the questionnaire before the group begins at Sessions 1, 3, and 5 of each CBT module. The questionnaire allows you and your group leaders to keep track of how you are feeling while you are attending the group.

REVIEW

Last Session

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 59

1. Ask: *Can anybody remind the group of what ideas the rain cartoon illustrates for us?*
If nobody volunteers, remind the group that the characters' moods were different because they thought about the rain differently.

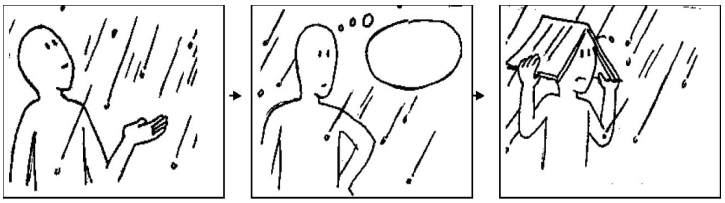
2. Say: *We also talked about two other important ideas. First, when you are depressed you are more likely to drink or use. And when you drink or use, you are more likely to feel depressed.*

3. Read aloud the key messages or ask for a volunteer to read the messages.

4. Ask: *Does anybody have any questions?*

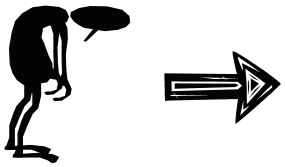
Key messages from last session were:

- You can use your helpful thoughts to improve your mood and decrease your cravings.





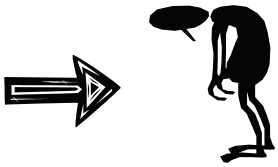
- Your mood can affect your drinking/using.



ALCOHOL/DRUG USE

- Drinking/using can affect your mood.

ALCOHOL/DRUG USE



Practice

LEADER TIPS

Time: 20 minutes
Group Member's Workbook: Page 60

Keep Track of Your Thoughts Each Day

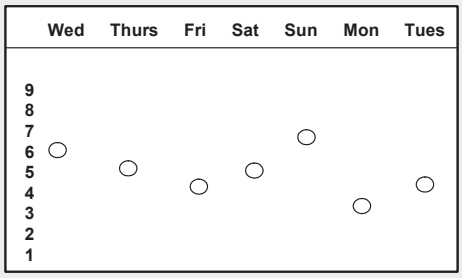
1. Ask and discuss: *Was it difficult to keep track of your harmful and helpful thoughts each day?*

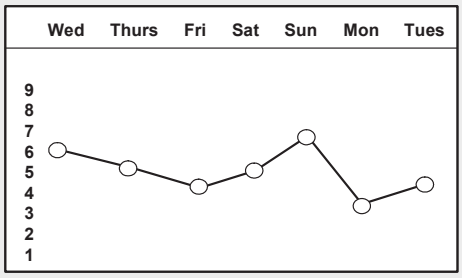
Daily Check In

Ask group members about how they did tracking their moods and coping on their Daily Check In. Make graphs based on one group member's Daily Check In.

2. Start the graphs 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.

3. Ask for a volunteer from the group to share the numbers **related to mood** on his or her 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."



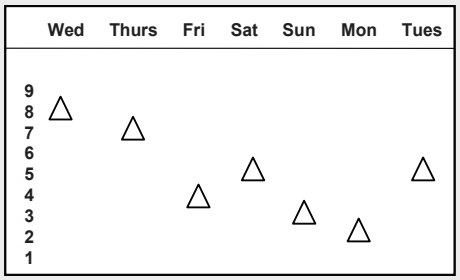


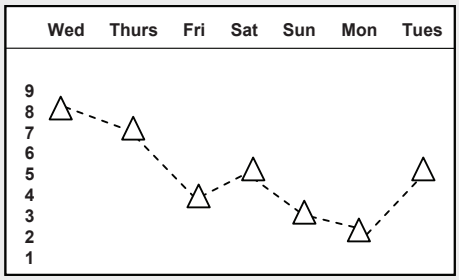
4. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

5. Possible follow-up questions: *What did you notice about your mood? What thoughts were you having on the day your mood was lowest? 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? Is there a weekly pattern? Are some days more likely to bring about low moods? If so, what tools can you use to prevent low moods?*

6. Repeat the process for coping, using a new graph. Ask the same volunteer to share the numbers **related to coping** on his or her scale. Add dots to the new graph. If the group member's coping was 8 on the first day, mark a dot at 8 below "Wed."

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





8. Possible follow-up questions: *What did you notice about how well you coped with challenges? You coped very well on* [day]. *What kinds of helpful thoughts were you having on that day? What was your mood? What do you notice about the connections among thoughts, mood, and how you coped?*

9. Note: Depending on the size of the group, you may choose to chart the Daily Check In 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 six-session Thoughts module, encourage as many group members as possible to share their Daily Check In—even those who are shyer and less vocal. For each member who shares, try to connect thoughts, mood, and coping. 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.")*

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

1. ***Write down your thoughts each day.***

2. ***Keep track of your moods and coping on the Daily Check In.***

NEW TOPIC: HOW TO IDENTIFY HARMFUL THOUGHTS





Common Habits of Harmful Thinking

LEADER TIPS

Time: 30 minutes
Group Member's Workbook: Page 61

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 teeter-totters that are completely off balance.*

3. Read aloud the text in the second column (under the heading "'Catch' the thought") 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?*

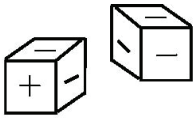
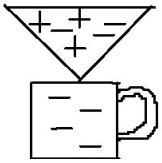
4. Do the same with the other categories—**read the text** in the **second column** aloud. As you describe each category, ask the group if they can suggest an example.

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 after last session. Let's see if the harmful thoughts you wrote down fall into one of these categories.* Then read aloud the text in the **third column** (under the heading "'Check' the thought") 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.

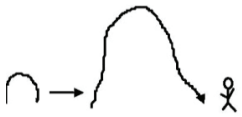
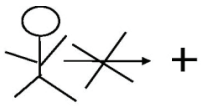
6. When a group member offers a thought, ask the group to help the person decide if the thought fits any of the common ways of harmful thinking. Also clarify that a single thought can sometimes fall into several categories.

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.*

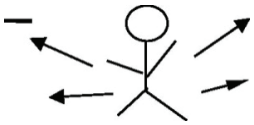
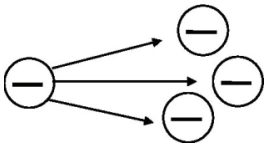
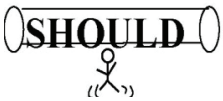
Many people think in the harmful ways described below. Which categories describe your habits of harmful thinking?

Symbol	"Catch" the thought—does it fit the common habits of harmful thinking?	"Check" the thought—examine it to see if it is harmful or helpful
	***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 try to stop using? I'll never stop.	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. 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?

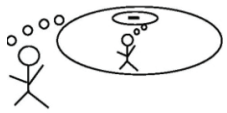
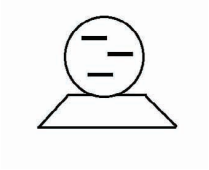
Common Habits of Harmful Thinking

Symbol	Category	Examination
	***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). • I'm an addict and I am worthless.	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
	***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, I must have done 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 = no one will ever like 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 on yourself*** Telling yourself you should 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
	***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 can't tell others how I feel because they will think I am crazy. • Other people think I am boring (or depressing). • My counselor thinks I'm hopeless.	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 maintain my recovery. • The party is going to be really boring so why bother going. • I'll never be happy again. • I am not capable of loving. • I will never have a romantic relationship again.	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.

Harmful Thoughts Are Not Accurate, Complete, and Balanced

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 65

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 likely to be inaccurate, incomplete, and unbalanced.*

If you have time or if clients have difficulty sharing their own thought, 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/old/poor/disabled/ overweight/alcoholic/a substance abuser.
- 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 to identify 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. Or: I used to both not work and use. Now I am not working, but I am not using. Next, I will be working and not using. One step at a time.
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.

Catch It, Check It, Change It

LEADER TIPS

Time: 30 minutes
Group Member's Workbook: Page 66

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

1. Say: *The Catch It, Check It, Change It method combines some of the other strategies that we have been talking about. We briefly introduced Catch It, Check It, Change It during our last session, but now we will go over this in more detail. This exercise ties together the process of identifying a thought, deciding if the thought is helpful or harmful, 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" the evidence. Is your thought leaving out some important information? What evidence do you have against your thought?*

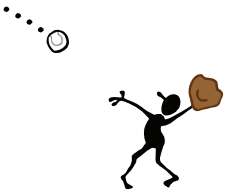
- *How could the thought be more accurate or true?*
- *How could the thought be more complete? Remember, a complete thought includes all the important and relevant facts.*
- *How could the thought be more balanced? If the thought is balanced, it isn't too extreme. It is fair and reasonable. Unbalanced thoughts often have words like "never" or "always" attached to them (for example, "I'll never get sober").*
- *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.*

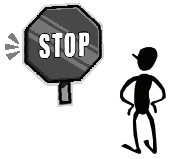
8. After allowing time to complete the exercise, try to review as many examples from the group as possible.

In the last session, we talked briefly about a tool to improve your mood and support your recovery. Today we will practice "Catch It, Check It, Change It."



1. Catch It

The first step is to notice—or "catch"—your 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 your thoughts. For example, when you notice that your mood changes or that you feel sad or angry or have cravings, stop. Ask yourself some questions.



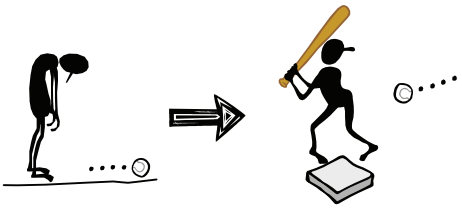
- What thought was I having when I noticed a change in my mood?
- What was happening at the time?



2. Check It

Examine your thought more closely. Is it harmful or helpful for you? What evidence do you have against your thought being true? How could your thought be more accurate, complete, and balanced? Does the thought fall into any of the categories of harmful thinking?

3. Change It



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

If you find it hard to believe your helpful thought to be true, this is normal and will get easier with time.

Catch It, Check It, Change It

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



1 Catch It



2 Check It



3 Change It



What happened?	**What were your feelings?**	**What was your thought?**	**Examine your thought. What evidence do you have against your thought?**	**Replace the harmful thought with a helpful thought.**
I had a fight with my partner.	*Sad, angry.*	*My partner always gets his/her way.*	*My partner and I sometimes agree to do things my way.*	*We won't always agree. My partner gets his/her way sometimes, but I often get what I want too.*
I had a dream that I used.	*Scared, confused*	*I'll never get sober.*	*I've been clean for a week and am clean today.*	*I had a dream about using, but I'm clean now and am working towards being clean long-term.*



KEY MESSAGES

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 68

1. **Say:** *Today we have talked about some common habits of harmful thinking. You also started to question your thoughts so you can come up with more helpful thoughts.*

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

Key messages from this session include:

- You can learn to notice or "catch" your harmful thoughts by being aware of common habits of harmful thinking.
- You can use "Check It" to examine your thoughts and see if other alternatives are possible.
- You can use "Change It" to change your harmful thoughts to helpful ones.



What do you want to remember about this session?
Write your own key messages here.

_____

_____

_____



PRACTICE

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 69

Catch It, Check It, Change It

1. Say: *Look at the chart in your workbooks after the Daily Check In. 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 when you notice your mood gets worse.*

2. Go over the directions at the top of the chart and in the first row.

Notice Categories of Harmful Thoughts

3. Say: *Try to notice whether your harmful thoughts tend to fall in one or more of the categories of harmful thoughts. You can review the categories in your workbook and they may help you to notice your harmful thoughts. You can make a note of the category in the "Examine your thought. What evidence do you have against your thought?" column in the Catch It, Check it Change It chart.*

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

Daily Check In

5. Review the directions for the Daily Check In. **Point out** to group members that the Daily Check In now includes a place at the bottom where they should indicate how many harmful and helpful thoughts they had each day.

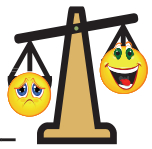
1. Use the Catch It, Check It, Change It steps in the next week to notice your thoughts and feelings, examine them, and change your harmful thoughts to helpful thoughts. **Fill in the Catch It, Check It, Change It chart.** This process takes practice, so give it your best try and we will review these ideas during our next session.

2. Try to notice which categories of harmful thoughts your thoughts fall into. You can make a note of the category in the "Examine your thought. What evidence do you have against your thought?" column in the Catch It, Check it, Change It chart.

3. Track your mood and coping using the Daily Check In.

Notice at the bottom of the Daily Check In a place where you write in the number of harmful and helpful thoughts you have 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 the thoughts you have when you are depressed or have cravings to drink/use. Eventually, you may notice that on the days when you have fewer harmful thoughts, your mood and coping will be better.

Daily Check In



Instructions **Today's Date:** _____

- Keep the scale beside your bed. Before you go to bed, think about your mood and how you coped with challenges to your recovery throughout the day.
- Circle a number on both scales. Try to use all the numbers, not just 1, 3, 5, 7, or 9. There are no wrong answers. Only you know how you have felt each day.
- Did you notice your thoughts? At the bottom, write in the number of harmful and helpful thoughts you had each day.
- If you want to track your mood and how you coped with challenges over a period of time longer than a week, write down your ratings on a calendar.

1.

1	3	5	7	9
Lowest mood ever	Noticeably worse mood	Ok/average mood	Noticeably better mood	Best mood ever

Write in the day of the week.		____	____	____	____	____	____	____
Mood	Best mood ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Noticeably better mood	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
	Noticeably worse mood	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Lowest mood ever	1	1	1	1	1	1	1

2.

1	3	5	7	9
Coped the worst ever	Coped noticeably worse than usual	Coped OK	Coped noticeably better than usual	Coped the best ever

Write in the day of the week.		____	____	____	____	____	____	____
Coping with challenges to my recovery	Coped the best ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Coped noticeably better than usual	7	7	7	7	7	7	7
		6	6	6	6	6	6	6
	Coped OK	5	5	5	5	5	5	5
		4	4	4	4	4	4	4
	Coped noticeably worse than usual	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Coped the worst ever	1	1	1	1	1	1	1

3.

Write in the day of the week.	____	____	____	____	____	____	____
Number of harmful thoughts							
Number of helpful thoughts							

Catch It, Check It, Change It

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







What happened?	**What were your feelings?**	**What was your thought?**	**Examine your thought. What evidence do you have against your thought?**	**Replace the harmful thought with a helpful thought.**
I had a fight with my partner.	*Sad, angry.*	*My partner always gets his/her way.*	*My partner and I sometimes agree to do things my way.*	*We won't always agree. My partner gets his/her way sometimes, but I often get what I want too.*
I had a dream that I used.	*Scared, confused*	*I'll never get sober.*	*I've been clean for a week and am clean today.*	*I had a dream about using, but I'm clean now and am working towards being clean long-term.*



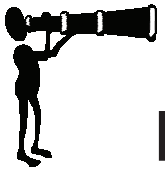
FEEDBACK

LEADER TIPS

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

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

- 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

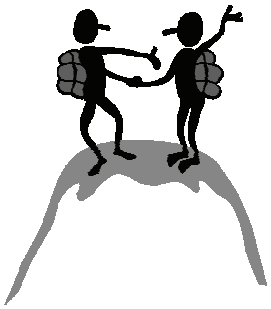
LEADER TIPS

Time: 1 minute
Group Member's Workbook: Page 72

1. Read aloud the text.

2. Congratulate group members for attending the group.

In Session 4, you will have a chance to consider what thoughts and feelings are most likely to cause you to feel depressed or to use.



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? Circle "easy," "OK," or "hard."

	Taught/Done? (circle yes or no)		**How difficult was it to lead this part of the session? (circle easy, OK, or hard)**		
Welcome	Yes	No	Easy	OK	Hard
Purpose and Outline	Yes	No	Easy	OK	Hard
Announcements	Yes	No	Easy	OK	Hard
How Have You Been Feeling?	Yes	No	Easy	OK	Hard
Review					
Last Session	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
New Topic: How to Identify Harmful Thoughts					
Common Habits of Harmful Thinking	Yes	No	Easy	OK	Hard
Harmful Thoughts Are Not Accurate, Complete, and Balanced	Yes	No	Easy	OK	Hard
Catch It, Check It, Change It	Yes	No	Easy	OK	Hard
Key Messages	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
Feedback	Yes	No	Easy	OK	Hard
Looking Ahead	Yes	No	Easy	OK	Hard

SESSION 4: HOW TO "CATCH" AND "CHECK" YOUR HARMFUL THOUGHTS

LEADER'S NOTES

LEADER TIPS

Materials Needed

- **Group Member's Workbooks** ("Thoughts, Alcohol/Drug Use, 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
- **Dry erase board, chalkboard**, or large sheets of paper to present material to group
- **Kleenex** or other facial tissue
- **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

Group Leaders' Goals

- Help group members understand that a single thought can start a chain of thoughts up or down.
- Help group members feel powerful to stop a downward chain of thoughts at any point. Reinforce the idea that they have choices.
- Give group members tools for stopping the downward chain of thoughts.

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

- Understand that one harmful thought may lead to another harmful thought, and that one helpful thought may lead to another helpful thought.
- Understand that some harmful thoughts have extra power to set off your depression or alcohol/drug use.
- Identify your high-risk thoughts and begin changing them.

OUTLINE

Announcements
Review
New Topic: How to “Catch” and “Check” Your Harmful Thoughts
    One Thought Can Lead to Another: A Chaining Activity
    What Harmful Thoughts Are High-Risk for You?
    Coping with Cravings
Key Messages
Practice
Feedback
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

Last Session

LEADER TIPS

Time: 5 minutes

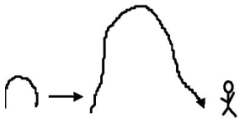
Group Member's Workbook: Page 74

1. 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.*

2. Ask: *Can anybody remember what habits of thinking go with the pictures? You can look back at pages 61–64 if you want to. What do you remember about Catch It, Check It, Change It?*

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

What do you remember about **common habits of harmful thinking?**

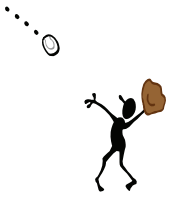






What do you remember about **Catch It, Check It, Change It**?

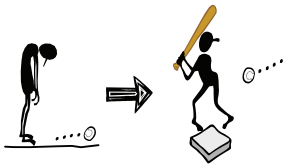
Catch the thought,



check the thought,



and **change** the thought.



Key messages from last session are:

- You can learn to notice or “catch” your harmful thoughts by being aware of common habits of harmful thinking.
- You can use “Check It” to examine your thoughts and see if other alternatives are possible.
- You can use “Change It” to change your harmful thoughts to helpful ones.

Practice

LEADER TIPS

Time: 20 minutes
Group Member's Workbook: Page 76

Complete the Catch It, Check It, Change It table

1. 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 and cravings ratings on the Daily Check In.

Notice What Categories Your Harmful Thoughts Fall Into

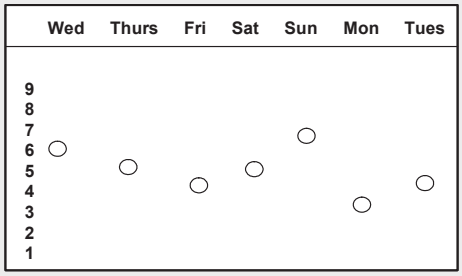
Do you remember the categories of harmful thoughts we discussed last week? Did you notice if your thoughts fit any of the categories?

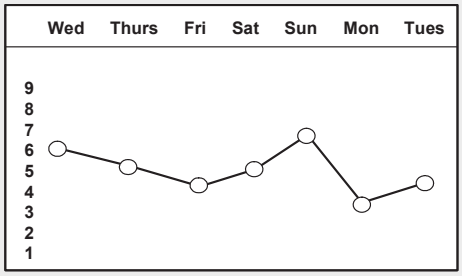
Daily Check In

Ask group members about how they did tracking their moods and cravings on their Daily Check In. Make graphs based on one group member's Daily Check In.

2. 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.

3. Ask for a volunteer from the group to share the numbers **related to mood** on his or her 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."



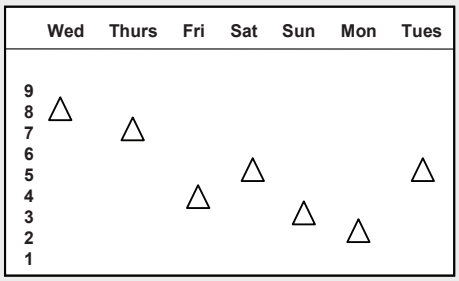


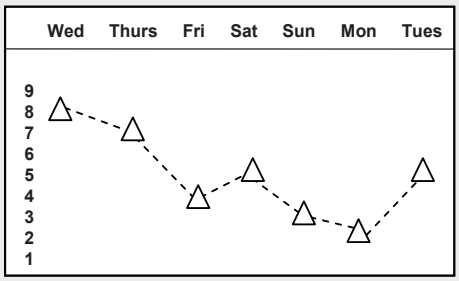
4. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

5. Possible follow-up questions: *What did you notice about your mood during the last week? What were your thoughts on the day your mood was lowest? 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? Is there a weekly pattern? Are some days more likely to bring about low moods? If so, what tools can you use to prevent low moods?*

6. Repeat the process for coping, using a new graph. Ask the same volunteer to share the numbers **related to coping** on his or her scale. Add dots to the new graph. If the group member's coping was 8 on the first day, mark a dot at 8 below "Wed."

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





8. Possible follow-up questions: *What did you notice about how well you coped with challenges? You coped very well on* [day]. *What kinds of helpful thoughts were you having on that day? What was your mood? What do you notice about the connections among thoughts, mood, and how you coped?*

9. Remember, depending on the size of the group, you may choose to chart the Daily Check In 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.

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

2. Try to notice which categories of harmful thoughts your thoughts fall into.

3. Track your mood and coping using the Daily Check In.

NEW TOPIC: HOW TO "CATCH" AND "CHECK" YOUR HARMFUL THOUGHTS

One Thought Can Lead to Another: A Chaining Activity



LEADER TIPS

Time: 30 minutes
Group Member's Workbook: Page 77

(**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 destructive cycle of depression or using 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 cycle 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.

The chaining activity applies to your cravings also. After an event, your cravings can go up or down. But depending on differences from person to person and on the situation, cravings may not go up and down in the same way that mood does.

Ask:
*As your mood gets **worse,** how do you think this affects your cravings (desire to use)?*

*As your mood gets **better,** how do you think this affects your cravings (desire to use)?*

Say: *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 Daily Check In, 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. You may need to let group members know that how one person rates a thought may be different than how another person might rate the same thought (for example, one person might feel a thought is a 3 but another person might think it's a 4).

If someone in the group suggests an activity instead of a thought, say: *If you did that activity, what thought 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.

Best mood	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 recovery probably won't last for more than a month.
Worst mood	1. I'll probably be a drunk for the rest of my life.

6. Complete the rest of the chaining activity cycling 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.

Best mood

9. I feel proud of my recovery.
8. I am doing things to help me maintain my recovery, 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 recovery probably won't last for more than a month.

Worst mood

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 five minutes for this.) **Then say:** *Who would like to read what they wrote?*

9. Say: *What do you notice about how thoughts, alcohol/drug use, and mood are related?*

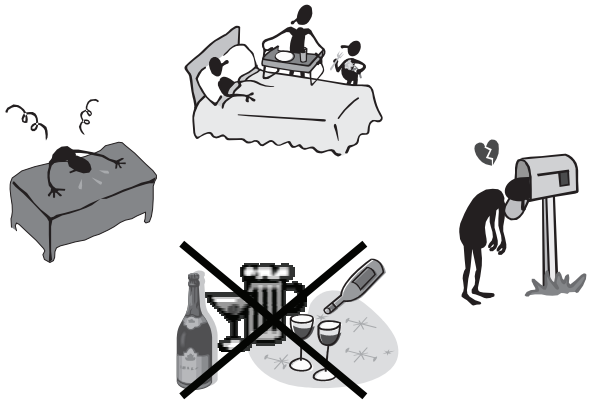
10. Here are two more examples of the chaining activity. These do not relate to using drugs or alcohol.

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.

The destructive cycle of depression and drinking/using can begin with a fact or event, such as:

- You lose a job.
- A relative or friend dies.
- You get sick.
- You have been diagnosed with diabetes.
- You have no energy.
- You have recently stopped drinking or using.



The chaining activity illustrates how your mood can get better or worse depending on how you respond to the fact or event.

As your mood changes, how do you think this affects your cravings (desire to use)?

Are you more likely to crave (want to use) when your mood is good or bad?

Instructions

1. In the table on page 80 **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 going 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 links among thoughts, mood, and drinking/using?

- Your thoughts affect how you feel and act. For example, when you have harmful thoughts you may be more likely to feel down, and more likely to drink or use.
- You can make choices about the way you think.



Sample

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, mood, and cravings are connected. When you have harmful thoughts, you are more likely to feel down or to use. When you have helpful thoughts, your mood is likely to improve and your cravings decrease.
- A harmful thought can lead to another harmful thought, bringing your mood down and increasing your cravings.
- A helpful thought can lead to another helpful thought, bringing your mood up and decreasing your cravings.

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.

What Harmful Thoughts Are High- Risk for You?

LEADER TIPS

Time: 20 minutes
Group Member's Workbook: Page 81

1. Review the text on this page.

2. Ask: *What do you notice when you are having cravings?*

3. Ask:

- *What is a risky thought for you?*
- *What feelings are high-risk for you?*

4. Say: *We would like you to write down some of the thoughts and feelings that have extra power for you. These are "high-risk" because they can quickly make your mood spiral down or almost always make you feel like drinking or using. Remember: When you know what your high-risk thoughts and feelings are, you can be ready for them and fight back.*

Some harmful thoughts seem to have extra power to bring your mood down or cause cravings. These are your high-risk thoughts.

Thoughts such as "I will never be any good" or feelings such as hopelessness, anxiety, sadness, or anger could be triggers for depression, drinking, and using. The thoughts and feelings that might be very powerful for you might not be so bad for somebody else.

Some activities or interactions with people can also be extra harmful—we will talk more about those in the other CBT modules.

When you know what your triggers are, you can learn ways to cope with your cravings.

Write down some of your risky thoughts and feelings.

Thoughts (for example)	**Feelings (for example)**
"I can't do this."	Hopelessness
"One drink won't hurt."	Anger
"There's nothing to do here."	Fear
"This calls for a celebration."	Boredom
"I deserve this."	Excitement
"All my hard work paid off."	Joy
	Pride

Thoughts:	***Feelings:***
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

These risky thoughts and feelings can make you having cravings for alcohol and drugs. Next, we are going to talk about how to cope with those cravings.

Coping With Cravings

LEADER TIPS

Time: 25 minutes
Group Member's Workbook: Page 83

1. Lead a discussion about cravings. **Ask** group members to describe the pattern of their cravings:

- *When you have cravings for alcohol or drugs, how do they start?*
- *Do the cravings go down with time?*
- *What do you do to help the cravings go down?*

2. Say: *Cravings usually come and go, and they can be managed with coping strategies. Everybody in this group has had challenges with cravings, and what we are trying to do is help you cope with the cravings and feel better.*

3. Review the text and talk about the "storm" idea. **Ask:**

- *If you think of your cravings as waves that get bigger and bigger but eventually go down, how might that help your recovery?*
- *How does it feel to know that you are the "driver" through the cravings storm, and that you are in control?*

4. Review the text on helpful thoughts to cope with cravings. **Ask:** *What thoughts could help you when you have strong cravings? Take a few minutes to* ***write down some helpful thoughts*** *on the lines in your workbook.*

5. Say: *When you have strong cravings, it may feel like you are not the one in charge. But you have the power to control what happens—you are the captain through the storm.*



When you have cravings for alcohol/drugs, you can imagine that you are on a ship in the middle of a storm. Your cravings are like waves that become bigger and bigger. You might feel afraid, but you can expect that your cravings will go down eventually.



You are the captain in charge of the ship.

You are the one who decides what will happen. Positive thoughts can help you steer your ship through the waves of cravings and find a peaceful place where the cravings have decreased.



How does this example fit in with your experiences with cravings?

Here are some examples of helpful thoughts that might help you cope with cravings:

- I have resisted my cravings before, and I can do it now.
- My other cravings have passed, and these will too.
- It is normal for my body to crave the alcohol/drugs I used to use, but I can choose to resist the cravings.
- Sometimes I tell myself “I can’t stand it if I don’t use!” But, if I don't give in to the craving, nothing bad will happen. If I do give in, I will have to deal with the bad things that happen.
- I have used alcohol and drugs to calm down. Now I can learn other ways to calm down.
- I will think about steering past the big waves and reaching a peaceful sea.
- Having a craving does not mean that I have to drink or use.
- I am feeling sad now, but drinking or using would make me feel better for only a short time and then I would feel worse.
- I have the strength to get through this.
- I will take a few slow, deep breaths and try to relax.
- My family/counselor/friends believe that I can stay clean, and I can believe in myself too.
- I won’t let drugs or alcohol keep me from getting where I want to be in life.

What are your helpful coping thoughts? Write them here.

_____

_____

_____



KEY MESSAGES

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 85

1. **Say:** *Today we have talked about how your thoughts can cause a chain reaction for better or for worse.*

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

Key messages from this 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.
- Helpful thoughts can help you cope with cravings.



What do you want to remember about this session?
Write your own key messages here.

_____

_____

_____



PRACTICE

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 86

Track Your Thoughts

1. Write down your thoughts each day.

Catch Your Risky Thoughts and Use Coping Thoughts

2. Say: *We talked about the fact that each of you probably has thoughts and feelings that can trigger your depression or drinking and using. You wrote down some helpful thoughts that can help you cope with these risky thoughts and feelings. Part of your practice will be to use the coping thoughts to help you keep your mood up and resist cravings.*

Daily Check In

3. Review the directions for the Daily Check In.

4. Ask the group members if they have any questions.

***1. Write down your thoughts each day*.**

2. Try to catch a risky thought and use a coping thought to keep your mood up and manage your cravings.

3. Track your mood and coping using the Daily Check In.

Daily Check In



Instructions **Today's Date: _____**

- Keep the scale beside your bed. Before you go to bed, think about your mood and how you coped with challenges to your recovery throughout the day.
- Circle a number on both scales. Try to use all the numbers, not just 1, 3, 5, 7, or 9. There are no wrong answers. Only you know how you have felt each day.
- Did you notice your thoughts? At the bottom, write in the number of harmful and helpful thoughts you had each day.
- If you want to track your mood and how you coped with challenges over a period of time longer than a week, write down your ratings on a calendar.

1.

1	3	5	7	9
Lowest mood ever	Noticeably worse mood	Ok/average mood	Noticeably better mood	Best mood ever

Write in the day of the week.		____	____	____	____	____	____	____
Mood	Best mood ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Noticeably better mood	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
	Noticeably worse mood	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Lowest mood ever	1	1	1	1	1	1	1

2.

1	3	5	7	9
Coped the worst ever	Coped noticeably worse than usual	Coped OK	Coped noticeably better than usual	Coped the best ever

Write in the day of the week.		____	____	____	____	____	____	____
Coping with challenges to my recovery	Coped the best ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Coped noticeably better than usual	7	7	7	7	7	7	7
		6	6	6	6	6	6	6
	Coped OK	5	5	5	5	5	5	5
		4	4	4	4	4	4	4
	Coped noticeably worse than usual	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Coped the worst ever	1	1	1	1	1	1	1

3.

Write in the day of the week.	____	____	____	____	____	____	____
Number of harmful thoughts							
Number of helpful thoughts							

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.)



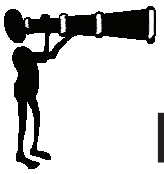
FEEDBACK

LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 93

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

- What was helpful about today's session?
- What was less helpful?



LOOKING AHEAD

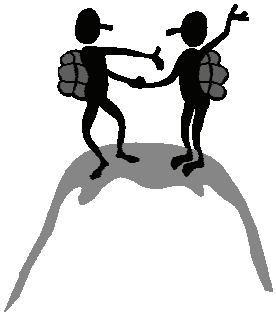
LEADER TIPS

Time: 1 minute
Group Member's Workbook: Page 93

1. Review the text.

2. Congratulate group members for attending the group.

In Session 5, you will you will learn how to examine your thoughts and change them to improve your mood and support your recovery.



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? Circle "easy," "OK," or "hard."

	Taught/Done? (circle yes or no)		**How difficult was it to lead this part of the session? (circle easy, OK, or hard)**		
Welcome	Yes	No	Easy	OK	Hard
Purpose and Outline	Yes	No	Easy	OK	Hard
Announcements	Yes	No	Easy	OK	Hard
Review	Yes	No	Easy	OK	Hard
Last Session					
Practice	Yes	No	Easy	OK	Hard
New Topic: How to "Catch" and "Check" Your Harmful Thoughts	Yes	No	Easy	OK	Hard
One Thought Can Lead to Another: A Chaining Activity					
What Harmful Thoughts Are High-Risk for You?	Yes	No	Easy	OK	Hard
Coping with Cravings	Yes	No	Easy	OK	Hard
Key Messages	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
Feedback	Yes	No	Easy	OK	Hard
Looking Ahead	Yes	No	Easy	OK	Hard

SESSION 5: HOW TO "CHECK" AND "CHANGE" YOUR HARMFUL THOUGHTS

LEADER'S NOTES

LEADER TIPS

Materials Needed

- **Group Member's Workbooks** ("Thoughts, Alcohol/Drug Use, 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
- **The PHQ-9 depression measure**—enough copies for everyone in the group

Group Leaders' Goals

- Help group members examine their thoughts and see if there are other possible alternatives.
- Give group members strategies for managing their harmful thoughts.
- Help group members feel hopeful that they can notice their harmful thoughts (catch them), examine them (check them), and change them to improve their mood and decrease cravings.

Welcome Group Members

- As group members arrive, greet them by name. Ask them informally how their practice went.
- Pass out the PHQ-9 depression measure. Ask group members to fill them out, put their names on them, and return them to you. Tell group members that you will talk more about the questionnaire 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

Introduce the Purpose and Outline.

PURPOSE

- Learn to examine your harmful thoughts and see if there are other possible alternatives.
- Learn strategies for changing your thoughts—"talking back" to harmful thoughts and replacing them with helpful thoughts.

OUTLINE

Announcements
How Have You Been Feeling?
Review
New Topic: How to "Check" and "Change" Your Harmful Thoughts
    Examine the Evidence
    Balance Your Thoughts with "Yes, But" Statements
    Find a Replacement Thought for Your Harmful Thought
Key Messages
Practice
Feedback
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 96

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

2. After the session, **compare** each group member's PHQ-9 scores with his or her previous scores (if the group member has filled out the questionnaire at a previous session). This comparison will allow you to monitor each group member's depression.

Note: In addition to the PHQ-9, choose another measure to monitor how group members are progressing in their recovery. See the Group Leader's Introduction for a discussion of how select a measure that supplements the PHQ-9. Compare current and previous scores as you would with the PHQ-9 measure.



You filled out a questionnaire at the beginning of the session, the "Patient Health Questionnaire"—PHQ-9 for short.

You will fill out the questionnaire before the group begins at Sessions 1, 3, and 5 of each CBT module. The questionnaire allows you and your group leaders to keep track of how you are feeling while you are attending the group.

REVIEW

Last Session

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 97

1. Say: *Last session we talked about how thoughts can make a chain go up or down. Remember, you have the power to interrupt a chain of harmful thoughts and change them to helpful thoughts so that your mood improves and you manage your cravings. Today we will talk about more strategies for changing your harmful thoughts to helpful thoughts.*

2. Read aloud the key messages or ask a volunteer to read them. **Ask:** *What do you remember most from last session?*

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

What do you remember most from the last session?

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.
- Helpful thoughts can help you cope with cravings.

Practice

LEADER TIPS

Time: 20 minutes
Group Member's Workbook: Page 97

Write Down Your Thoughts Each Day

1. Ask and discuss: *Was it difficult to write down your harmful and helpful thoughts each day?*

Catch a Risky Thought and Use a Coping Thought to Manage Your Mood and Cravings

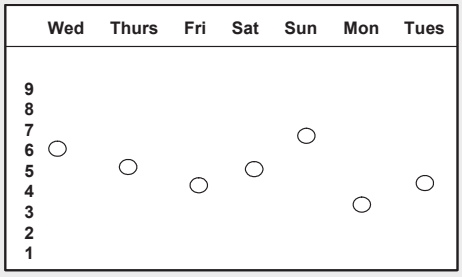
2. Ask and discuss: *Was it difficult to notice your risky thoughts?*

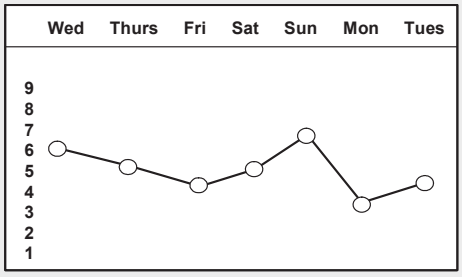
Daily Check In

Ask group members about how they did tracking their moods and coping on their Daily Check In. Make graphs based on one group member's Daily Check In.

3. 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.

4. Ask for a volunteer from the group to share the numbers **related to mood** on his or her 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."



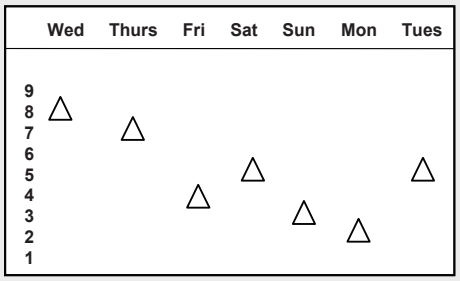


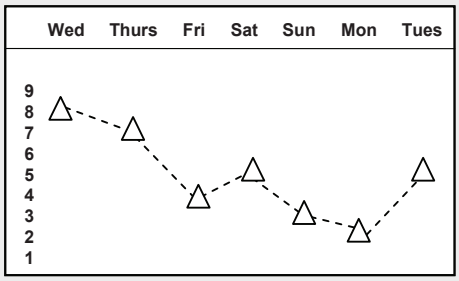
5. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

6. Possible follow-up questions: *What did you notice about your mood? Your mood was the lowest on* [day]. *Do you remember what your thoughts were 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? Is there a weekly pattern? Are some days more likely to bring about low moods? If so, what tools can you use to prevent low moods?*

7. Repeat the process for coping, using a new graph. Ask the same volunteer to share the numbers **related to coping** on his or her scale. Add dots to the new graph. If the group member's coping was 8 on the first day, mark a dot at 8 below "Wed."

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





9. Possible follow-up questions: *What did you notice about how well you coped with challenges? You coped very well on* [day]. *What kinds of helpful thoughts were you having on that day? What was your mood? What do you notice about the connections among thoughts, mood, and how you coped?*

10. Note: Depending on the size of the group, you may choose to chart the Daily Check In 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.

1. Write down your thoughts each day.

2. Try to catch a risky thought and use a coping thought to keep your mood up and manage your cravings.

3. Track your mood and coping using the Daily Check In.

NEW TOPIC: HOW TO "CHECK" AND "CHANGE" YOUR HARMFUL THOUGHTS

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 98

1. Say: *We have talked about how to notice your harmful thoughts and some different ways that you can manage or "talk back" to them. Today we will talk about more strategies. Feel free to try out different methods. You may find that one works better for you than others.*

2. Review the text.

The way you think is probably familiar, comfortable, and automatic. Changing your thinking habits may be difficult at first. Just like learning a new sport, it takes practice. But it is possible!

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

- Be a detective—gather evidence to find out more about your thoughts and decide whether they are harmful or helpful. Are there alternative ways to look at the same things?
- Use "Yes, But" statements to turn your harmful thoughts into helpful thoughts.
- Replace a harmful thought with a helpful thought.

Examine the Evidence

LEADER TIPS

Time: 20 minutes
Group Member's Workbook: Page 99

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 the thought more closely to discover whether it is accurate, complete, and balanced.*

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

3. Say: *Now let's look at the questions in #2 and examine the evidence related to this thought.* Allow group members to write.

4. Ask: *Who would like to share what you wrote for #1 and #2?*

5. Go over instructions for #3.

6. Say: *Now share your thought to the person sitting next to you and ask the person what he or she thinks about it.*

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

8. Go over the instructions in #4.

9. Ask: *For those of you who shared your thought with us earlier, what experiment would you be willing to try to gather more evidence about your thought? The experiment is designed to help you decide whether the thought is accurate, complete, and balanced.*

10. Brainstorm additional experiments with the group and ask the group to write a more helpful thought on #5. Ask the group to volunteer their helpful thoughts.

The next time you have a thought that brings your mood down or causes a strong bad feeling or cravings, take a closer look. Check it out—examine it to find out more about it. Follow these steps.

1. First, write down a thought that recently brought your mood down or increased your cravings.



_____

2. Ask yourself: Is the thought mostly true, mostly false, or neither? You can think about these questions to help figure this out.

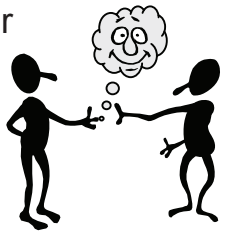


- What is the evidence (i.e., relevant FACTS) that your thought is totally true? For example, what in your past experience suggests that this thought is true?

- What is the evidence (i.e., relevant FACTS) that your thought is totally false? For example, what in your past experience suggests that this thought is false?

- How much of your thought do you think is true vs. false (e.g., 25% true vs. 75% false or 50/50, etc.)?

3. Share your thought with the person sitting next to you. Saying your thought out loud can help you see the thought more clearly. Ask the person what he or she thinks about your thought.



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

4. Gather more evidence by experimenting. If you're still not sure whether your thought is accurate, complete, and balanced, you might need to gather more evidence. For example:

> **Thought:** "If I go to the party, I will not have a good time." (This thought is an example of negative fortune telling.)
>
> **Experiment to gather more evidence:** Go to the party with an open mind and see how you really feel about it.

To test the accuracy of your thought and gather more evidence, what experiment could you try?



_____

_____

_____

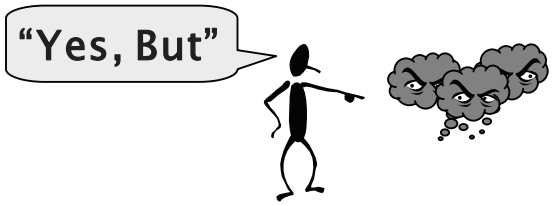
5. Now that you have examined the evidence, do you think that your thought could be more helpful? Write a more helpful thought here.

_____

_____

_____

Balance Your Thoughts with "Yes, But" Statements



LEADER TIPS

Time: 20 minutes
Group Member's Workbook: Page 101

1. Say: *In the last session we talked about strategies for replacing harmful thoughts. Today, we'll continue to 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. Introduce the text. Discuss the ideas with the group members.

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

4. 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.

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

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

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 has happened in the past and let go? Remind yourself that your future is not yet determined and you can make changes now to avoid repeating past mistakes.

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

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

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** now I am putting a lot of effort into improving my depression and maintaining my recovery. 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 *"yes, but"* statements
	Yes, **but**
	Yes, **but**
	Yes, **but**

Find a Replacement Thought for Your Harmful Thought

LEADER TIPS

Time: 25 minutes
Group Member's Workbook: Page 103

1. 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. There are different ways to generate helpful thoughts when faced with harmful thoughts. Examining the evidence and coming up with a more helpful thought is one such process that we discussed earlier today. Using the "Yes, But" technique is another process. Now we will discuss another method of finding replacement thoughts.*

2. Introduce the text through #2.

3. Say: *Can everybody identify one harmful thought?* **Write** one or more harmful thought 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 Session 2. 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.*

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 notice 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***
Not totally true	→	Accurate, true
Only part of the whole story	→	Complete, whole
Too extreme one way or another	→	Balanced, reasonable

Examples of Replacement Thoughts

Harmful Thought  Helpful Thought 

All-or-nothing thinking	**Replacement (alternative) thoughts**
I was a terrible parent.	**Yes**, I made mistakes as a parent, **but** I tried my best.
I had one drink. Now I will never be sober.	Yes, I had one drink, but I will learn from this experience and use my new skills to support my recovery.
My mistake ruined everything.	Yes, 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 in order to shape the rest of my life.
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.	Yes, some really bad things happened today, but some good things probably did, too. And I can try to make tomorrow better.
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.	Yes, 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. And sometimes things don't seem as hard.
Trying to maintain my recovery is impossible.	Yes, staying 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 terrible.	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 on my recovery. 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.	Yes, 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 recovery.	Yes, 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 continue my recovery 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.	Yes, I would like it if he wasn't so rude, but I only have control over how I respond.
Mind reading	
I know John is mad at me; he didn't even speak.	John is acting really grouchy; he 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.	Yes, 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.



KEY MESSAGES

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 107

1. Read aloud the key messages.

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

Key messages from this session are:

- You can examine your thoughts to learn more about them and decide whether they are harmful or helpful.
- You can accept that some negative things about you or your life are true, and still move forward in life with a "Yes, But" exercise.
- You can learn to "Change It"— replace a harmful thought with a helpful thought in order to feel better and remain sober.



What do you want to remember about this session?
Write your own key messages here.

_____

_____

_____



PRACTICE

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 108

Talking Back to Harmful Thoughts and Increasing Helpful Thoughts

1. Say: *We would like you to look back at the ideas in your workbook for how to talk back to your harmful thoughts and have more helpful thoughts. We discussed using "Examine the Evidence" and "Yes, But" strategies and replacement thoughts to change a harmful thought. Think about which one works best for you.*

Review the Helpful Thoughts You Wrote Down

2. Tell the group that you would like them to review the helpful thoughts they wrote after Sessions 1, 2, and 4. **Say:** *At the end of next session, you will have a chance to choose the helpful thoughts that have been the most important to you and write them down on a new card called a "coping card." We will laminate your coping cards to make them sturdy tools you can carry with you or keep at home. You can pull out your coping card whenever you need to keep your mood up or fight cravings.*

Daily Check In

3. **Remind** group members that the Daily Check In now includes a place at the bottom where they should indicate how many harmful and helpful thoughts they had each day.

1. Try using one or more of the tools that we discussed. Think about which method worked best for you.

- ***Examine the evidence***
- ***Yes, but***
- ***Replacement thoughts***

2. Review the helpful thoughts you wrote down on index cards. In the next session, you will have a chance to think about which ones would be most helpful to you in the future to keep your mood up and support your recovery.

3. Track your mood and coping using the Daily Check In.

Daily Check In



Instructions **Today's Date:** _____

- Keep the scale beside your bed. Before you go to bed, think about your mood and how you coped with challenges to your recovery throughout the day.
- Circle a number on both scales. Try to use all the numbers, not just 1, 3, 5, 7, or 9. There are no wrong answers. Only you know how you have felt each day.
- Did you notice your thoughts? At the bottom, write in the number of harmful and helpful thoughts you had each day.
- If you want to track your mood and how you coped with challenges over a period of time longer than a week, write down your ratings on a calendar.

1.

1	3	5	7	9
Lowest mood ever	Noticeably worse mood	Ok/average mood	Noticeably better mood	Best mood ever

Write in the day of the week.		____	____	____	____	____	____	____
Mood	Best mood ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Noticeably better mood	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
	Noticeably worse mood	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Lowest mood ever	1	1	1	1	1	1	1

2.

1	3	5	7	9
Coped the worst ever	Coped noticeably worse than usual	Coped OK	Coped noticeably better than usual	Coped the best ever

Write in the day of the week.		____	____	____	____	____	____	____
Coping with challenges to my recovery	Coped the best ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Coped noticeably better than usual	7	7	7	7	7	7	7
		6	6	6	6	6	6	6
	Coped OK	5	5	5	5	5	5	5
		4	4	4	4	4	4	4
	Coped noticeably worse than usual	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Coped the worst ever	1	1	1	1	1	1	1

3.

Write in the day of the week.	____	____	____	____	____	____	____
Number of harmful thoughts							
Number of helpful thoughts							



FEEDBACK

LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 110

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

- What was helpful about today's session?
- What was less helpful?



LOOKING AHEAD

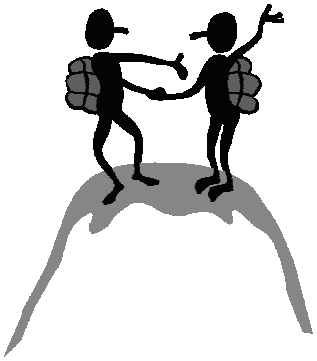
LEADER TIPS

Time: 1 minute
Group Member's Workbook: Page 110

1. Read aloud the text.

2. Congratulate group members for attending the group.

The focus in Session 6 is on the future. You can use the CBT messages to help you manage your mood and cravings, and help to make your life what you want it to be.



GROUP LEADER SELF- EVALUATION FORM: THOUGHTS, SESSION 5

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? Circle "easy," "OK," or "hard."

	Taught/Done? (circle yes or no)		**How difficult was it to lead this part of the session? (circle easy, OK, or hard)**		
Welcome	Yes	No	Easy	OK	Hard
Purpose and Outline	Yes	No	Easy	OK	Hard
Announcements	Yes	No	Easy	OK	Hard
How Have You Been Feeling?	Yes	No	Easy	OK	Hard
Review					
Last Session	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
New Topic: How to "Check" and "Change" Your Harmful Thoughts					
Examine the Evidence	Yes	No	Easy	OK	Hard
Balancing Your Thoughts with "Yes, But" Statements	Yes	No	Easy	OK	Hard
Find a Replacement Thought for Your Harmful Thought	Yes	No	Easy	OK	Hard
Key Messages	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
Feedback	Yes	No	Easy	OK	Hard
Looking Ahead	Yes	No	Easy	OK	Hard

SESSION 6: YOU CAN SHAPE YOUR FUTURE WITH HELPFUL THOUGHTS

LEADER'S NOTES

LEADER TIPS

Materials Needed

- **Group Member's Workbooks** ("Thoughts, Alcohol/Drug Use, 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
- **3" x 5" index cards**—enough so that each group member can have one
- **Laminating paper**—enough for each group member to laminate one index card
- **Scissors**—3-4 pair—enough for group members to share
- **Certificates of Achievement** for graduating group members

Group Leaders' Goals

- Strengthen group members' ability to "talk back" to their harmful thoughts using Catch It, Check It, Change It.
- Talk about how helpful thoughts can help group members live the life they want.
- Say goodbye to graduating group members.

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

- Practice Catch It, Check It, Change It.
- Summarize coping strategies you have learned for managing mood and cravings, and think about using them in the future.
- Say goodbye to graduating group members.

OUTLINE

Announcements

Review

New Topic: You Can Shape Your Future with Helpful Thoughts

- Catch It, Check It, Change It
- Coping Cards Can Help You Use Helpful Thoughts and Live the Life You Want

Key Messages

Practice

Review of Module

Goodbye to Graduating Group Members

Feedback

Looking Ahead to the Next Module



ANNOUNCEMENTS

LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 112

1. If any members of your group will have completed all three 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

Last Session

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 112

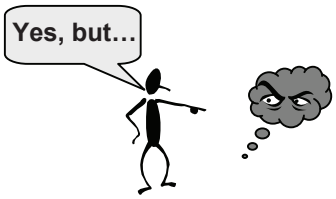
1. Say: *In the last session, we talked about the fact that after you have learned how to identify your thoughts, you can learn how to respond to your harmful thoughts to feel better.*

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

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

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

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

- Examine the evidence 
- Add "Yes, but" 

- Replace a harmful thought with a helpful thought.  

What do you remember most from the last session?

Key messages from last session are:

- You can examine your thoughts to learn more about them and decide if they are harmful or helpful.
- You can accept that some negative things about you or your life are true, and still move forward in life with a “Yes, But” exercise.
- You can learn to “Change It”— replace a harmful thought with a helpful thought in order to feel better and remain sober.

Practice

LEADER TIPS

Time: 15 minutes
Group Member's Workbook: Page 113

Try Using One or More Tools to Have More Helpful Thoughts

1. Say: *We asked you to try adding a "Yes, But" to your harmful thoughts and we also talked about examining the evidence and using replacement thoughts. Which worked the best for you?*

Review the Helpful Thoughts You Wrote Down in the Past Few Weeks.

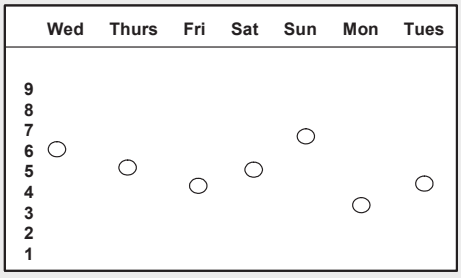
2. Say: *Later in this session we will talk more about the thoughts you find to be the most helpful.*

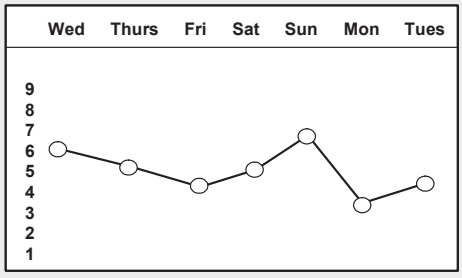
Daily Check In

Ask group members about how they did tracking their moods and cravings on their Daily Check In. Make graphs based on one group member's Daily Check In.

3. 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.

4. Ask for a volunteer from the group to share the numbers **related to mood** on his or her 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."



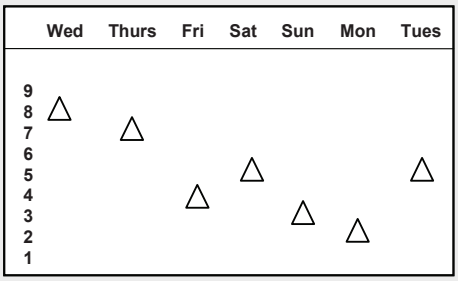


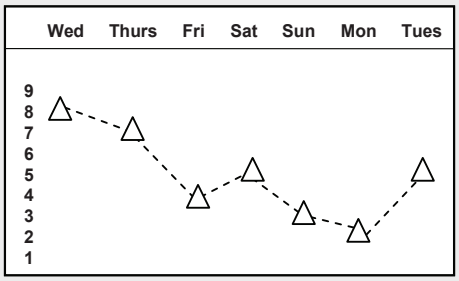
5. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

6. Possible follow-up questions: *What did you notice about your mood? Do you remember what your thoughts were on the day your mood was lowest? 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? Is there a weekly pattern? Are some days more likely to bring about low moods? If so, what tools can you use to prevent low moods?*

7. Repeat the process for coping, using a new graph. Ask the same volunteer to share the numbers **related to coping** on his or her scale. Add dots to the new graph. If the group member's coping was 8 on the first day, mark a dot at 8 below "Wed."

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





9. Possible follow-up questions: *What did you notice about how well you coped with challenges? You coped very well on* [day]. *What kinds of helpful thoughts were you having on that day? What was your mood? What do you notice about the connections among thoughts, mood, and how you coped?*

10. Note: Depending on the size of the group, you may choose to chart the Daily Check In 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. 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.")*

At the end of last session, we asked you to:

1. Try using one or more of the tools that we discussed. Think about which method worked best for you.

- ***Examine the evidence***
- ***Yes, but***
- ***Replacement thoughts***

2. Review the helpful thoughts you wrote down in the past few weeks.

3. Track your mood and coping using the Daily Check In.

NEW TOPIC: YOU CAN SHAPE YOUR FUTURE WITH HELPFUL THOUGHTS

Catch It, Check It, Change It

LEADER TIPS

Time: 20 minutes
Group Member's Workbook: Page 114

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 noticing a harmful thought, examining the thought, and then coming up with a replacement thought.*

2. Go over 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," you are trying to catch the thought that made your mood go down. Sometimes it is easier to notice your feelings first—you might notice that you are feeling bad but not really know why, or what your thoughts are. You can 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 harmful or helpful. Are the consequences of the thought good for you or bad for you?*

Ask group members if they would like to share their thoughts. Write them on the board.

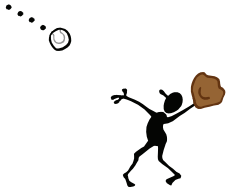
6. Change It. **Say:** *Now, let's "change" this harmful thought to a more helpful thought. Can you think of a replacement thought for the harmful thought?*

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.

In Session 3, you learned about "Catch It, Check It, Change It"—a tool to improve your mood and support your recovery. Now let's practice using it.

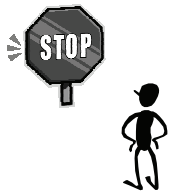
First, a quick reminder of the three steps:



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.

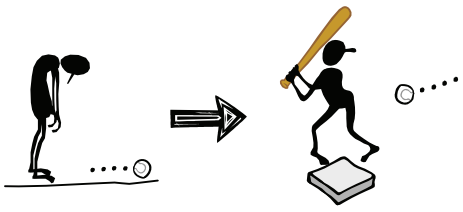




2. Check It

Examine your thought more closely. What evidence do you have against your thought? How could your thought be more accurate, complete, and balanced?

3. Change It



How could you change a 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 or increase in cravings. Then try to answer the questions in the table below.



1 Catch It



2 Check It



3 Change It



What happened?	What were your feelings?	What was your thought?	Examine your thought. What evidence do you have against your thought?	Replace the harmful thought with a helpful thought.
I had a fight with my partner.	*Sad, angry.*	*My partner always gets his/her way.*	*My partner and I sometimes agree to do things my way.*	*We won't always agree. My partner gets his/her way sometimes, but I often get what I want too.*
I had a dream that I was drinking.	*Scared, upset*	*I'm never going to be sober.*	*I've been clean for the past month and am sober now.*	*I am sober today and am learning ways to stay sober in the future. The dream reminds me how much it means to me to remain sober.*

Coping Cards Can Help You Use Helpful Thoughts and Live the Life You Want

LEADER TIPS

Time: 30 minutes
Group Member's Workbook: Page 116

1. This activity provides a take-home tool to support group members' recovery from depression and alcohol/drug use.

Say: *In this module we have discussed the importance of noticing your thoughts. You have been practicing how to change harmful thoughts to helpful thoughts. Helpful thoughts can improve your mood and make it less likely you will drink or use.*

Now you will make a coping card that you can carry with you wherever you go. Think of this card as an emotional first aid kit that you can pull out and use whenever you need it.

2. Ask: *What have been the most helpful coping thoughts for you?* Write list on board.

3. Say: *In addition to reminding yourself about these thoughts, it's also important to remind yourself things you could do to prevent relapses in the future.*

4. Pass out one index card to each person.

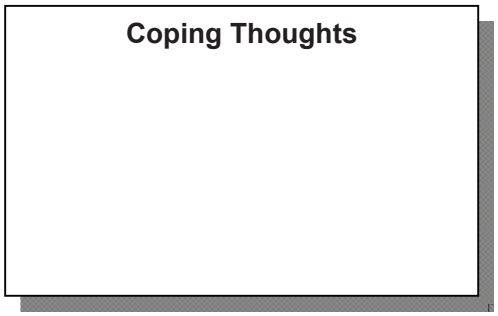
5. Go over the instructions. Help group members complete their coping card by writing down helpful thoughts on one side and on the second side writing relapse prevention techniques.

6. Ask group members for examples of where they plan to keep their cards and how they plan to use them. **Say:** *Think about a time in the past week when you could have used the card. When was that?*

7. Show them how to laminate the cards.

Make a “coping card” to help you remember and use helpful thoughts.

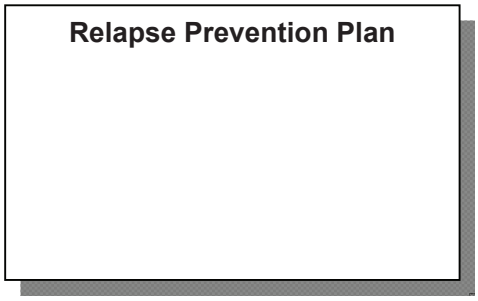
- Use one 3” x 5” index card.
- On one side of the card, write “Coping Thoughts” at the top. Write as many helpful thoughts as you can think of.



For example:

- People know they can trust me.
- I really like the fact that I care about other people.
- I have the strength to get through this.
- These cravings will pass.

- On the other side of the card, write “Relapse Prevention Plan.” Make some notes for yourself regarding how to prevent a return to alcohol and/or drug use and to prevent a relapse to depression.



Relapse prevention examples:

- Could you catch a harmful thought, check it, and change it?
- Could you call a friend or sponsor?
- What else could you do?



When you are feeling down or feel like drinking or using drugs, pull out your coping card and read it. It can help you get past the moment of stress.

Keep your coping card some place handy so you can pull it out and look at it whenever you feel down or have cravings. Where will it help you the most? If you have risky thoughts and cravings during the day, carry your coping card in your purse or wallet.

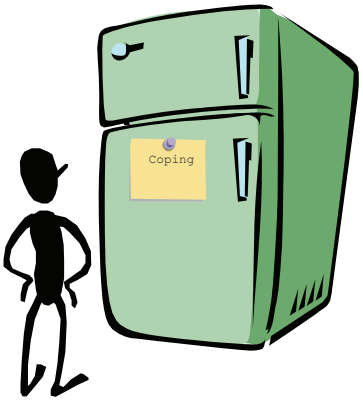


If you are likely to feel down or have strong cravings at night, keep your card at home.

You could tape it to the wall beside your bed,



…or put in on the refrigerator.





KEY MESSAGES

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 118

1. Read aloud the key messages.

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

Key messages from this session are:

- Your thoughts can help you feel more in control over your life.
- Having more helpful thoughts can improve your mood, support your recovery, and help you live the life you want.
- A coping card can help you remember to use helpful thoughts in your daily life.



What do you want to remember about this module?
Write your own key messages here.

_____

_____

_____



PRACTICE

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 119

Catch It, Check It, Change It

1. Suggest to group members that they continue to use Catch It, Check It, Change It to manage their thoughts.

Use Your Coping Card

2. Group members should find a place to keep their coping card and remember to use it.

Daily Check In

3. **Remind** group members that the Daily Check In includes a place at the bottom to indicate how many harmful and helpful thoughts they had each day.

1. Keep using Catch It, Check It, Change It to notice, examine, and change your harmful thoughts.

2. Use your coping card. Where will you keep it? How will you remember to use it when you are feeling down or having cravings?

3. Track your mood and coping using the Daily Check In. Try to count how many harmful and helpful thoughts you have each day and write in the numbers at the bottom of the scale.

Daily Check In



Instructions **Today's Date:** _____

- Keep the scale beside your bed. Before you go to bed, think about your mood and how you coped with challenges to your recovery throughout the day.
- Circle a number on both scales. Try to use all the numbers, not just 1, 3, 5, 7, or 9. There are no wrong answers. Only you know how you have felt each day.
- Did you notice your thoughts? At the bottom, write in the number of harmful and helpful thoughts you had each day.
- If you want to track your mood and how you coped with challenges over a period of time longer than a week, write down your ratings on a calendar.

1.

1	3	5	7	9
Lowest mood ever	Noticeably worse mood	Ok/average mood	Noticeably better mood	Best mood ever

Write in the day of the week.		____	____	____	____	____	____	____
Mood	Best mood ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Noticeably better mood	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
	Noticeably worse mood	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Lowest mood ever	1	1	1	1	1	1	1

2.

1	3	5	7	9
Coped the worst ever	Coped noticeably worse than usual	Coped OK	Coped noticeably better than usual	Coped the best ever

Write in the day of the week.		____	____	____	____	____	____	____
Coping with challenges to my recovery	Coped the best ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Coped noticeably better than usual	7	7	7	7	7	7	7
		6	6	6	6	6	6	6
	Coped OK	5	5	5	5	5	5	5
		4	4	4	4	4	4	4
	Coped noticeably worse than usual	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Coped the worst ever	1	1	1	1	1	1	1

3.

Write in the day of the week.	____	____	____	____	____	____	____
Number of harmful thoughts							
Number of helpful thoughts							

REVIEW OF MODULE: THOUGHTS, ALCOHOL/DRUG USE, AND YOUR MOOD

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 121

1. Say: *We have covered a lot of information in the Thoughts module. You have new skills and tools that can help you fight back against depression and the urge to drink or use.*

2. Say: *The key messages from each session are printed in your workbook. They can be summarized into three ideas.*

3. Go over the module's key messages. You do not need to read every key message from each session. **Ask and discuss:** *Which of these will be the most helpful to you? Do you have questions about anything?*

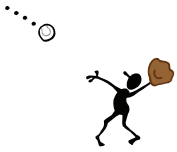
4. Say: *There is room in your workbooks for you to write a few important things you want to remember from Thoughts.*

Give group members a few minutes to write. Remind them that they can look back at the key messages they wrote at the end of each session.

Over the past six sessions, we have been focusing on thoughts. You have learned that your thoughts affect how you feel and that your feelings affect your drinking and using.

You have also learned that the way you think can help you feel more in control over your life, so you feel you can shape your life into the kind of life you want to live.

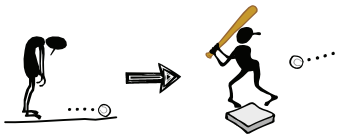
How have you made changes in the way you think?



1. You can **catch**, or notice, your thoughts.



2. You can **check**, or examine, your thoughts to see if they help you or harm you. A helpful thought is healthy for you—it makes you feel good and helps you maintain your recovery.



3. You can **change** the harmful thoughts that get in the way of your good mood and recovery, and choose helpful thoughts instead.

What idea will help you the most? What will you remember from the Thoughts module? Write your ideas below.



The most important thing I learned from the Thoughts module is:

_____

_____

_____

_____

_____

Key messages from "Thoughts, Alcohol/Drug Use, and Your Mood" are:

Session 1: CBT Can Help With Mood and Alcohol/Drug Use Problems

- A thought is a sentence you say to yourself or a picture in your mind. A feeling is an emotion or mood.
- Thoughts are helpful or harmful to you depending on how they make you feel.
- You can learn to notice or "catch" your harmful thoughts.

Session 2: Your Thoughts, Mood, and Alcohol/Drug Use Are Connected

- You can use your helpful thoughts to improve your mood and decrease your cravings.
- Your mood can affect your drinking/using.
- Drinking/using can affect your mood.

Session 3: How to Identify Harmful Thoughts

- You can learn to notice or "catch" your harmful thoughts by being aware of common habits of harmful thinking.
- You can use "Check It" to examine your thoughts and see if other alternatives are possible.
- You can use "Change It" to change your harmful thoughts to helpful ones.

Session 4: Catching and Checking Your High-Risk Harmful 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.
- Helpful thoughts can help you cope with cravings.

Session 5: Talking Back to Your Harmful Thoughts

- You can examine your thoughts to learn more about them and decide if they are harmful or helpful.
- You can accept that some negative things about you or your life are true, and still move forward in life with a “Yes, But” exercise.
- You can learn to “Change It”— replace a harmful thought with a helpful thought in order to feel better and remain sober.

Session 6: Using Your Thoughts to Shape Your Future

- Your thoughts can help you feel more in control over your life.
- Having more helpful thoughts can improve your mood, support your recovery, and help you live the life you want.
- A coping card can help you remember to use helpful thoughts in your daily life.



GOODBYE TO GRADUATING GROUP MEMBERS

LEADER TIPS

Time: 20 minutes
Group Member's Workbook: Page 125

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 or if they have strong cravings. 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 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 workbook. See the section called "Supplies You Will Need.")

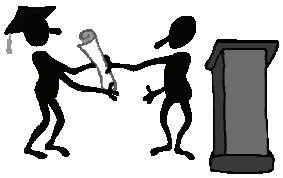
If you have completed all three modules in CBT, you are now a CBT graduate.

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 and manage your cravings?
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 drinking or using?
6. How can your thoughts help you get a sense of greater control over your life?

If you still feel depressed or if you are having strong cravings that you feel you cannot resist tell your group leader, and he or she will help you get further treatment.





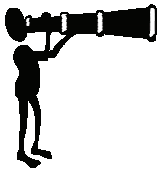
FEEDBACK

LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 126

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

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



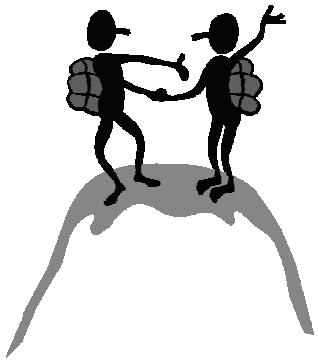
LOOKING AHEAD TO THE NEXT MODULE

LEADER TIPS

Time: 1 minute
Group Member's Workbook: Page 126

Say: *Those of you who are continuing with CBT will begin another module next time. The new module is about how your activities can affect your mood and your cravings. You can improve your mood and support your recovery by doing more activities and activities that are helpful rather than harmful. Next time we also will be welcoming new group members who are just starting CBT.*

The next module is called "Activities, Alcohol/Drug Use, and Your Mood." Because of your depression and drug/alcohol use, you may not feel like doing things that you used to enjoy or that are not related to getting and using drugs or alcohol. In the Activities module, we will discuss the importance of doing activities even when you don't feel like it. Activities will help you feel better and help decrease your cravings.



GROUP LEADER SELF- EVALUATION FORM: THOUGHTS, SESSION 6

Instructions

Taught/Done: Were you able to cover the material? If you didn't cover something 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? Circle "easy," "OK," or "hard."

	Taught/Done? (circle yes or no)		**How difficult was it to lead this part of the session? (circle easy, OK, or hard)**		
Welcome	Yes	No	Easy	OK	Hard
Purpose and Outline	Yes	No	Easy	OK	Hard
Announcements	Yes	No	Easy	OK	Hard
Review					
Last Session	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
New Topic: You Can Shape Your Future with Helpful Thoughts					
Catch It, Check It, Change It	Yes	No	Easy	OK	Hard
Coping Cards Can Help You Use Helpful Thoughts and Live the Life You Want	Yes	No	Easy	OK	Hard
Key Messages	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
Review of Module	Yes	No	Easy	OK	Hard
Goodbye to Graduating Group Members	Yes	No	Easy	OK	Hard
Feedback	Yes	No	Easy	OK	Hard
Looking Ahead to the Next Module	Yes	No	Easy	OK	Hard

RESOURCES FOR GROUP MEMBERS

ORGANIZATIONS THAT PROVIDE HELP FOR DEPRESSION AND DRINKING OR USING

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 ALCOHOL/DRUG USE

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.



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

An Integrated Group Cognitive Behavioral Therapy for Co-Occurring Depression and Alcohol and Drug Use Problems

Activities, Alcohol/Drug Use, 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)

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SESSION 1: HELPFUL ACTIVITIES CAN IMPROVE YOUR MOOD AND SUPPORT YOUR RECOVERY

LEADER'S NOTES

LEADER TIPS

Materials Needed

- **Group Member's Workbooks** ("Activities, Alcohol/Drug Use, and Your Mood")—enough for everyone in the group
- **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
- **The PHQ-9 depression measure**—enough copies for everyone in the group

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 with depression and alcohol/drug use problems.
- Remind continuing group members of topics and skills introduced in the previous module ("Thoughts Alcohol/Drug Use, and Your Mood").
- Introduce the connections among activities, alcohol/drug use, 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 Alcohol/Drug Use, and Your Mood").
- Pass out the PHQ-9 depression measure. Ask group members to fill them out, put their names on them, and return them to you. Tell group members that you will talk more about the questionnaire 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-2Group Cognitive Behavioral Therapy for depression and for alcohol and drug use. This is the module called "Activities, Alcohol/Drug Use, and Your Mood." We will talk more about Cognitive Behavioral Therapy in a few minutes.*
- **Say:** *Some of the group members may have attended one or more previous modules. Others are entering the group for the first time.*
- **Identify** members of the group, if any, who will be graduating (completing all three CBT modules) at the end of this module (if any).
- **Say:**
  - *Congratulations to everyone for coming to this group and taking a step towards your recovery from both depression and alcohol/drug use.*
  - *Turn to the first page after the cover in your books and put your name and the date on the lines.*
  - *The workbooks belong to you. You will keep them when the group is over. You should bring your workbooks to every group meeting. You will be writing in them.*
  - *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

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 this group, depression, and alcohol/drug use problems.
- Learn that there are connections among activities, depression, and cravings. (A "craving" is the desire to drink or use.)

OUTLINE

Welcome

How Have You Been Feeling?

Group Rules

Announcements

Introductions

What Is Depression?

What Are Alcohol/Drug Use Problems?

What Is Cognitive Behavioral Therapy (CBT)?

Review

New Topic: Helpful Activities Can Improve Your Mood and Support Your Recovery

- How Do Depression and Drinking/Using Get in the Way of Doing Helpful Activities?
- What Helpful Activities Could You Do Before the Next Session?

Key Messages

Practice

Feedback

Looking Ahead

How have you been feeling?

Leader Tips

Time: 5 minutes
Group Member's Workbook: Page 2

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

2. After the session, **compare** each group member's PHQ-9 scores with his or her previous scores (if the group member has filled out the questionnaire at a previous session). This comparison will allow you to monitor each group member's depression.

Note: In addition to the PHQ-9, choose another measure to monitor how group members are progressing in their recovery. See the Group Leader's Introduction for a discussion of how select a measure that supplements the PHQ-9. Compare current and previous scores as you would with the PHQ-9 measure.



You filled out a questionnaire at the beginning of the session, the "Patient Health Questionnaire"—PHQ-9 for short.

You will fill out the questionnaire before the group begins at Sessions 1, 3, and 5 of each CBT module. The questionnaire allows you and your group leaders to keep track of how you are feeling while you are attending the group.

GROUP RULES

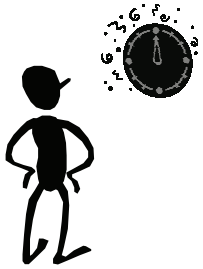
LEADER TIPS

Time: 5 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. Tell the group the name of your supervisor. Consider the rules and expectations at your treatment setting and convey to group members how lapses in recovery will be handled. Ask if anybody in the group has questions or comments about any of the rules.

1. Come to every group meeting. Important and useful new ideas will be discussed at each group session. The sessions will give you new tools that you can use to help your recovery from depression and alcohol/drug use. This is why it's so important to come to each group meeting. If you can't make it, call us at this number:

(_____) _____-_____ (Contact number)



2. Come to group meetings on time.

3. Do not come to group under the influence of alcohol or drugs. For the benefit of the group, you will be asked to leave the session if you are under the influence.

4. Maintain the confidentiality of the group.



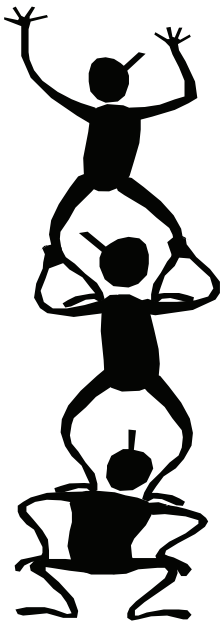
Please do not share what you hear in the group with anybody else. Likewise, group leaders will not repeat what you say. There are three exceptions.

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.

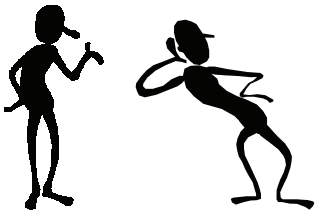


5. Be respectful and supportive of others in the group.

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.

You may find that other group members have had experiences similar to yours, but feel differently about them. That's OK—it is important to respect each person's opinion.

6. 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.

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

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

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



ANNOUNCEMENTS

LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 6

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 and cravings. 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 leaders know about?



INTRODUCTIONS

LEADER TIPS

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

1. Give group members phone numbers where they can contact you. Also remind clients to call 911 if they are having thoughts of hurting themselves.

- Write your names and the phone numbers on the board.
- Suggest that group members write the information in their workbooks in the space provided.

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 drinking or using 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 drinking/using.

Group Leaders

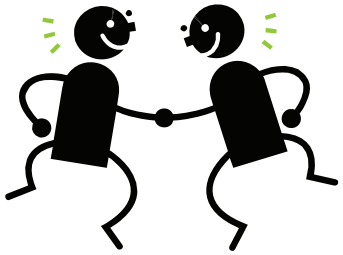
Your group leaders are:

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

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

In an emergency (for example, if you are having thoughts of hurting yourself), **call 911.**

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 and drinking/using later in the session. 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: 10 minutes
Group Member's Workbook: Page 8

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 problem—depression.

1. Ask: *What is depression like for you?* Encourage open discussion.

- One group leader should write group members' depression 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.*

Remind group members that their workbooks are theirs to keep and that they should feel free to write in them.

2. 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.

3. Say: *Tell one of the group leaders if you have thoughts of suicide. Depression is very treatable and you can feel better.*



What is depression like for you?

Feel free to write notes to yourself anywhere in your workbook. In some places, there is extra space for your notes.

Depression is:

- More than a passing sadness or bad mood.
- A period of feeling very sad that lasts a long time and that makes it hard to do daily activities.
- Possible at any point in your life.
- A 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.

What was happening in your life when you most recently got depressed?

Possible Triggers for Depression



- Use of alcohol or drugs
- Being sick with medical problems or in pain
- Biological/chemical imbalance in your body



- Financial/money problems
- Losing someone you love



- Upsetting things happening, or ongoing problems
- Struggles with people you are close to



- Big life changes
- Stress that lasts a long time
- Living with people who are addicts



Did you know

Depression Is Common

- 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.
- Depression is the #1 cause of disability in the United States. ("Disability" is the inability to carry out daily living activities.)

Source: *Controlling Your Drinking* by William R. Miller, Ph.D. and Ricardo F. Munoz, Ph.D. Published by the Guilford Press, 2005.

WHAT ARE ALCOHOL/DRUG USE PROBLEMS?

LEADER TIPS

Time: 15 minutes
Group Member's Workbook: Page 10

1. Say: *Now that we have discussed your experiences with depression, let's talk about using alcohol and drugs and how using alcohol or drugs may have caused problems for you.*

2. Ask group members: *How has your use of drugs or alcohol affected your depression symptoms?*

3. Ask group members: *How has your drinking or using been a problem for you?*

4. Briefly go over the bullets under "Common problems of alcohol/drug use" to help group members see if their drinking/using is a problem for them.

5. Ask: *What would your life look like if you stopped drinking/using and your mood improved?* Encourage open discussion. Help group members think of specific areas of their lives that would improve. Ask group members to write their ideas on the lines in their workbooks.

Common problems of alcohol/drug use:

- Conflicts with other people, including family members.
- Problems at work or school, or difficulty keeping a job.
- Financial problems.
- Physical symptoms or health problems, or existing health problems becoming worse.
- A tolerance for the alcohol or drugs so that you require more to get the same "high."
- Not being able to stop on your own.
- Withdrawal symptoms (such as shakiness, feeling sick to your stomach, headaches, or fatigue) when you don't use that are relieved when you use again.

- Memory problems.
- Legal problems (such as an arrest for driving under the influence—DUI; arrest for possession or use of illegal drugs; or not meeting your financial obligations).

What would your life look like if you stopped drinking/using and your mood improved? Write your ideas below.



_____

_____

_____

_____

_____



Did you know

Many Americans Don't Drink

34% of men and 44% of women in the United States do not drink alcohol.

Source: *Controlling Your Drinking* by William R. Miller, Ph.D. ar Ricardo F. Munoz, Ph.D. Published by The Guilford Press, 2005.

WHAT IS COGNITIVE BEHAVIORAL THERAPY?

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 12

1. Say: *Now we will talk a bit more about the treatment approach that we use in this group.*
Review the text.

2. Stop after each section and ask for questions and comments. Make sure to make this interactive. For example, elicit personal examples from group members.

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

4. Go over the CBT circle on page 13. Or ask for a volunteer among those who have been through other CBT modules to explain CBT to the group. Encourage questions and discussion.

Thoughts. *If a person lost a job, he or she might think that he or she has nothing to offer or that nothing can be done about the situation. This person might become depressed. Imagine a second person who instead thinks he learned a lot and got great experience at the job, so he feels that he is likely to do very well getting another job. The second person is less likely to become depressed.*

Activities. *Another factor is how we act. When we feel down, we have less interest in doing things and as a result we often behave differently than we usually do. For example, when you're depressed you may not feel like taking a walk or even getting out of the house. Staying in bed all day could make your mood continue to spiral down.*

People. *Depression affects our mood in another way. When we are depressed, we often reduce the amount of contact we have with other people, or the interactions we do have are not healthy for us. This might be because the people we spend time with may be using drugs or alcohol. Maybe the people have completely different tastes in what activities they enjoy. Perhaps they aren't supportive in ways that make us feel good about ourselves. Spending time with old drinking friends may also cause your mood to spiral down.*

Say: *As you can see, depression and alcohol and drug use can become a destructive cycle. CBT can help prevent the cycle. This treatment will be most helpful to you if, at the end, you have learned many ways of managing your mood and you feel confident using them in your daily life. This will take practice.*

This treatment provides a specific kind of help—cognitive behavioral therapy, or CBT for short—to people who are depressed and who have problems with alcohol/drug use. Depression and alcohol/drug use problems often go together, so it makes sense to treat them together.

CBT teaches skills to help you change your thoughts and behaviors to improve the way you feel and support your recovery. This approach does not mean that your thoughts and behaviors caused your depression and alcohol/substance use in the first place.

CBT can help you "manage" your depression and your recovery. "Managing" means to:

- Make feelings of depression and cravings for alcohol/drugs less intense, less frequent, and shorter.
- Learn ways to prevent getting depressed again and to stay free of alcohol/drugs, despite real-life problems.

Learn what thoughts, feelings, activities, and people interactions make it more likely you will get depressed or use. They are your "triggers."

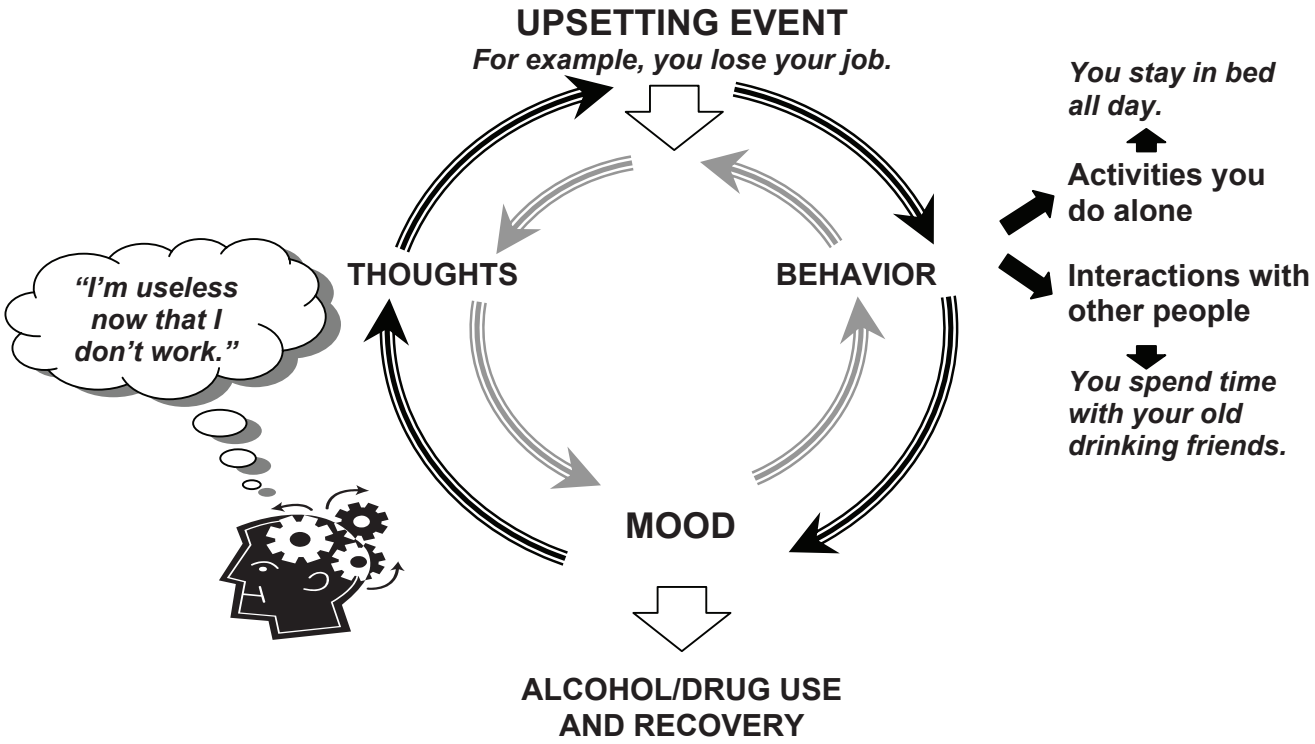
What does the name "Cognitive Behavioral Therapy" mean?

Cognitive refers to **your thoughts**.

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

One way to think of CBT is that it teaches healthy ways to manage your depression and your recovery. Managing your depression and your recovery means to make feelings of depression and cravings for alcohol/drugs less intense, less frequent, and shorter.

The CBT Circle



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

This CBT treatment program is organized into 18 sessions.

- **Thoughts** module **= 6 sessions**
- **Activities** module **= 6 sessions**
- **People** module **= 6 sessions**

Total CBT = 18 sessions

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 14

1. **Ask** group members if they are familiar with the serenity prayer. 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 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
- Changing what you ***do*** to respond.

In this module, we will talk about the power of your activities and their important connection with depression and alcohol/drug use. You can do helpful activities to feel better and support your recovery.

The goal of CBT is to help you get closer to what you imagine your life would be like without depression and without drinking/using. The group will focus on practical strategies to improve things right now, and will teach you skills that you can continue to use even after the group ends.

REVIEW

Last Module

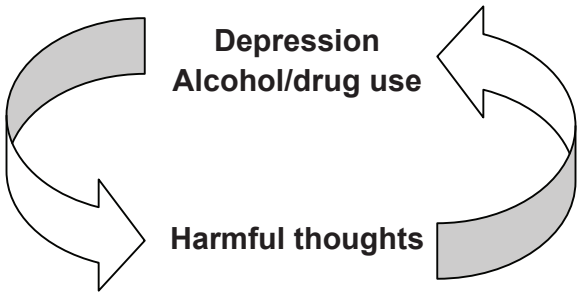
LEADER TIPS

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

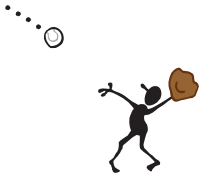
Last Module

1. Ask: *What do you remember from the last module that was helpful to you?* Review the key messages from the last module. Remind group members that they can learn how to catch (or notice) their harmful thoughts and change them to helpful thoughts.

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



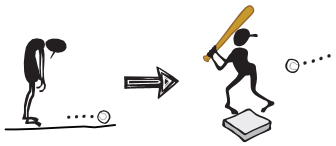
Key take-home messages from "Thoughts, Alcohol/Drug Use, and Your Mood" are:



1. You can **catch,** or notice your thoughts.



2. You can **check,** or examine your thoughts to see if they help you or harm you. A helpful thought is healthy for you—it makes you feel good and supports your recovery.



3. You can **change** the harmful thoughts that get in the way of your good mood and recovery, and choose helpful thoughts instead.

Practice

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 17

Note to group leaders: If everybody in your group is new to CBT, and nobody is continuing from a previous module, you may skip this review section.

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.*

Catch It, Check It, Change It

1. Ask: *How did it go to use Catch It, Check It, Change It? Was it helpful in changing your mood? How did you remember to use it?*

Coping Cards

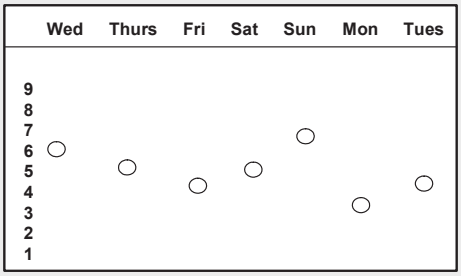
2. Ask: *Where did you decide to keep your coping cards? Have you used your coping cards since last session?*

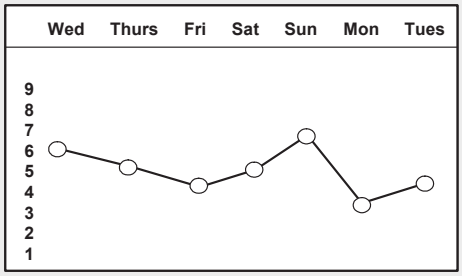
Daily Check In

Briefly review the Daily Check In. Ask group members about how they did tracking their moods and coping on their Daily Check In. Make graphs based on one group member's Daily Check In.

3. 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.

4. Ask for a volunteer from the group to share the numbers **related to mood** on his or her Daily Check In. 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."



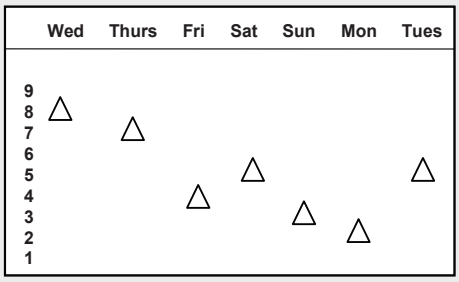


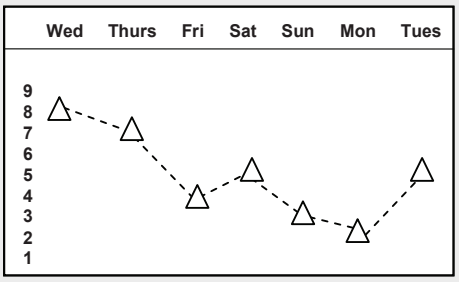
5. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

6. Possible follow-up questions: *What did you notice about your mood? What kinds of thoughts did you have on the day that your mood was the lowest? What kinds of thoughts did you have on the day that your mood was the highest?* Help group members to notice the connections between helpful thoughts and improved mood. *What strategies did you use to have more helpful thoughts? Were you able to notice your harmful thoughts? Were you able to use 'Catch It, Check It, Change It'?*

7. Repeat the process for coping, using a new graph. Ask the same volunteer to share the numbers **related to coping** on his or her scale. Add dots to the new graph. If the group member's coping was 8 on the first day, mark a dot at 8 below "Wed."

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





9. Possible follow-up questions: *What did you notice about your how well you coped with challenges during the last week? You coped very well on* [day]. *What thoughts were you having on that day? What was your mood? What do you notice about the connections among your thoughts, mood, and your ability to cope with challenges to your recovery?*

10. Note: Depending on the size of the group, you may choose to chart the Daily Check In 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 six-session modules, encourage as many group members as possible to share their Daily Check In—even those who are shyer and less vocal. For each member who shares, try to connect thoughts and mood/coping, activities and mood/coping, or people interactions and mood/coping. Have the person describe the thought, activity, or people interaction, and help him or her to change harmful thoughts or behavior. The point is to teach how to apply the CBT skills to specific, real-life situations, but not necessarily to solve **every** difficult situation.

11. 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 if there are returning group members that are 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 and managing your cravings 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 or alcohol/drug problems, but practicing outside of the group will help the group member learn to control his or her negative mood and cravings.

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 Daily Check In 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 Daily Check In is best finished on a daily basis. Looking back at the past week's mood is less reliable than completing the Daily Check In 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 them know that you are glad they chose to come to the session whether or not they completed the practice.

If you were part of the CBT group for the last module ("Thoughts, Alcohol/Drug Use, 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. Keep using Catch It, Check It, Change It to notice, examine, and change your harmful thoughts.

2. Use your coping card. Where will you keep it? How will you remember to use it when you are feeling down or having cravings?

3. Track your mood and coping using the Daily Check In. Try to count how many harmful and helpful thoughts you have each day and write in the numbers at the bottom of the scale.

NEW TOPIC: HELPFUL ACTIVITIES CAN IMPROVE YOUR MOOD AND SUPPORT YOUR RECOVERY

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 18

1. Say: *When you are depressed and in recovery, you may not feel like doing anything. But doing helpful activities helps you feel happier and stay sober. In this session, we will:*

- *Talk about the importance of activities.*
- *Look at how depression, drinking, and using get in the way of doing helpful activities.*
- *Help you think of helpful activities you might like to do.*

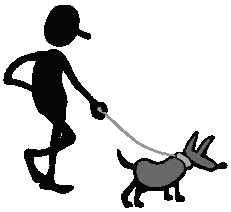
"Helpful" activities are things you can do that make you feel good and support your recovery.

2. Read the first paragraph aloud. Then **choose two or three points** to read aloud. (You do not need to go over every point on the list.) Ask the group if they have any comments.

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, 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.
- Makes good use of 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 and/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.



- Can help you become healthier emotionally.
- And (if this is relevant for you) can also help you become healthier spiritually because you will do things that fit with your spiritual beliefs and values.

How Do Depression and Drinking/Using Get in the Way of Doing Helpful Activities?

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 19

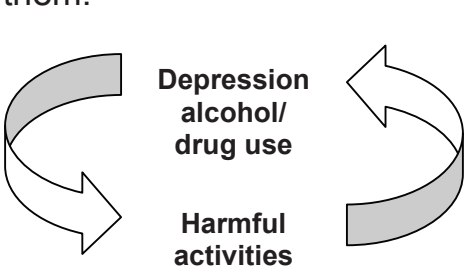
1. Help group members understand that their lack of interest in activities is a normal part of depression.

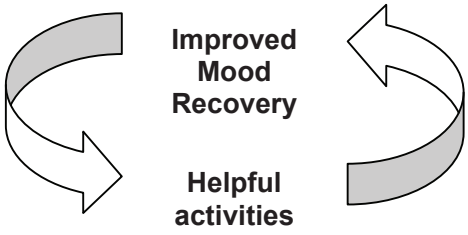
2. Say: *When people are depressed, it's common for them to feel uninterested in lots of activities, even ones that used to be fun or pleasurable to them. We have talked about how your mood often improves when you do helpful activities. In a way, we are suggesting that doing helpful activities is a kind 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.

Helpful activities are things you can do that make you feel good and support your recovery. **Harmful activities** are things that bring your mood down and make it more likely that you will drink or use. When people are depressed, it's common for them to feel uninterested in lots of activities, even ones that used to be fun or pleasurable to them.





The thoughts below might get in the way of doing activities. Put a check mark next to any that sound familiar to you and add your own if you want to.

- ☐ I don't really feel like doing anything today. Maybe I will feel like it tomorrow.
- ☐ Nothing sounds that enjoyable to me.
- ☐ I don't remember what I did for fun when I was sober.
- ☐ I can't enjoy myself without a drink.
- ☐ All I want to do is sleep.
- ☐ If it takes so much effort, how can it be fun?
- ☐ I don't have the energy to take a shower or get dressed.
- ☐ I don't deserve to have fun because of all the problems my drinking/using has caused for me and other people in my life.
- ☐ I have to do all my work before I do anything else.
- ☐ I need to focus on getting better, so there's no time for fun.
- ☐ Doing fun stuff is just a distraction. It isn't going to change anything and it makes it hard to think about my real problems.
- ☐ _____
- ☐ _____
- ☐ _____

For you, how else do depression and drinking/using get in the way of doing helpful activities?



What Helpful Activities Could You Do Before the Next Session?

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 21

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 did you used to do before you started drinking or using? What activities did you enjoy? We would like to help each of you to think of at least one activity that you enjoy now, or that you used to enjoy that doesn't involve drinking or using?*

2. Ask group members to share their ideas for activities and write their ideas on the board.

3. Say: *Activities don't have to be a big deal. They can be small and quick. For example, if you stop on the street to admire a tree, that is an activity. You could take a shower, listen to a song you like, say hello to a neighbor, do your laundry, read a magazine, or walk around the block. Those are all activities that can make you feel good and support your recovery.*

4. Ask group members to write down in their workbooks one activity that they enjoy now or that they used to enjoy.

What activities did you enjoy before you became depressed, and before you started using drugs/alcohol?

Write down one activity that you enjoy now or that you used to enjoy. Choose something you could do before the next session.



KEY MESSAGES

LEADER TIPS

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

1. Say: *At the end of each session, we will review some important messages from the session. There is also space in your workbook where you can write your own key messages. 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 helpful thoughts. You can improve your mood and reduce your cravings 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.

Key messages from this session include:

- What you do can affect how you feel.
- It is common for people who are depressed and who use alcohol/drugs to lose interest in doing helpful activities.



- Doing helpful activities can improve your mood, create helpful thoughts, and decrease cravings. And when you feel better, you will feel more like doing helpful activities.



What do you want to remember about this session?
Write your own key messages here.

_____

_____

_____



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, you need to learn how to use them. And of course, not all of them may work well for you. By trying out your new skills between sessions, 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 and identify the tools that work best for you.*

Do a Helpful Activity before the Next Session

1. Remind group members that each of them thought of at least one activity that they enjoy now or used to enjoy. Their practice is to actually *do* the activity before the next session.

2. Say: *We encourage you to do these activities, 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 helpful and manage your cravings. Therefore, it is important that you try them out until you feel confident that you can use them on your own.*

Daily Check In

3. Say: *Between sessions, we would like all of you to keep track of your mood and coping using the Daily Check In. There is a copy of the Daily Check In in your workbook at the end of every session. With the Daily Check In, you can learn to recognize how you are feeling and how your thoughts and activities affect your mood and your ability to cope with challenges to your recovery. By coping, we mean using CBT skills or other helpful strategies to support your sobriety. This will help you to learn which thoughts and activities are helpful to you.*

4. Draw the Daily Check In on the board or ask group members to look in their workbooks.

5. Say: *The Daily Check In runs from 1 to 9, with 1 being the lowest mood or coped the worst ever and 9 indicating the best mood or coped the best ever. Each day, you circle the number that indicates what your mood was and another number indicating how well you coped with challenges to your recovery that day. This important tool will help you see the progress you are making in improving your mood and coping with challenges using CBT.*

6. Go over the instructions that are on the top of the Daily Check In.

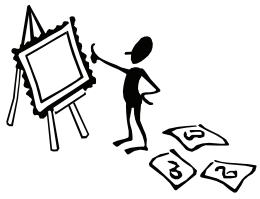
7. Say: *We encourage you to do these practice activities, even though you may not feel like it. They are an important part of the treatment process. You are here for only a short time, and eventually you will have completed the entire CBT program. Once you have completed the group therapy, the skills you have learned will help you keep your mood healthy and improve how well you coped with challenges to your recovery. Therefore, it is important that you try them out until you feel confident that you can use them on your own. We will review how your practice went at the beginning of our next session.*

8. Ask: *does anybody have any questions about the practice activities? Can we help you think about any obstacles that might get in the way of doing the practice activities?*

This treatment will be successful for you if you learn skills for managing your mood and other coping skills you could use during challenges to your recovery. You will need to practice, just as you would if you were learning to play the piano or a new sport. If you don't practice the skills, you won't learn them. Also, by trying out new skills between sessions, you can report back to the group and let us know what worked for you and what didn't work.

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. Do one or more helpful activities.



What activity will you do?

_____

2. Track your mood and coping using the Daily Check In. The Daily Check In 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 and how well you coped with challenges to your recovery.

Try to complete the Daily Check In at the same time each day—for example, before you go to sleep each night. Keep this workbook someplace where it will be easy for you to remember to complete the Daily Check In (for example, right next to your bed). As the treatment progresses and as you practice the skills you learn in each session, you will probably find that your mood improves and that you can cope with challenges to your recovery more easily.

Daily Check In



Instructions **Today's Date: _____**

- Keep the scale beside your bed. Before you go to bed, think about your mood and how you coped with challenges to your recovery throughout the day.
- Circle a number on both scales. Try to use all the numbers, not just 1, 3, 5, 7, or 9. There are no wrong answers. Only you know how you have felt each day.
- If you want to track your mood and how you coped with challenges over a period of time longer than a week, write down your ratings on a calendar.

1.

1	3	5	7	9
Lowest mood ever	Noticeably worse mood	Ok/average mood	Noticeably better mood	Best mood ever

Write in the day of the week.		____	____	____	____	____	____	____
Mood	Best mood ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Noticeably better mood	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
	Noticeably worse mood	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Lowest mood ever	1	1	1	1	1	1	1

2.

1	3	5	7	9
Coped the worst ever	Coped noticeably worse than usual	Coped OK	Coped noticeably better than usual	Coped the best ever

Write in the day of the week.		____	____	____	____	____	____	____
Coping with challenges to my recovery	Coped the best ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Coped noticeably better than usual	7	7	7	7	7	7	7
		6	6	6	6	6	6	6
	Coped OK	5	5	5	5	5	5	5
		4	4	4	4	4	4	4
	Coped noticeably worse than usual	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Coped the worst ever	1	1	1	1	1	1	1

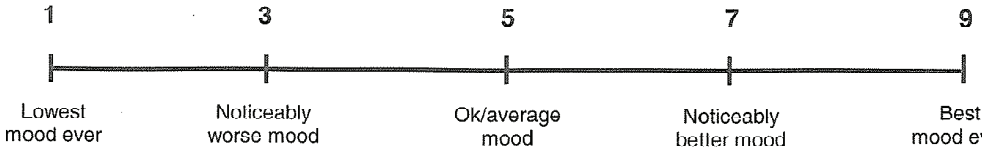
DAILY CHECK IN



Instructions **Today's Date:** Oct 24, 2007

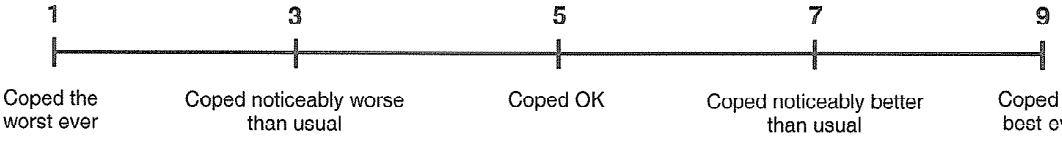
- Keep the scale beside your bed. Before you go to bed, think about your mood and how you coped with challenges to your recovery throughout the day.
- Circle a number on both scales. Try to use all the numbers, not just 1, 3, 5, 7 or 9. There are no wrong answers. Only you know how you have felt each day.
- If you want to track your mood and how you coped with challenges over a period of time longer than a week, write down your ratings on a calendar.

1.



Write in the day of the week.		W	TH	FRI	SAT	SUN	M	TUES
Mood	Best mood ever	9	9	9	9	9	9	9
		(8)	8	8	8	8	8	8
	Noticeably better mood	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
	Noticeably worse mood	3	3	3	3	(3)	3	3
		2	2	2	(2)	2	2	2
	Lowest mood ever	1	1	1	1	1	1	1

2.



Write in the day of the week.		W	Th	FRI	SAT	SUN	M	TUES
Coping with challenges to my recovery	Coped the best ever	9	9	9	9	9	9	9
		8	(8)	8	8	8	8	8
	Coped noticeably better than usual	(7)	7	7	7	7	7	7
		6	6	6	6	6	6	(6)
	Coped OK	5	5	5	5	5	5	5
		4	4	(4)	4	4	(4)	4
	Coped noticeably worse than usual	3	3	3	3	(3)	3	3
		2	2	2	2	2	2	2
	Coped the worst ever	1	1	1	(1)	1	1	1



FEEDBACK

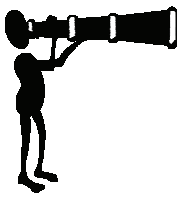
LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 26

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.

- 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 26

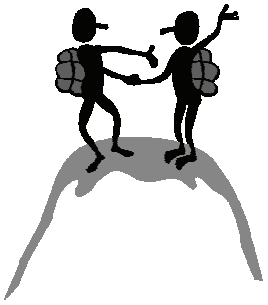
1. The purpose of the preview is to encourage group members to attend the next CBT session by giving them a glimpse of the topic to be covered. Group members are welcome to read ahead.

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 more harmful and helpful activities. When you begin to pay more attention to what activities you do, you can learn to choose helpful activities instead of harmful ones.

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

In the Session 2, we will talk about how to choose helpful activities and avoid harmful activities.



GROUP LEADER SELF- EVALUATION FORM: ACTIVITIES, SESSION 1

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? Circle "easy," "OK," or "hard."

	Taught/Done? (circle yes or no)		**How difficult was it to lead this part of the session? (circle easy, OK, or hard)**		
Welcome	Yes	No	Easy	OK	Hard
Purpose and Outline	Yes	No	Easy	OK	Hard
How Have You Been Feeling?	Yes	No	Easy	OK	Hard
Group Rules	Yes	No	Easy	OK	Hard
Announcements	Yes	No	Easy	OK	Hard
Introductions	Yes	No	Easy	OK	Hard
What is Depression?	Yes	No	Easy	OK	Hard
What are Alcohol/Drug Use Problems?	Yes	No	Easy	OK	Hard
What is Cognitive Behavioral Therapy (CBT)?	Yes	No	Easy	OK	Hard
Review					
Last Module	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
New Topic: Helpful Activities Can Improve Your Mood and Support Your recovery					
How Do Depression and Drinking/Using Get in the Way of Doing Helpful Activities?	Yes	No	Easy	OK	Hard
What Helpful Activities Could You Do Before the Next Session?	Yes	No	Easy	OK	Hard
Key Messages	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
Feedback	Yes	No	Easy	OK	Hard
Looking Ahead	Yes	No	Easy	OK	Hard

SESSION 2: HOW TO CHOOSE HELPFUL ACTIVITIES AND AVOID HARMFUL ACTIVITIES

LEADER'S NOTES

LEADER TIPS

Materials Needed

- **Group Member's Workbook** ("Activities, Alcohol/Drug Use, 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
- **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

Group Leaders' Goals:

- Review the connections among activities, mood and cravings.
- Help group members learn how to get going and do an activity even when they don't feel like it.
- Help group members identify a new helpful activity that they might enjoy.

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

- Get ideas for helpful activities to try.
- Identify harmful activities to avoid.
- Make a commitment to doing a new helpful activity.

OUTLINE

Announcements

Review

New Topic: How to Choose Helpful Activities and Avoid Harmful Activities

- Noticing Your Activities: Catch It, Check It, Change It
- Harmful Activities to Avoid
- How to Get Ideas for Helpful Activities

Key Messages

Practice

Feedback

Looking Ahead



ANNOUNCEMENTS

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

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

REVIEW

Last Session

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 28

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 this session builds on last session.

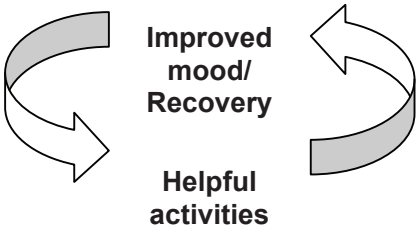
2. Say: *In the last session, we talked about the connections among activities, mood, and drinking or using. Do you remember the diagram with the arrows? What did it tell us?* [If group members need help, you could say: *It shows that there is a connection and that it works both ways: When you do activities, your mood will improve and your cravings will decrease. And when your mood improves and your cravings decrease, you will feel like doing more activities.*]

3. Read aloud the key messages or ask for a volunteer to read them.

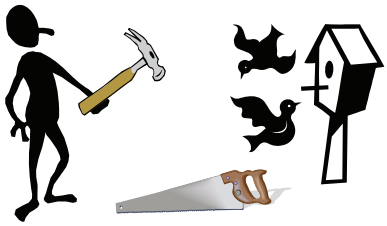
Key messages from last session are:



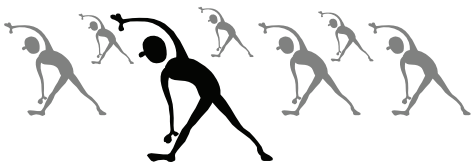
- What you do can affect how you feel.
- It is common for people who are depressed and who use alcohol/drugs to lose interest in doing helpful activities.
- Doing helpful activities can improve your mood, create helpful thoughts, and decrease cravings. And when you feel better, you will feel more like doing helpful activities.



Today we will talk about how to choose helpful activities and avoid harmful activities. You will get some more ideas for helpful activities you might enjoy.







Practice

LEADER TIPS

Time: 20 minutes
Group Member's Workbook: Page 29

Do One or More Helpful Activities

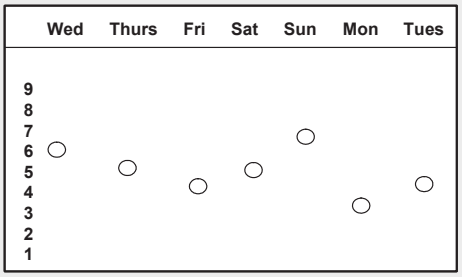
1. Ask: *Were you able to do the activity that you planned to do? What impact did doing the activity have on your mood? Your recovery? Was it difficult to get going and do the activity? If not, what got in the way?*

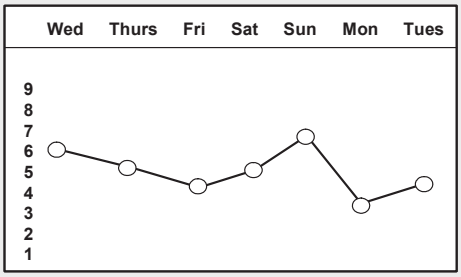
Daily Check In

Ask group members about how they did tracking their moods and coping on their Daily Check In. Make graphs based on one group member's Daily Check In.

2. 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.

3. Ask for a volunteer from the group to share the numbers **related to mood** on his or her 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."



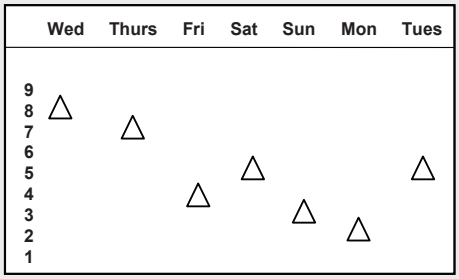


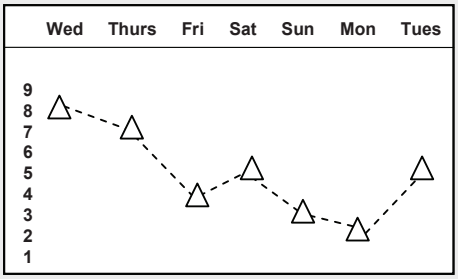
4. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

5. Possible follow-up questions: *What did you notice about your mood during the last week? Your mood was the lowest on* [day]. *What activities did you do on that day? Your mood was higher on* [day]. *What activities did you do on that day? What do you notice about the connection between your activities and your mood? Is there a weekly pattern? Is your mood more likely to be low on some days? If so, what tools can you use to prevent low moods?*

6. Repeat the process for coping using a new graph. Ask the same volunteer or a different volunteer to share the numbers **related to coping** on his or her scale. Add dots to the new graph. If the group member's coping was 4 on the first day, mark a dot at 4 below "Wed."

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





8. Possible follow-up questions: *What did you notice about how well you coped with challenges? You coped very well on* [day]. *What kinds of helpful activities were you having on that day? What was your mood? What do you notice about the connections among activities, mood, and how you coped?*

9. Note: Depending on the size of the group, you may choose to chart the Daily Check In 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 six-session modules, encourage as many group members as possible to share their Daily Check In—even those who are shyer and less vocal. For each member who shares, try to connect thoughts and mood/coping, activities and mood/coping, or people interactions and mood/coping. Have the person describe the thought, activity, or people interaction, and help him or her to change harmful thoughts or behavior. The point is to teach how to apply the CBT skills to specific, real-life situations, but not necessarily to solve **every** difficult situation.

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

In Session 1, we talked about some practice activities. How did your practice go?

1. Do one or more helpful activities.

2. Track your mood and coping using the Daily Check In.

NEW TOPIC: ACTIVITIES CAN BE HARMFUL OR HELPFUL

Noticing Your Activities: Catch It, Check It, Change It

LEADER TIPS

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

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

1. Say: *The Catch It, Check It, Change It method teaches you how to notice what activities you do, decide if the activities are helpful or harmful, and then choose to do helpful activities.*

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 notice the activity 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 activities. Think about a time in the last week when you noticed your mood got worse. What was the situation? What were your feelings? What were you doing at the time?*

5. If group members give harmful people interactions as harmful activities, ask what activity they did afterwards.

5. Check It. **Say:** *Now, let's "check" whether the activity you were doing is helpful to you or harmful to you. Did the activity make you feel good? Did it support your recovery?*

6. Change It. **Say:** *If your activity was harmful, you can change it. You can choose to do a helpful activity instead. What would your mood be like if you chose to do this new activity instead?*

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.

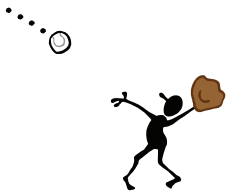
9. Say: *When you practice using Catch It, Check It, Change It, you might notice that it can help you notice your helpful activities also. For example, if you notice that you feel optimistic and hopeful, check out your feelings, activities, and thoughts. What activity were you doing? Maybe you just took a walk on the beach with a group of friends who are in recovery.*

What are your thoughts? Maybe you are saying to yourself: "The walk cleared my thoughts. I got to see nice scenery, which helped me feel good. Talking with others made me feel like I wasn't the only one working on recovery."

You won't want to change this helpful activity. Instead, you might want to say to yourself: "This was a helpful activity. I think doing something pleasant in the company of others works for me and I will do it more often."

CBT teaches you how to manage your activities to improve your mood and support your recovery. Let's look at an approach called "Catch It, Check It, Change It."

1. Catch It



The first step is to notice—or "catch"—what activities you do.

If you find that your feelings are easier to "catch" or notice than your activities, you can use your feelings as a signal to stop and focus on what you are doing. For example, when you notice that your mood changes or that you feel sad or angry, stop. Ask yourself: "What activity was I doing at the time?" Do you find it difficult to recognize your feelings? The examples of feelings on page 32 might help you recognize your feelings.

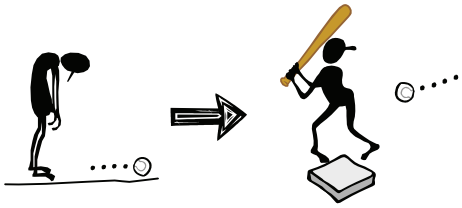




2. Check It

Examine your activity more closely. Is the activity harmful or helpful? What is the evidence that the activity helps your recovery? What is the evidence that the activity does not support your recovery?

3. Change It

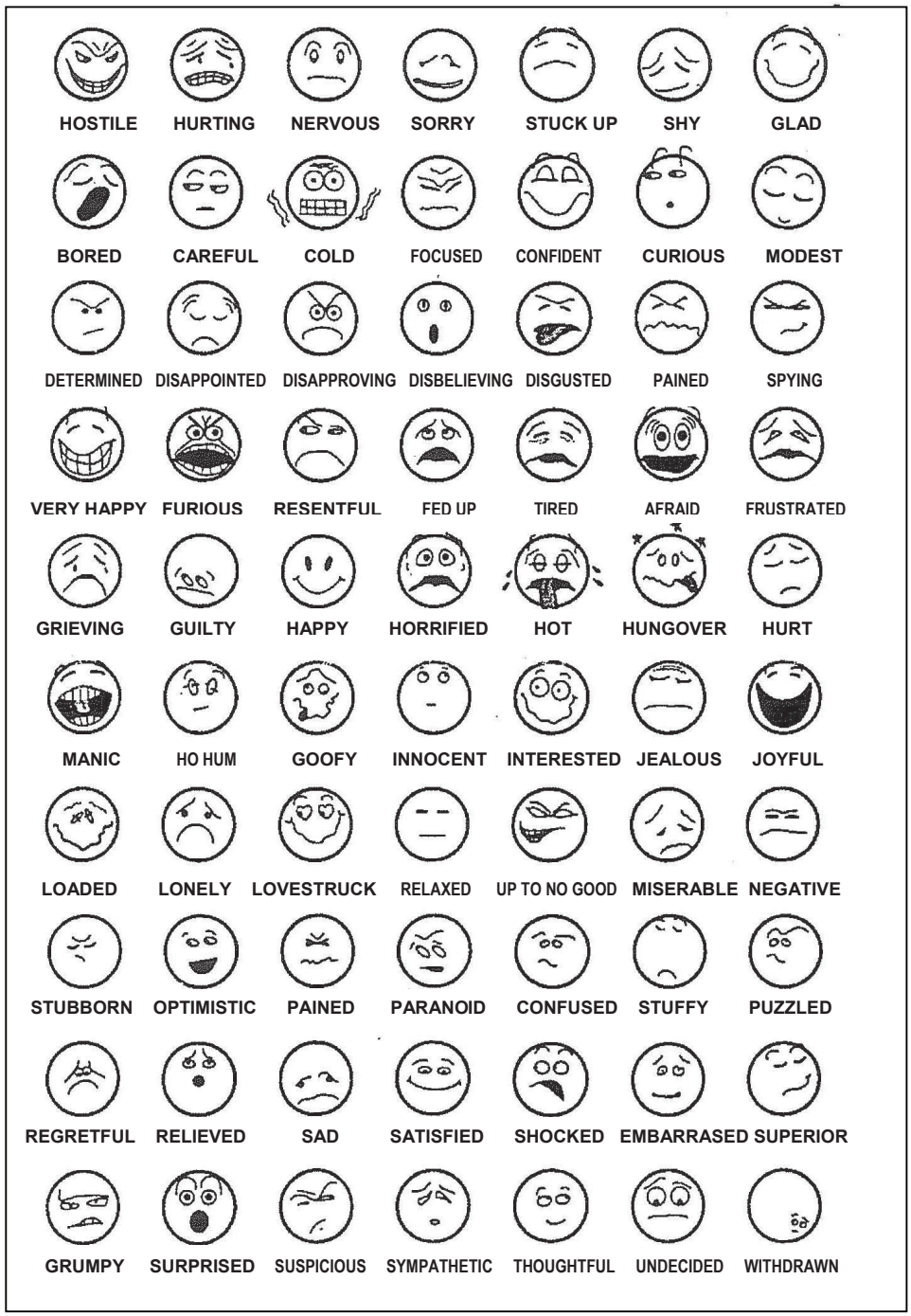


If you decide an activity is harmful, how could you change it? What helpful activity could replace your harmful activity?

Note: When you use Catch It, Check It, Change It, you might notice your good feelings too and decide that whatever activity you were doing at the time your mood was good was supporting your recovery. Don't feel like you have to "Change It" if an activity is helpful! Instead, you can say to yourself: *This activity is good for me. It makes me feel good and supports my recovery. I will keep doing it.*

Examples of Feelings and Ways of Being

Do the pictures help you remember how you feel sometimes?



Catch It, Check It, Change It

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







What were your feelings?	What activity were you doing?	Examine the activity. What evidence do you have that the activity was harmful or helpful?	If an activity is harmful, replace it with a helpful activity.
Angry, ashamed, irritable	*I was alone and I slept until noon.*	*I missed my AA meeting and felt bad the whole day.*	*I could plan a helpful activity to do in the morning and set my alarm so I get out of bed.*
Upset, hurt, sad	*I had a fight with my partner and didn't talk to him or anyone else the entire day.*	*I stayed in my room alone all day, which made me more sad and upset.*	*I could talk with my partner about the fight, or talk to a friend if I need more support.*

Harmful Activities to Avoid

LEADER TIPS

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

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, but first we want to talk for a moment about harmful activities that you may want to avoid.*

2. Review the text.

3. Say: *Think about the last time you were depressed or used. What risky activities were you doing at the time?* **Write** the group's ideas on the board.

4. Give time for group members to write their own risky activities in their book.

5. Say: *An activity that is harmful for one person might not be harmful for another person. Does this list help you see what activities might be risky for you? Make your own list of risky activities. You can copy ideas from the board if you want to.*

6. Ask volunteers to share their lists of risky activities. **Say:** *What do you notice about your list? Based on your previous experiences, are certain activities more risky than others?*

We all choose every day how to spend our time. We choose what activities to do.



Spending time with a friend is usually a helpful activity. But what if your friend is still drinking or 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 drink/use. For example, these activities might be risky 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.

Think about the last time you were depressed or drank/used. What activities might make you feel bad or make you feel like drinking or using?

My List of Risky Activities

Risky activities for depression	Risky activities for drinking/using
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



…of Risky Activities!

How to Get Ideas for Helpful Activities

LEADER TIPS

Time: 25 minutes
Group Member's Workbook: Page 36

Say: *We have spent some time talking about catching or noticing risky activities because they make you feel depressed or like drinking or using.*

1. Ask: *What are some helpful activities you like to do? What have you been meaning to do, but keep putting off?*

2. Say: *Sometimes it may seem hard to think of helpful activities to do. But remember, there are all types of activities. For instance, you can do activities alone or with others. Although some activities cost money, there are things you can do that are free. Helpful activities don't necessarily have to take a lot of time—they can be quick.*

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. Then ask them to write activities that are important to them in their book.

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. Be sure to include free or low-cost activities and activities they can do on their own.

4. Say: *Balancing the types of helpful activities you do is also important. Why do you think that is?* **Review** each of the four areas (self-care, fun, learning, meaningful) and ask group members to brainstorm helpful activities in each.

5. Ask: *What do you notice about how you balance your activities? What ways can you have more balance? Which activities on the list would you be willing to try?*

When it's hard to think of helpful activities to do, remember that there are all types of activities. For example…



It is good to have activities you can do alone. It is important to have time alone to think your own thoughts and enjoy your own company.

It is also good to have activities you can do with other people. 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.



Although some helpful activities cost money, there are many that are free. Helpful activities can also be short and simple, such as singing a song, looking out the window, and taking deep, relaxing breaths.

Helpful activities can also be planned and enjoyed over a longer amount of time, such as learning something new, painting a fence, and getting physically fit.

Helpful Activities: What Could You Do?

Alone	
With others	
Free	
Cost money	
Quick/ simple	
Over time	

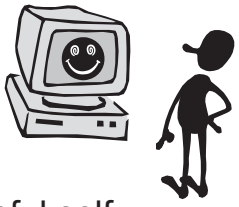
Balancing your helpful activities is important. It may be useful to think about helpful activities in four general categories: self-care, fun, learning, and meaningful.

Self-care activities are the things you do to take care of yourself and the business of your life. ***Fun activities*** are simple, helpful things you do that bring you pleasure.

Self-care activities (examples: taking a bath, going to an AA meeting, paying bills)
1. 2. 3. 4.

Fun activities (examples: going to a movie with a friend, walking, listening to music, bird watching)
1. 2. 3. 4.

Learning activities give you a sense of accomplishment or of having learned to do something well.



Meaningful activities fit with your values, boost your helpful self image, and bring purpose to your life.

Learning activities (examples: learning how to use a computer, starting an exercise program, reading a book or newspaper, practicing the CBT skills)
1. 2. 3. 4.

Meaningful activities (examples: being a good listener to family members or friends, helping my children with their homework, working, letting somebody else go first in line, volunteering)
1. 2. 3. 4.

All of these activities together make life rewarding and give you something to look forward to each day.

"I will do one or more of these activities before the next session."

_____

Your Signature

A List of Helpful Activities



Here are some ideas of helpful activities that you could do. Don't forget: a helpful activity can be as simple as smelling a flower.

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 an instrument
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

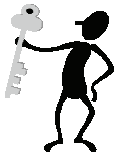
Add your own ideas for helpful activities.

68. _____

69. _____

70. _____

71. _____



KEY MESSAGES

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 40

1. Review the key messages.

2. Ask the group what they will remember from this session and give them a few minutes to write their own key messages.

Key messages from this session include:

- Activities can be short and simple.
- Avoid risky activities and replace them with helpful activities.
- Try to find balance in the kinds of helpful activities that you do.



What do you want to remember about this module?
Write your own key messages here.

_____

_____

_____



PRACTICE

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 41

Do One or More New Activities

1. Say: Earlier in session, you made a commitment to *do one or more activities that you wrote down before next session. Which activity do you plan to try?*

Keep Track of Your Activities Each Day

2. Say: *The first step in changing your activities, improving your mood, and managing your cravings is to identify the activities that have power over your mood and cravings. Your other practice activity is to keep track of your activities each day.*

3. Pass out index cards (one card for each day between sessions for each person) and one binder clip per person. **Read the directions (practice #3) aloud. Then say:** *You will notice that you also have room in your workbook to write your activities 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*. Plus signs indicate a helpful activity. Minus signs indicate a harmful activity. Remember that a helpful activity is helpful for you. It makes you feel good and supports your recovery. A harmful activity makes your mood and your cravings worse.

4. Say: *Try not to write down things that are happening to you. Instead, write down things that you do that make you feel better or worse. We expect that you will be able to identify 5–10 activities each day. Bring the cards with you for next session. You can use the clip to attach them to your workbook.*

Take a moment now to write down one harmful activity and one helpful activity to get you started. By the way, you came to this group, didn't you? That counts as a helpful activity.

Daily Check In

5. Say: *Keep track of your mood and coping each day using the* ***Daily Check In****. Also, at the bottom, keep track of how many helpful activities you did each day.*

1. Do one or more new activities. They can be activities that:

- 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 the activity anyway.

Before next session, I will _____

_____.

2. Write down your activities each day.

- Use one separate card for each day (using either the separate index cards or the "cards" printed in your manual).
- Write the day of the week on the cards. For example, if you start tracking your activities 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 harmful activities that you do that day. Mark the other side of the card with a plus sign (+) and write 4–5 helpful activities that you do on the same day.
- Bring your cards with you to the next session.

3. Track your mood and coping using the Daily Check In. Notice that at the bottom there is a place for you to keep track of how many helpful activities you do each day.

Example

Activities, Day 1 **–**



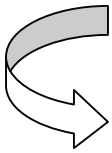
Thursday

(Write in the day of the week.)

Ate cookies and coffee for breakfast.
Skipped AA meeting.
Went to Tony's house.
Watched TV until 1:00 am.

Sample

Flip the card over



Activities, Day 1 **+**



Thursday

(Write in the day of the week.)

Talked to brother on the phone.
Opened the window for some fresh air.
Ate an apple.
Mailed rent check.

Sample

Daily Check In



Instructions **Today's Date:** _____

- Keep the scale beside your bed. Before you go to bed, think about your mood and how you coped with challenges to your recovery throughout the day.
- Circle a number on both scales. Try to use all the numbers, not just 1, 3, 5, 7, or 9. There are no wrong answers. Only you know how you have felt each day. At the bottom, write in the number of helpful/helpful activities you did.
- If you want to track your mood and how you coped with challenges over a period of time longer than a week, write down your ratings on a calendar.

1.

1	3	5	7	9
Lowest mood ever	Noticeably worse mood	Ok/average mood	Noticeably better mood	Best mood ever

Write in the day of the week.		____	____	____	____	____	____	____
Mood	Best mood ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Noticeably better mood	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
	Noticeably worse mood	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Lowest mood ever	1	1	1	1	1	1	1

2.

1	3	5	7	9
Coped the worst ever	Coped noticeably worse than usual	Coped OK	Coped noticeably better than usual	Coped the best ever

Write in the day of the week.		____	____	____	____	____	____	____
Coping with challenges to my recovery	Coped the best ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Coped noticeably better than usual	7	7	7	7	7	7	7
		6	6	6	6	6	6	6
	Coped OK	5	5	5	5	5	5	5
		4	4	4	4	4	4	4
	Coped noticeably worse than usual	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Coped the worst ever	1	1	1	1	1	1	1

3.

Write in the day of the week.	____	____	____	____	____	____	____
Number of helpful activities							

Activities, Day 1 –



(Write in the day of the week.)

Activities, Day 1 +



(Write in the day of the week.)

Activities, Day 2 –



(Write in the day of the week.)

Activities, Day 2 +



(Write in the day of the week.)

Activities, Day 3 –



(Write in the day of the week.)

Activities, Day 3 +



(Write in the day of the week.)

Activities, Day 4 –



(Write in the day of the week.)

Activities, Day 4 +



(Write in the day of the week.)

Activities, Day 5 –



(Write in the day of the week.)

Activities, Day 5 +



(Write in the day of the week.)

Activities, Day 6 –



(Write in the day of the week.)

Activities, Day 6 +



(Write in the day of the week.)

Activities, Day 7 –



(Write in the day of the week.)

Activities, Day 7 +



(Write in the day of the week.)



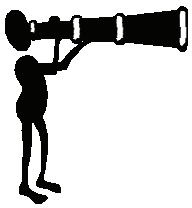
FEEDBACK

LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 50

Encourage group members to comment on today's session.

- 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?



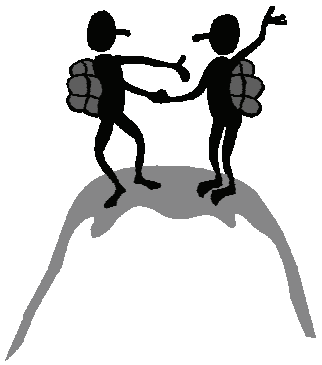
LOOKING AHEAD

LEADER TIPS

Time: 1 minute
Group Member's Workbook: Page 50

Let group members know that in the next session you will talk about how to make the most of every day.

Session 3 in "Activities, Alcohol/Drug Use, and Your Mood" is about how to plan your time so that each day is made up of 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? Circle "easy," "OK," or "hard."

	Taught/Done? (circle yes or no)		**How difficult was it to lead this part of the session? (circle easy, OK, or hard)**		
Welcome	Yes	No	Easy	OK	Hard
Purpose and Outline	Yes	No	Easy	OK	Hard
Announcements	Yes	No	Easy	OK	Hard
Review					
Last Session	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
New Topic: How to Choose Helpful Activities and Avoid Harmful Activities					
Noticing Your Activities: Catch It, Check It, Change It	Yes	No	Easy	OK	Hard
Harmful Activities to Avoid	Yes	No	Easy	OK	Hard
How to Get Ideas for Helpful Activities	Yes	No	Easy	OK	Hard
Key Messages	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
Feedback	Yes	No	Easy	OK	Hard
Looking Ahead	Yes	No	Easy	OK	Hard

SESSION 3: HELPFUL ACTIVITIES FOR A HEALTHY LIFE

LEADER'S NOTES

LEADER TIPS

Materials Needed

- **Group Member's Workbook** ("Activities, Alcohol/Drug Use, 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
- **PHQ-9 depression measure—**enough copies for everyone in the 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

Group Leaders' Goals

- Help group members feel good about themselves for starting to do more activities.
- Build on Catch It, Check It, Change It. Help group members understand the idea of "checking" their activities to decide if they are harmful or helpful.
- Reinforce the connections among activities, mood, and cravings.

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 them out, put their names on them, and return them to you. Tell group members that you will talk more about the questionnaire 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

Introduce the Purpose and Outline.

PURPOSE

- Understand that small efforts to do helpful activities add up to make a healthier, happier life.
- Learn how to plan your time so that you are doing helpful activities instead of risky or harmful activities.
- Understand the importance of physical activity to improve mood and manage cravings.

OUTLINE

Announcements
How Have You Been Feeling?
Review
New Topic: Helpful Activities for a Healthy Life
    Filling Your Day with Helpful Activities
    Daily Physical Activity Improves Your Mood and Supports Your Recovery
    Getting Started: Doing Activities Even When You Don't Feel Like It
Key Messages
Practice
Feedback
Looking Ahead



ANNOUNCEMENTS

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

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

How have you been feeling?

Leader Tips

Time: 5 minutes
Group Member's Workbook: Page 52

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

2. After the session, **compare** each group member's PHQ-9 scores with his or her previous scores (if the group member has filled out the questionnaire at a previous session). This comparison will allow you to monitor each group member's depression.

Note: In addition to the PHQ-9, choose another measure to monitor how group members are progressing in their recovery. See the Group Leader's Introduction for a discussion of how select a measure that supplements the PHQ-9. Compare current and previous scores as you would with the PHQ-9 measure.



You filled out a questionnaire at the beginning of the session, the "Patient Health Questionnaire"—PHQ-9 for short.

You will fill out the questionnaire before the group begins at Sessions 1, 3, and 5 of each CBT module. The questionnaire allows you and your group leaders to keep track of how you are feeling while you are attending the group.

REVIEW

Last Session

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 53

Review last session's key messages.

Last session's key messages were:

- Activities can be short and simple.
- Avoid risky activities and replace them with helpful activities.
- Try to find balance in the kinds of helpful activities that you do.

Practice

LEADER TIPS

Time: 20 minutes
Group Member's Workbook: Page 53

Do One or More New Activities

1. Say: *In the last session, we talked about activities you can do alone, with others, for free, and quickly and simply. You signed a commitment to do a new activity. What activity did you do? How did it go? What impact did it have on your mood? Your recovery? Was it difficult to get going?*

Keep Track of Your Activities Each Day

2. Review of activities tracking should be integrated as much as possible into the review of the Daily Check In.

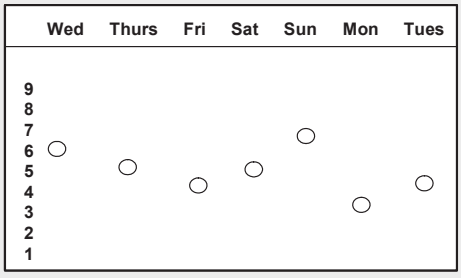
3. Possible follow-up questions: *Was it difficult to keep track of your harmful and helpful activities each day? Who would like to share some harmful and helpful activities?*

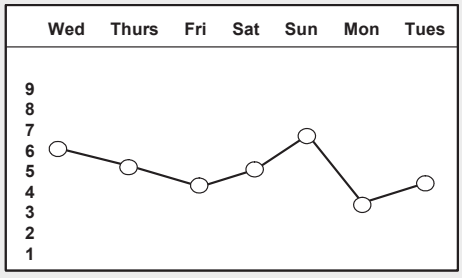
Daily Check In

Ask group members about how they did tracking their mood and coping on their Daily Check In. Make graphs based on one group member's Daily Check In.

4. 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.

5. Ask for a volunteer from the group to share the numbers **related to mood** on his or her 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."



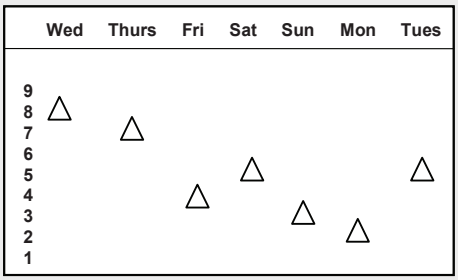


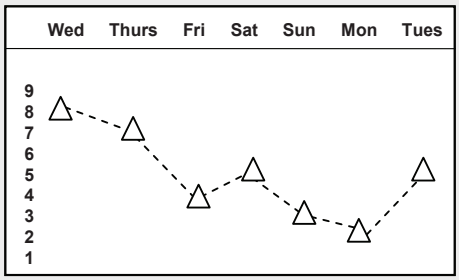
6. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

7. Possible follow-up questions: *What did you notice about your mood during the last week? Your mood was the lowest on* [day]. *What activities did you do on that day? Your mood was higher on* [day]. *What activities did you do on that day? What do you notice about the connection between your activities and your mood? Is there a weekly pattern? Is your mood typically lower on certain days of the week? If so, what tools can you use to prevent low moods?*

8. Repeat the process for cravings using a new graph. Ask the same volunteer or a different volunteer to share the numbers **related to coping** on his or her scale. Add dots to the new graph. If the group member's coping was 8 on the first day, mark a dot at 8 below "Wed."

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





10. Possible follow-up questions: *What did you notice about how well you coped with challenges? You coped very well on* [day]. *What kinds of helpful activities were you doing on that day? What was your mood? What do you notice about the connections among activities, mood, and how you coped?*

1. Do one or more new activities.

2. Write down your activities each day.

3. Track your mood and coping using the Daily Check In.

NEW TOPIC: HELPFUL ACTIVITIES FOR A HEALTHY LIFE

Filling Your Day with Helpful Activities

LEADER TIPS

Time: 30 minutes
Group Member's Workbook: Page 54

1. Ask and discuss: *How do you plan your time? What happens if you leave your day too open and unplanned?*

2. Say: *Today we will help you plan a day filled with helpful activities. An open and uncertain schedule can open the door for harmful activities. That doesn't mean that you need to be "busy" all the time. A helpful schedule will also include rest and quiet time. Just as we discussed the importance of balancing different kinds of activities in our last session, it's also helpful to have a balance of planned activities and "down time."*

3. Go over the instructions for the calendar page and give group members time to fill out a plan for the next day. Ask one volunteer to share their schedule with the group and write it on the board.

4. Ask: *What do you think of his or her schedule? Is it specific and easy to understand?*

5. Ask group members when their risky times are, and when they tend to think more about alcohol/drugs and are depressed. **Say:** *It's especially important to have helpful activities planned for risky times so that you don't fall into doing harmful activities that will bring your mood down, make you feel like using or both. What helpful activities could you do during your risky times?*

6. Review the text on page 56. Ask group members to add to their calendars. Walk around and review each schedule.

7. Ask another group member to volunteer their calendar. **Ask** group members for their feedback.

Learning how to plan your time will help you do helpful activities and avoid risky activities that can bring your mood down or increase your cravings. A calendar will help you plan your time.

Practice planning your time. Pretend that you are planning tomorrow, the day after this group session. Write times for:

- Getting up in the morning
- AA, NA, etc. (if you have a meeting that day)
- Appointments, such as doctor appointments
- School or work
- Other activities (if you are having trouble thinking of other activities to do, you can look back at the different kinds of activities that were discussed in Session 2 of this book).

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6-8 AM 							
8-10 AM 							
10-12 AM							
12-2 PM 							
2-4 PM							
4-6 PM							
6-8 PM 							
8-10 PM 							
10-12 PM 							

When is your risky time?

Did you plan something fun and helpful at that time?

During the day, did you plan to:



- Get enough sleep?



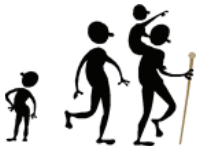
- Take a shower?
- Eat three healthy meals?



Is your day balanced? Did you plan a variety of activities?













Now take a second look at your schedule for tomorrow and add a variety of helpful activities during your risky time.

Daily Physical Activity Improves Your Mood and Supports Your Recovery

LEADER TIPS

Time: 25 minutes

Group Member's Workbook: Page 57

1. Say: *We would like to talk about an activity that is an important part of your day--being physically active. Being physically active means doing any helpful activity that gets your body moving.*

2. Say: *First let's try an experiment. We would like you to be very quiet. Close your eyes if you want to. Sit still and think about how your body feels. Notice your mood. Notice any cravings.* Wait a few moments and then **say:** *OK, we will do the other part of the experiment.*

Say: *Please stand up and back away from the table. Again, be very quiet but shift your weight from one foot to the other slowly. Then, if you're able, raise your hands over your head and stretch as tall as you can. Lean over carefully and stretch your hands towards the floor. Now have a seat. Think about how your body feels. Notice your mood. Notice any cravings.*

Ask and discuss: *What did you notice between the two activities? Did it feel good to move? How did each activity affect your mood and cravings?*

3. Ask: *Why do you think it is important to be physically active?* Lead a group discussion and write ideas on the board.

4. Review the text. Point out to group members the lists of reasons in their workbooks why physical activity is important. Read aloud any that group members did not put on the list.

5. Ask: *What gets in the way of doing physical activity?*

6. Ask: *How could you start being more physically active?* Ask group members to write some notes on the lines in their workbook. Help group members 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?). Ask for volunteers to share their plans for being more physically activity.

Tell the group that there are some ideas for how to get started in their workbooks.

7. 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. It not only affects your muscles. It also affects your brain and other organs in your body. For example, people who exercise do better on memory tests. They tend to have better mood. They sleep better. They have more energy to handle their day-to-day life.

You may already know that physical activity is good for your body, but did you know physical activity can help you in other ways?





- Feel better about yourself and your body.
- Help you get rid of built-up stress and frustration.
- Have a sense of accomplishment.
- Stay away from alcohol and drugs.
- 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.



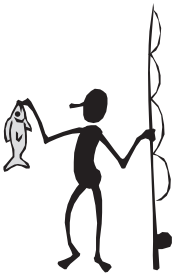
Here are some guidelines for physical activity.

- ***Move your body.*** 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 or gardening.
  - Using the stairs instead of riding the elevator.
  - Parking your car a little ways away from where you are going so you can walk the rest of the way.
  - Getting off the bus two stops away from where you live and walking home.
  - Walking. Walking is one of the easiest and healthiest activities you can do.

- ***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.***



- ***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 race the first day—or ever! You might start like this.

Tuesday *Put on your tennis shoes.*	Wednesday *Do some gentle stretching.*	Thursday *Walk half a 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.*	

- ***Start TODAY!*** However, if you have a medical condition, check with your doctor before doing strenuous physical activity.

I would like to be more physically active. I will start by:



_____

_____

_____

Getting Started: Doing Activities Even When You Don't Feel Like It



LEADER TIPS

Time: 15 minutes

Group Member's Workbook: Page 60

1. Say: *Even though you know a helpful activity can make you feel better and help with your recovery, it can still be hard to do activities.*

2. Say: *Have you ever had plans for your day, but just couldn't get going on them? This is common for people with depression symptoms. How can you get going to do the helpful activities you are thinking about?*

3. Ask and discuss: *What could you do to get started doing activities?*

4. Use the ideas in the workbook to support your discussion.

How can you jump start your engine? How can you increase the chances that you will do a helpful activity?

1. Act "as if." 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.



2. Get the ball rolling, even if you don't feel like it. Once you get started doing an activity, it is easier to keep going. **Make a move**—what small step could you take right now?



3. Make plans. Think ahead about activities you could do and put them on your "calendar," even if your calendar is in your head. When it's time to do the activity, don't think about it—just do it.

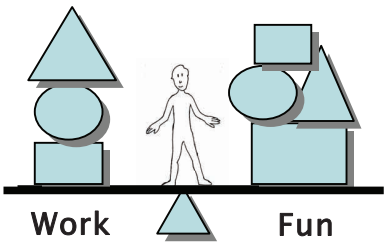




4. Set yourself up for success. If you plan to do an activity in the morning, go to bed early and set an alarm clock. When the alarm goes off, don't have a debate with yourself about getting out of bed. Just do it!

5. Get others involved. Ask a friend or family member to support you. Tell them the helpful activity you plan to do and ask them to encourage you to do this activity.

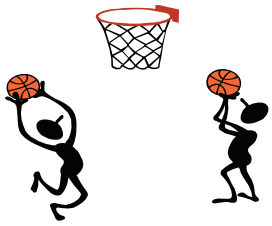
6. Balance your time. Most people feel best when they balance the things they need to do and the things they want to do. They work, go to school, and take care of themselves and their families. *And* they relax and have fun.

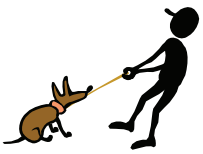


Thursday's Activities

Eat breakfast
Shower, wash hair, brush teeth
Write check for rent
Work ½ day
Meet sister for lunch
Call sponsor
Walk to park and back
Read 1st chapter in new book

7. Plan for variety. Doing different types of activities each day can make your day more interesting.









KEY MESSAGES

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 62

1. Read the key messages aloud.

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

Key messages from this session are:

- Planning to do helpful activities and putting them on your calendar helps you avoid harmful or risky activities.
- Physical activity can improve your mood and support your recovery.
- Doing activities (even when you don't feel like it) can help you feel better and support your recovery.



What do you want to remember about this module?
Write your own key messages here.

_____

_____

_____



PRACTICE

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 63

Plan Another Day in Your Week

1. Say: *Remember that you filled out one day on your weekly schedule during session today. Pick another day of the week and make a plan for that day.*

Write Down Your Activities Each Day

2. Pass out index cards. **Say:** *Write down your harmful and helpful activities that you do each day on index or in your workbooks.*

Daily Check In

Remind group members that the Daily Check In now includes a place at the bottom to write down how many helpful activities they do each day.

Ask group members if they have any questions.

1. Plan at least one more day in your week on the calendar on page 57.

2. Write down your activities each day.

3. Track your mood and coping using the Daily Check In.
Continue counting the number of helpful activities you do each day.

Daily Check In



Instructions **Today's Date: _____**

- Keep the scale beside your bed. Before you go to bed, think about your mood and how you coped with challenges to your recovery throughout the day.
- Circle a number on both scales. Try to use all the numbers, not just 1, 3, 5, 7, or 9. There are no wrong answers. Only you know how you have felt each day. At the bottom, write in the number of helpful/helpful activities you did.
- If you want to track your mood and how you coped with challenges over a period of time longer than a week, write down your ratings on a calendar.

1.

1	3	5	7	9
Lowest mood ever	Noticeably worse mood	Ok/average mood	Noticeably better mood	Best mood ever

Write in the day of the week.		____	____	____	____	____	____	____
Mood	Best mood ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Noticeably better mood	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
	Noticeably worse mood	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Lowest mood ever	1	1	1	1	1	1	1

2.

1	3	5	7	9
Coped the worst ever	Coped noticeably worse than usual	Coped OK	Coped noticeably better than usual	Coped the best ever

Write in the day of the week.		____	____	____	____	____	____	____
Coping with challenges to my recovery	Coped the best ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Coped noticeably better than usual	7	7	7	7	7	7	7
		6	6	6	6	6	6	6
	Coped OK	5	5	5	5	5	5	5
		4	4	4	4	4	4	4
	Coped noticeably worse than usual	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Coped the worst ever	1	1	1	1	1	1	1

3.

Write in the day of the week.	____	____	____	____	____	____	____
Number of helpful activities							

Activities, Day 1 –



(Write in the day of the week.)

Activities, Day 1 +



(Write in the day of the week.)

Activities, Day 2 –



(Write in the day of the week.)

Activities, Day 2 +



(Write in the day of the week.)

Activities, Day 3 –



(Write in the day of the week.)

Activities, Day 3 +



(Write in the day of the week.)

Activities, Day 4 –



(Write in the day of the week.)

Activities, Day 4 +



(Write in the day of the week.)

Activities, Day 5 –



(Write in the day of the week.)

Activities, Day 5 +



(Write in the day of the week.)

Activities, Day 6 –



(Write in the day of the week.)

Activities, Day 6 +



(Write in the day of the week.)

Activities, Day 7 −



(Write in the day of the week.)

Activities, Day 7 +



(Write in the day of the week.)



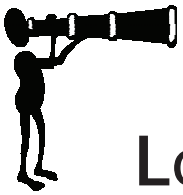
FEEDBACK

LEADER TIPS

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

Encourage group members to comment on today's session.

- 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 70

Give group members a preview of the next session.

In the next session of the Activities module, we will talk more about activities that might be risky for you while you are working hard to improve your mood and stay sober.



GROUP LEADER SELF- EVALUATION FORM: ACTIVITIES, SESSION 3

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? Circle "easy," "OK," or "hard."

	Taught/Done? (circle yes or no)		**How difficult was it to lead this part of the session? (circle easy, OK, or hard)**		
Welcome	Yes	No	Easy	OK	Hard
Purpose and Outline	Yes	No	Easy	OK	Hard
Announcements	Yes	No	Easy	OK	Hard
How Have You Been Feeling?	Yes	No	Easy	OK	Hard
Review					
Last Session	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
New Topic: Helpful Activities for a Healthy Life					
Filling Your Day with Helpful Activities	Yes	No	Easy	OK	Hard
Daily Physical Activity Improves Your Mood and Supports Your Recovery	Yes	No	Easy	OK	Hard
Getting Started: Doing Activities Even When You Don't Feel Like It	Yes	No	Easy	OK	Hard
Key Messages	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
Feedback	Yes	No	Easy	OK	Hard
Looking Ahead	Yes	No	Easy	OK	Hard

SESSION 4: WHAT ARE YOUR RISKY ACTIVITIES?

LEADER'S NOTES

LEADER TIPS

Materials Needed

- **Group Member's Workbook** ("Activities, Alcohol/Drug Use, 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
- **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

Group Leaders' Goals

- Help group members understand how to use the idea of chaining, or momentum, to manage their mood and cravings.
- Help group members identify their risky activities.
- Reinforce the connections among activities, mood, and cravings.

Welcome Group Members

Greet group members by name. Ask them informally how their practice went.

Purpose and Outline

Introduce the Purpose and Outline.

PURPOSE

- Learn that your mood and cravings can go up or down based on the activities you choose to do.
- Identify those harmful activities that can lead you to feel like drinking/using.
- Learn new ways of coping with risky situations.

OUTLINE

Announcements

Review

New Topic: What Are Your Risky Activities?

- One Activity Can Lead to Another: A Chaining Activity
- Know Your Risky Activities
- Coping with Risky Situations

Key Messages

Practice

Feedback

Looking Ahead



ANNOUNCEMENTS

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

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

REVIEW

Last Session

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 72

Review last session's key messages.

Last session's key messages were:

- Planning to do helpful activities and putting them on your calendar helps you avoid harmful or risky activities.
- Physical activity can improve your mood and support your recovery.
- Doing activities (even when you don't feel like it) can help you feel better and support your recovery.

Practice

LEADER TIPS

Time: 20 minutes
Group Member's Workbook: Page 73

Plan At Least One More Day in Your Week

1. Say: *In the last session, we talked about making the most of each day. One of your practice activities was to fill in another day on the calendar. How did it go? Did it help you during the week to have a plan?*

Write Down Your Activities Each Day

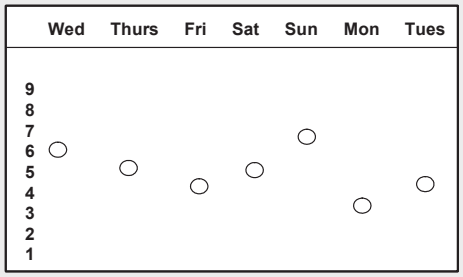
2. Review of activities tracking should be integrated as much as possible into the review of the Daily Check In.

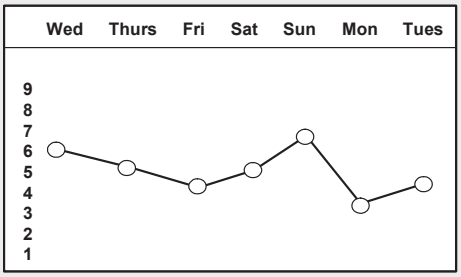
3. Possible follow-up questions: *Was it difficult to keep track of your harmful and helpful activities each day? Who would like to share some harmful and helpful activities?*

Daily Check In

Ask group members about how they did tracking their moods and coping on their Daily Check In. Make graphs based on one group member's Daily Check In.

4. 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.



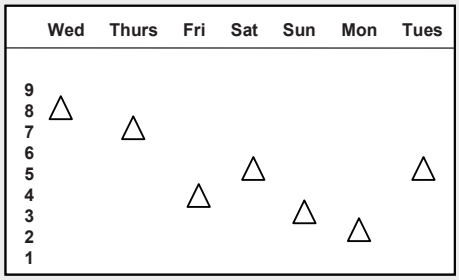


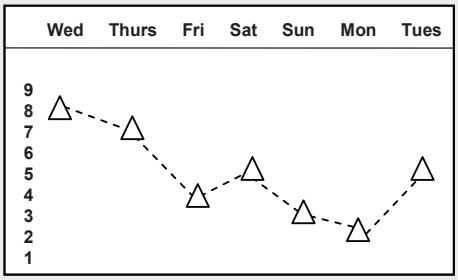
5. Ask for a volunteer from the group to share the numbers **related to mood** on his or her scale. Make a graph on the board like the example below. If the group member's mood was a 6 on the first day, mark a dot at 6 below "Wed." When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

6. Possible follow-up questions: *What did you notice about your mood during the last week? Your mood was the lowest on* [day]. *What activities did you do on that day? Your mood was higher on* [day]. *What activities did you do on that day? What do you notice about the connection between your activities and your mood? Is there a weekly pattern? Is your mood typically lower on particular days of the week? If so, what tools can you use to prevent low moods?*

7. Repeat the process for coping using a new graph. Ask the same volunteer to share the numbers **related to coping** on his or her scale. Add dots to the new graph. If the group member's coping was 8 on the first day, mark a dot at 8 below "Wed."

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





9. Possible follow-up questions: *What did you notice about how well you coped with challenges? You coped very well on* [day]. *What kinds of helpful activities were you doing on that day? What was your mood? What do you notice about the connections among activities, mood, and how you coped?*

1. Plan at least one more day in your week on the calendar on page 55.

2. Write down your activities each day.

3. Track your mood and coping using the Daily Check In.

NEW TOPIC: WHAT ARE YOUR RISKY ACTIVITIES?

One Activity Can Lead to Another: A Chaining Activity



LEADER TIPS

Time: 30 minutes
Group Member's Workbook: Page 74

1. Say: *We have talked about how the destructive cycle of depression and drinking/using 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 and your cravings can go up or down in a continuous chain, depending on what you do or your activities. The goal of the exercise is to help you understand that your activities affect how you feel, and that you can make choices about how you spend your time that can make you feel better or worse. And, of course, when you feel better you are more likely to resist cravings and maintain your recovery.

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 Daily Check In, 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.

Best mood	9.
	8.
	7.
	6.
	5. I have just stopped drinking alcohol.
	4.
	3.
	2.
Worst mood	1.

4. Say: *Now I'd like you to think about an activity 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 or what activity would a thought like that lead to?* 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.

Best mood	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
Worst mood	1. Go in late to work with a hangover

6. Complete the rest of the chaining activity going up. **Say:** *Let's return to the statement of fact that we wrote down at number 5. What activity might you do that would bring your mood up to a 6?*

Repeat the process for moods up to 9.

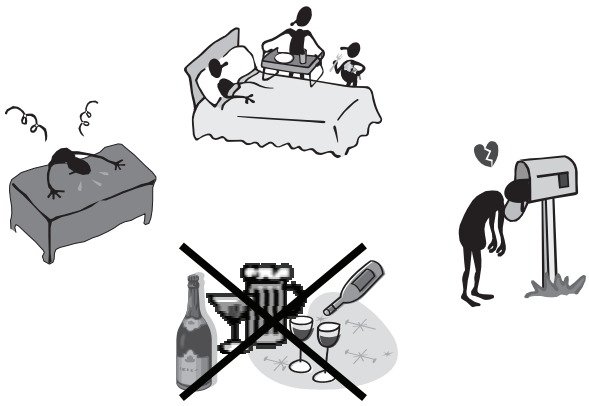
Best mood	9. Join a hiking group
	8. Go the movies with a sober friend
	7. Go to an AA meeting and get support
	6. Take a walk outside
	5. I have just stopped drinking alcohol.
	4. Lie around and watch reruns on TV
	3. Stay home all day
	2. Hang out with a friend who drinks
Worst mood	1. Go in late to 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*.

The destructive cycle of depression and drinking/using can begin with a fact or event, such as:

- You lose a job.
- A relative or friend dies.
- You get sick.
- You have been diagnosed with diabetes.
- You have no energy.
- You have recently stopped drinking or using.



The chaining activity illustrates how your mood can get better or worse depending on the activities you do in response to the fact or event.

As your mood changes, how does this affect your cravings (desire to use)?

Are you more likely to crave (want to use) when your mood is good or bad?

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 going up. What is a helpful 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 helpful activity might make you really happy? **Write that next to #9.**

Sample

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 can lead to another activity, other thoughts, other feelings, and other contacts with people. In general, more helpful activities lead to more helpful activities, thoughts, and feelings. So remember that you can choose what activities you do.
- Activities are linked to mood. When you feel down, it may be hard to do helpful activities. But when you do helpful activities, you are more likely to:
  - Do even more helpful activities.
  - Feel happier and healthier.
  - Have positive thoughts about yourself and your life.
  - Have helpful contact with other people.

Know Your Risky Activities

LEADER TIPS

Time: 20 minutes

Group Member's Workbook: Page 78

1. Say: *We have talked about helpful activities, and you have seen examples of activities that can be helpful for you. In past sessions we have also talked about harmful activities or activities that bring your mood down and make it harder for you to maintain your recovery.*

2. Read the text. **Say:** *Think about the times you've used/drank and were depressed. Write down activities that are risky for you.*

3. Allow a few minutes and then ask group members to share one risky situation they've had recently. Write risky activities on the board and save them for the next exercise.

4. Say: *Some of these activities may be especially harmful because they can start a chain of harmful activities. They are your risky activities. Being aware of the activities that are the most risky for you will help you avoid these activities and continue to work on your recovery.*

Remember that your risky activities are the harmful activities that can set off a chain reaction of other harmful activities that can lead you to feel like drinking or using. If you stay away from your risky activities, you avoid the chain of harmful activities that can follow.

Remember that an activity that might be helpful for one person can be a risky activity for another person.

For example: One person enjoys going to a park in his neighborhood where he plays basketball with friends and sits on the grass in the shade. Going to the park is a helpful and fun activity.





For another person, going to the park is a harmful activity because he used to go there to get drugs. Going to the park makes his cravings stronger, so it is one of his risky activities. He should not go to the park while he works on his recovery.

Think about the last situation when you last used or drank. What were some of your risky activities? Of these activities, check off which ones were the most likely to cause you to drink or use?

Risky Activities	Activities most harmful to me
_____	☐
_____	☐
_____	☐
_____	☐
_____	☐

Coping with Risky Situations

LEADER TIPS

Time: 25 minutes

Group Member's Workbook: Page 80

1. Say: *We have talked about some of the harmful activities that are risky for you because they make it more likely that you will drink or use. Now let's talk about how you can avoid these harmful activities and what you could do if you find yourself in a risky situation.*

2. Review some of the group's risky activities that you wrote on the board in the previous exercise.

3. Ask: *How do you avoid these risky activities? What could you do if you find yourself in a risky situation?* Go through the list of risky activities on the board and write the group's ideas next to each risky activity. Brainstorm as many as possible. Help group members think of what they could do and think differently.

4. Say: *When you know what your risky activities and situations are, you can try to avoid them. You can also use your thoughts as a built-in coach to help you decide how to handle risky activities and situations.*

Choose one or two of the examples and read them aloud.

Use your thoughts to help you cope with risky situations.

You can use your thoughts to help you cope and manage how you act. Here are some examples.

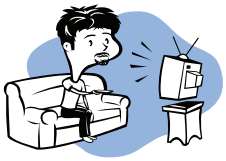


I don't have to drink just because everybody else is drinking… And I don't have to explain why I am not drinking. I can just say, 'Could I have a Coke (or a lemonade)?' and leave it at that.



It's New Year's Eve and I usually get plastered. But this is the beginning of a year free of alcohol. I might as well start the year off right.

I'm feeling frustrated because I'm broke and can't even rent a movie. Maybe I can borrow one from the public library. Or maybe I will just watch a TV show.



My girlfriend just broke up with me. I'm feeling as bad as can be. I would usually start drinking right about now. But then I'd add one more problem to my life. I have had enough.
I don't need to add any more problems right now.
I think I will go to an AA meeting instead.





KEY MESSAGES

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 81

Review the key messages.

Key messages from this session include:

- Choosing to do a helpful activity can lead you to do more helpful activities.
- Some harmful activities have special power for you because they make it more likely that you will act in a harmful way, such as drinking or using drugs.
- You can choose how you react in risky situations.



What do you want to remember about this module?
Write your own key messages here.

_____

_____

_____



PRACTICE

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 82

Notice Any Risky Activities or Situations

1. Say: *Try to notice any risky activities or situations that you are faced with between now and our next session. Consider your options in how you cope with them. Could you do something differently to avoid the activity or change the activity? Could you think about the situation differently to support your recovery?*

Write Down Your Activities Each Day

2. Say: *We would like you to continue to track your harmful and helpful activities on index cards or on the cards in your workbooks.*

Daily Check In

3. Say: *Keep track of your mood and coping each day using the* ***Daily Check In****. Also, at the bottom, keep track of how many helpful activities you did each day.*

1. Notice any risky activities or situations. What are your options in how to cope with them?

2. Write down your activities each day.

3. Track your mood and coping using the Daily Check In. Notice that at the bottom there is a place for you to keep track of how many helpful activities you do each day.

Daily Check In



Instructions **Today's Date: _____**

- Keep the scale beside your bed. Before you go to bed, think about your mood and how you coped with challenges to your recovery throughout the day.
- Circle a number on both scales. Try to use all the numbers, not just 1, 3, 5, 7, or 9. There are no wrong answers. Only you know how you have felt each day. At the bottom, write in the number of helpful/helpful activities you did.
- If you want to track your mood and how you coped with challenges over a period of time longer than a week, write down your ratings on a calendar.

1.

1	3	5	7	9
Lowest mood ever	Noticeably worse mood	Ok/average mood	Noticeably better mood	Best mood ever

Write in the day of the week.		____	____	____	____	____	____	____
Mood	Best mood ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Noticeably better mood	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
	Noticeably worse mood	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Lowest mood ever	1	1	1	1	1	1	1

2.

1	3	5	7	9
Coped the worst ever	Coped noticeably worse than usual	Coped OK	Coped noticeably better than usual	Coped the best ever

Write in the day of the week.		____	____	____	____	____	____	____
Coping with challenges to my recovery	Coped the best ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Coped noticeably better than usual	7	7	7	7	7	7	7
		6	6	6	6	6	6	6
	Coped OK	5	5	5	5	5	5	5
		4	4	4	4	4	4	4
	Coped noticeably worse than usual	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Coped the worst ever	1	1	1	1	1	1	1

3.

Write in the day of the week.	____	____	____	____	____	____	____
Number of helpful activities							

Activities, Day 1 –



(Write in the day of the week.)

Activities, Day 1 +



(Write in the day of the week.)

Activities, Day 2 –



(Write in the day of the week.)

Activities, Day 2 +



(Write in the day of the week.)

Activities, Day 3 –



(Write in the day of the week.)

Activities, Day 3 +



(Write in the day of the week.)

Activities, Day 4 –



(Write in the day of the week.)

Activities, Day 4 +



(Write in the day of the week.)

Activities, Day 5 –



(Write in the day of the week.)

Activities, Day 5 +



(Write in the day of the week.)

Activities, Day 6 –



(Write in the day of the week.)

Activities, Day 6 +



(Write in the day of the week.)

Activities, Day 7 −



(Write in the day of the week.)

Activities, Day 7 +



(Write in the day of the week.)



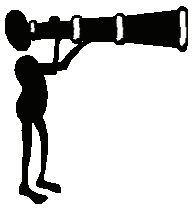
FEEDBACK

LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 89

Encourage group members to comment on today's session.

- 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?



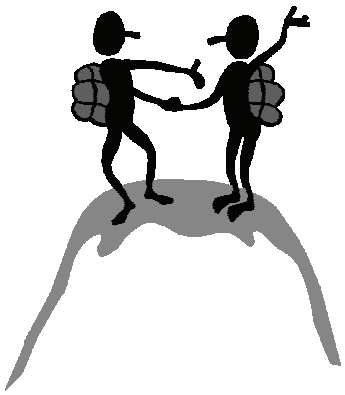
LOOKING AHEAD

LEADER TIPS

Time: 1 minute
Group Member's Workbook: Page 89

Let group members know that in the next session you will talk about using CBT to set and meet some goals for the future.

Session 5 in "Activities, Alcohol/Drug Use, and Your Mood" is about how to set goals for the future and do helpful activities to meet your goals.



GROUP LEADER SELF- EVALUATION FORM: ACTIVITIES, SESSION 4

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? Circle "easy," "OK," or "hard."

	Taught/Done? (circle yes or no)		**How difficult was it to lead this part of the session? (circle easy, OK, or hard)**		
Welcome	Yes	No	Easy	OK	Hard
Purpose and Outline	Yes	No	Easy	OK	Hard
Announcements	Yes	No	Easy	OK	Hard
Review					
Last Session	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
New Topic: What Are Your Risky Activities?					
One Activity Can Lead to Another: A Chaining Activity	Yes	No	Easy	OK	Hard
Know Your Risky Activities	Yes	No	Easy	OK	Hard
Coping with Risky Situations	Yes	No	Easy	OK	Hard
Key Messages	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
Feedback	Yes	No	Easy	OK	Hard
Looking Ahead	Yes	No	Easy	OK	Hard

SESSION 5: HOW TO KEEP DOING HELPFUL ACTIVITIES

LEADER'S NOTES

LEADER TIPS

Materials Needed

- **Group Member's Workbook** ("Activities, Alcohol/Drug Use, 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
- **The PHQ-9 depression measure**—enough copies for everyone in the group

Group Leaders' Goals

- Help group members understand sleep as an important activity, and give them tips for improving their sleep.
- Give group members tools for identifying and overcoming roadblocks to doing helpful activities.
- Help group members think about their goals for the future.

Welcome Group Members

- As group members arrive, greet them by name. Ask them informally how their practice went.
- Pass out the PHQ-9 depression measure. Ask group members to fill them out, put their names on them, and return them to you. Tell group members that you will talk more about the questionnaire 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

Introduce the Purpose and Outline.

PURPOSE

- Learn how to improve your sleep.
- Identify roadblocks that may come up as you do helpful activities and learn how to get around them.
- Understand that helpful activities can help you meet your goals.

OUTLINE

Announcements

How Have You Been Feeling?

Review

New Topic: How to Keep Doing Helpful Activities

- Tips to Improve Your Sleep
- Problem Solving
- Pacing Yourself
- Pleasure Predicting
- Setting Goals

Key Messages

Practice

Feedback

Looking Ahead



ANNOUNCEMENTS

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

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

How have you been feeling?

Leader Tips

Time: 5 minutes
Group Member's Workbook: Page 92

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

2. After the session, **compare** each group member's PHQ-9 scores with his or her previous scores (if the group member has filled out the questionnaire at a previous session). This comparison will allow you to monitor each group member's depression.

Note: In addition to the PHQ-9, choose another measure to monitor how group members are progressing in their recovery. See the Group Leader's Introduction for a discussion of how select a measure that supplements the PHQ-9. Compare current and previous scores as you would with the PHQ-9 measure.



You filled out a questionnaire at the beginning of the session, the "Patient Health Questionnaire"—PHQ-9 for short.

You will fill out the questionnaire before the group begins at Sessions 1, 3, and 5 of each CBT module. The questionnaire allows you and your group leaders to keep track of how you are feeling while you are attending the group.

REVIEW

Last Session

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 93

Review last session's key messages.

Last session's key messages were:

- Choosing to do a helpful activity can lead you to do more helpful activities.
- Some harmful activities have special power for you because they make it more likely that you will act in a harmful way such as drinking or using drugs.
- You can choose how you react in risky situations.

Practice

LEADER TIPS

Time: 15 minutes
Group Member's Workbook: Page 93

Notice Any Risky Activities or Situations

1. Say: *In the last session, we talked about activities and situations that may be risky for you – they may make it more likely that you will drink or use. Were you able to notice risky activities and situations? What options did you have to handle these situations? Could you respond differently? Could you think differently?*

Keep Track of Your Activities Each Day

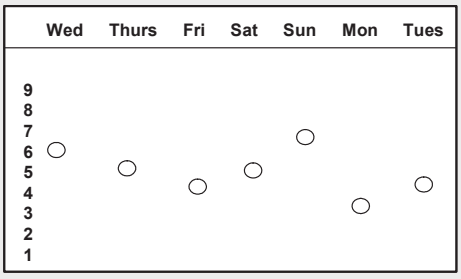
2. Review of activities tracking should be integrated as much as possible into the review of the Daily Check In.

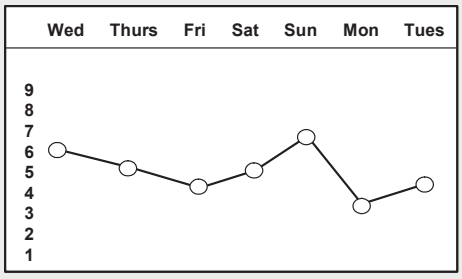
3. Possible follow-up questions: *Was it difficult to keep track of your harmful and helpful activities each day? Who would like to share some harmful and helpful activities?*

Daily Check In

Ask group members about how they did tracking their moods and coping on their Daily Check In. Make graphs based on one group member's Daily Check In.

4. 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.





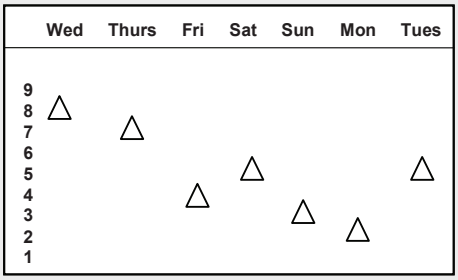
5. Ask for a volunteer from the group to share the numbers **related to mood** on his or her scale. Make a graph on the board like the example below. If the group member's mood was a 6 on the first day, mark a dot at 6 below "Wed."

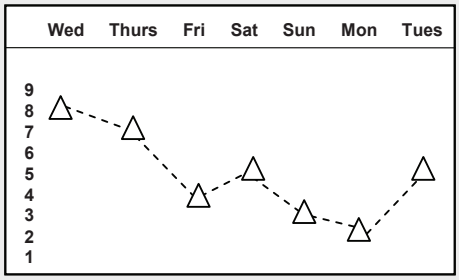
6. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

7. Possible follow-up questions: *What did you notice about your mood during the last week? Your mood was the lowest on* [day]. *What activities did you do on that day? Your mood was higher on* [day]. *What activities did you do on that day? What do you notice about the connection between your activities and your mood? Is there a weekly pattern? Is your mood typically lower on certain days? If so, what tools can you use to prevent low moods?*

8. Repeat the process for coping using a new graph. Ask the same volunteer or a different volunteer to share the numbers **related to coping** on his or her scale. Add dots to the new graph. If the group member's coping was 8 on the first day, mark a dot at 8 below "Wed."

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





10. Possible follow-up questions: *What did you notice about how well you coped with challenges? You coped very well on* [day]. *What kinds of helpful activities were you doing on that day? What was your mood? What do you notice about the connections among activities, mood, and how you coped?*

1. Notice any risky activities or situations. What are your options in how to cope with them?

2. Write down your activities each day.

3. Track your mood and coping using the Daily Check In.

NEW TOPIC: HOW TO KEEP DOING HELPFUL ACTIVITIES

Tips to Improve Your Sleep

LEADER TIPS

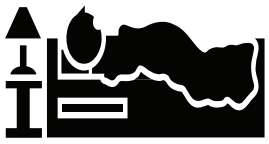
Time: 15 minutes
Group Member's Workbook: Page 94

1. Say: *Sleep is an important activity*. **Ask and discuss:** *What is your sleep like? Do you sleep well? What gets in the way of a good night's sleep for you?* (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 sleep well. When you do not get enough sleep, your mood worsens and you lose motivation to keep up with your helpful activities. Even if you force yourself to do activities, you won't enjoy them as much if you are tired.*

3. Go over the text. Stop and ask if anyone has tried a tip and the likelihood they would try it between now and the next session.

4. After introducing the sleep 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 alcohol/drug 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 to improve your mood and support your recovery.

What is your sleep like now?

These tips can help to improve your sleep. If you don't have sleep problems, keep these tips in mind in case you need them in the future.

To develop a regular sleep pattern, try the first three tips. Eventually, you should feel sleepy at about the same time every night.



1. Do not go to bed until you are sleepy. If you find yourself lying awake, get up and go to another room until you feel tired. 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.



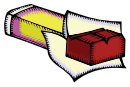
3. Try not to take naps if you find that naps make it difficult for you to sleep at night.

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; 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 a comfortable room temperature.
- Use curtains or place something over the window to darken the room.



9. Avoid eating large meals and drinking a lot of fluids right before bed. If you wake up in the middle of the night, do not have a snack.



10. If you use 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 (ingredients that can keep you awake).

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 to do an activity that you enjoy in the morning. You could:

- Listen to music
- Read the newspaper
- Go outside to get some air and sunshine
- 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.

Note: The tips above work for most people. However, everyone is different. If you have routines that help you get to sleep that don't involve using alcohol or drugs, keep them. It is important that you find the sleep tips that work best for YOU.

Sleep tips that I would be willing to try:

_____

_____

_____



Problem Solving

LEADER TIPS

Time: 15 minutes
Group Member's Workbook: Page 99

1. Say: *We have been talking about the importance of doing helpful activities to improve your mood and help you maintain your recovery. We have also talked about how depression and drinking or using get in the way of doing activities and about the importance of getting enough sleep so you will have energy to do new activities. Today we are going to talk about how to get around the other things that get in your way of doing helpful activities.*

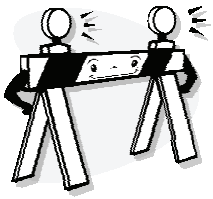
2. Say: *Before we go on, I have a little story to tell. Some researchers did a study with several classrooms of school children. They showed all the children a picture of a young man in a wheel chair. They asked some of the children* ***if*** *the man could drive. Those children overwhelmingly said "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: *What gets in the way of doing helpful activities? This table shows some examples of the roadblocks that might get in your way. Do any of these sound familiar?*

4. Read aloud the first roadblock on the list on the next page. Ask group members if it applies to them. **Read** the strategy for getting around the first roadblock. Ask group members for their comments.

5. Choose one or two other roadblocks and ideas for getting around them—**read aloud** and discuss.

6. Ask group members what roadblocks they have and what they can do to get around them. Then, ask them to write their ideas at the bottom of the list.



What gets in the way of doing helpful activities? Some common roadblocks are listed below. What could you do to get around the roadblocks?

Write your own roadblocks and ideas for getting around them at the bottom of the list.

Roadblocks	Ideas for Getting Around Them
Examples	
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.	• Challenge the harmful thought with helpful thoughts: – "A healthy life includes work and fun." – "I need to learn that I can stay in recovery **and** have fun. Otherwise it will be harder to maintain my recovery."
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, or make a plan to do something nice for someone you love.
I don't know anyone to do fun things with.	• Do fun things you are good at in the company of other people (go to free outdoor concerts; visit parks, museums, zoos; attend religious, political, environmental meetings). You will at least have fun and you might find someone who likes the same things.

Pacing Yourself

LEADER TIPS

Time: 15 minutes
Group Member's Workbook: Page 100

1. Say: *When you first start to do new activities, you might feel like you have to do everything at once. You might feel that you've lost years to drinking or using and now you have to make up for lost time. But, if you try to do everything at once, you are likely to feel overwhelmed and may quit altogether and then feel depressed or like drinking or using again; therefore, you have to pace yourself. We talked about this idea in another session when we discussed getting more physically active, but let's review the idea of pacing again.*

2. Ask and discuss: *What does it mean to pace yourself? Why is it important to pace yourself?* If the group doesn't offer these ideas, make sure the group understands that pacing themselves can mean several things:

- Go at your own speed.
- You don't have to do everything at once.
- You don't have to do a lot.
- Start slow and take small steps.

3. Say: *Only you know what pace is right for you. You may consider several factors:*

- Your energy level
- How much time you have
- Your health or level of pain
- Your interests
- How long it has been since you did the activity or a similar activity
- Demands of others on your time and energy

4. **Go over the text** in "Pacing Yourself." Help group members answer the questions.

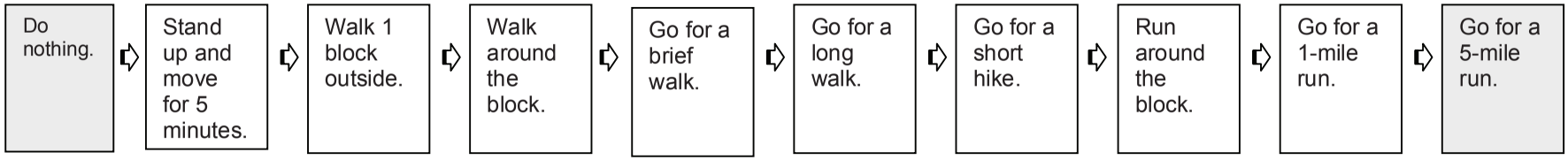
5. Ask: *Who has an activity we can use for the pacing exercise?* Use one example to model the exercise and ask group members for their ideas for each step.

6. Share the following idea with the members: *"You have chosen a new direction to your life. Moving in that direction is more important than* ***how quickly*** *you move in that direction. There may be detours and delays on the way. When you run into them, remind yourself where you are headed, and continue the journey."*

Pacing Yourself

In starting a new activity, if you try to do too much at once, you may feel overwhelmed and quit doing the activity. But remember, you can start small and go at your own speed. For example, if you are interested in jogging, 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. Think of a helpful activity you want to do. How could you pace yourself in doing this activity?



Pleasure Predicting

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 101

1. Say: *We've talked about how you can't always wait until you feel like doing an activity—sometimes you have to make yourself do an activity. This is especially true when you reach out to do a greater variety of activities and many of them are new for you. Here is a tool that might make you more comfortable when you try new things.*

2. Go over the text. **Help group members** fill in the empty row in the small chart at the bottom of the page. (They will have to guess how they would feel after doing the activity.)

3. Ask: *How do you think you would feel after doing the activity? How would the activity affect your cravings?*

4. Say: *Pleasure predicting will be part of your practice for this session. We will talk more about the practice in a few minutes.*

Note to group leaders: a pleasure-predicting chart is part of this session's practice. The short chart here allows you to explain to group members how to fill out their practice chart.

A common problem for people who are depressed is that, even before they do an activity, they decide they won't like it. They think "what's the use?"

You can 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 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***. Set yourself up for success. For example, if you want to go to a movie, YOU choose:
  - What movie to see.
  - Whether to see it alone or with someone.
  - The time that you go.
  - Where you sit.

  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***. Do the activity.

  Then ***think about how much you actually enjoyed it***. Most people find that they enjoyed the activity even more than they thought or predicted they would. Their mood improves and they are motivated to do another activity.



Pleasure Predicting Chart

Rating system: * not at all ** a little bit *** moderately **** quite a bit ***** very much

Activity	Before How much do you **think** you will enjoy this activity?	After How much did you **actually** enjoy this activity?
Taking a walk	**	***
(What activity could you do?)	(How much will you enjoy it?)	(For now, pretend that you did the activity and guess how much you actually enjoyed it.)

Setting Goals

LEADER TIPS

Time: 20 minutes
Group Member's Workbook: Page 103

1. Ask and discuss: *What does setting goals mean to you? Why do you think it is important to set goals? How do depression and drinking or using get in the way of your goals?*

2. Go over the points in the workbook. Help group members think about a lifetime goal and write their ideas on the lines.

3. Say: *In the next session we will talk more about how setting goals can help you. Do you have any questions or comments now?*

Why set goals?

Depression and drinking/using can take away your desire 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 leave depression behind and continue your recovery, you will start doing more activities. Yet, you may feel unsure of which way you want your life to head. Setting goals can provide ***a sense of direction***.

Having goals helps you to:

- Organize your energy.
- Focus.
- Figure out what is most important to you in life.
- Feel hopeful about the future.



What are goals?

Goals are specific things you work towards. Here are some examples.

1. Go all day without a drink.
2. Feel better physically.
3. Feel better emotionally.
4. Live within the law.
5. Spend quality time with my children.

You can set a goal for any point in the future. You can also set goals that are connected to each other. Short-term goals can help you reach your long-term and lifetime goals.

Time		Goal
Short Term:	*1 to 2 weeks.*	"Go to an AA meeting today and sign up to fix the coffee at the next meeting."
Long Term:	*Within 3 months.*	"Go to 90 meetings in 90 days."
Lifetime:		"Live a lifetime in recovery."

Warning! Some goals are destructive. For example:



- Being perfect (no one is perfect).
- Considering yourself a failure if you aren't the best.
- Setting goals for somebody else and making ***your*** happiness dependent on ***him or her*** reaching the goals.

Think about your goals



It might be hard now to think about the future, but it is good to have a picture in your mind of what you want your life to be like.

Here are some examples of lifetime goals:

- *I want to be the kind of person people can count on.*
- *I want to enjoy life without drugs or alcohol.*
- *I want to live as healthy a life as I can for as long as possible.*
- *I want to be an educated person.*

Think about your dreams for the future and write your ideas below.

A lifetime goal I would like to work toward is:



_____

_____

_____

In the next session, you will have a chance to think more about what is important to you, how you see yourself in the future, and how you can do helpful activities in the short term to reach your goals.



KEY MESSAGES

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 106

Review the key messages.

Key messages from this session are:

- You can work around roadblocks that get in the way of helpful activities.
- Strategies such as pacing yourself and predicting pleasure will help you keep doing helpful activities.
- To feel good, it is helpful to have something to look forward to (short-term and long-term goals).

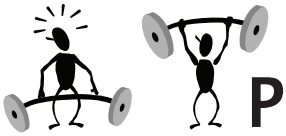


What do you want to remember about this session?
Write your own key messages here.

_____

_____

_____



PRACTICE

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 107

Try Using the Tools We Talked About

1. Say: *We talked about several tools today that you could try if you find it difficult to do helpful activities. Give these tools a try to see which are most helpful to you.*

Fill Out the Pleasure Predicting Chart

2. Say: *We talked about using the pleasure predicting chart. This can be a useful tool to compare how much we think we will enjoy an activity and how much we actually enjoy an activity.* **Review the instructions** on the chart.

Review the Helpful Activities That You Wrote on Index Cards

3. Say: *Take a look at the helpful activities that you have written down in the past few weeks. Consider which activities are the most helpful in improving your mood and supporting your recovery. We will use your ideas in an activity during our next session.*

Daily Check In

4. Say: *Keep track of your mood and coping each day using the* ***Daily Check In****. Also, at the bottom, keep track of how many helpful activities you did each day.*

1. If you find it difficult to do activities, ***try using the tools we talked about***.

- Problem solving
- Pacing yourself
- Predicting pleasure

2. Before and after you do a new activity, ***fill out the Pleasure Predicting Chart*** (it is in your workbook after the Daily Check In).

3. Review the helpful activities you wrote down on index cards. In the next session, you will have a chance to think about which helpful activities would be most helpful to you in the future to keep your mood up and support your sobriety.

4. Track your mood and coping using the Daily Check In. Track the number of helpful activities you do each day.

Daily Check In



Instructions **Today's Date: _____**

- Keep the scale beside your bed. Before you go to bed, think about your mood and how you coped with challenges to your recovery throughout the day.
- Circle a number on both scales. Try to use all the numbers, not just 1, 3, 5, 7 or 9. There are no wrong answers. Only you know how you have felt each day. At the bottom, write in the number of helpful/helpful activities you did.
- If you want to track your mood and how you coped with challenges over a period of time longer than a week, write down your ratings on a calendar.

1.

1	3	5	7	9
Lowest mood ever	Noticeably worse mood	Ok/average mood	Noticeably better mood	Best mood ever

Write in the day of the week.		____	____	____	____	____	____	____
Mood	Best mood ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Noticeably better mood	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
	Noticeably worse mood	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Lowest mood ever	1	1	1	1	1	1	1

2.

1	3	5	7	9
Coped the worst ever	Coped noticeably worse than usual	Coped OK	Coped noticeably better than usual	Coped the best ever

Write in the day of the week.		____	____	____	____	____	____	____
Coping with challenges to my recovery	Coped the best ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Coped noticeably better than usual	7	7	7	7	7	7	7
		6	6	6	6	6	6	6
	Coped OK	5	5	5	5	5	5	5
		4	4	4	4	4	4	4
	Coped noticeably worse than usual	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Coped the worst ever	1	1	1	1	1	1	1

3.

Write in the day of the week.	____	____	____	____	____	____	____
Number of helpful activities							



Pleasure Predicting Chart

Instructions: How good are you 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.

Rating system: * not at all ** a little bit *** moderately **** quite a bit ***** very much

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?**
Taking a walk	**	***
Talking to a friend	***	*****



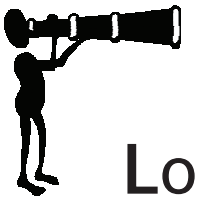
FEEDBACK

LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 110

Encourage group members to comment on today's session.

- What was helpful about today's session?
- What was less helpful?
- What was difficult?



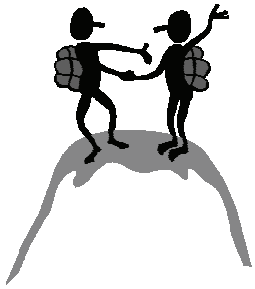
LOOKING AHEAD

LEADER TIPS

Time: 1 minute
Group Member's Workbook: Page 110

Let group members know that in the next session you will talk about how group members can keep doing helpful activities when the group is over.

The next session is the last session in "Activities, Alcohol/Drug Use, and Your Mood." Many of you will continue CBT with another module. Others may be graduating from CBT. We will talk about how to keep doing helpful activities even after the CBT group is over.



GROUP LEADER SELF- EVALUATION FORM: ACTIVITIES, SESSION 5

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? Circle "easy," "OK," or "hard."

	Taught/Done? (circle yes or no)		**How difficult was it to lead this part of the session? (circle easy, OK, or hard)**		
Welcome	Yes	No	Easy	OK	Hard
Purpose and Outline	Yes	No	Easy	OK	Hard
Announcements	Yes	No	Easy	OK	Hard
Review					
Last Session	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
New Topic: How to Keep Doing Helpful Activities					
Tips to Improve Your Sleep	Yes	No	Easy	OK	Hard
Problem Solving	Yes	No	Easy	OK	Hard
Pacing Yourself	Yes	No	Easy	OK	Hard
Pleasure Predicting	Yes	No	Easy	OK	Hard
Setting Goals	Yes	No	Easy	OK	Hard
Key Messages	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
Feedback	Yes	No	Easy	OK	Hard
Looking Ahead	Yes	No	Easy	OK	Hard

SESSION 6: HOW TO SHAPE YOUR FUTURE WITH HELPFUL ACTIVITIES

LEADER'S NOTES

LEADER TIPS

Materials Needed

- **Group Member's Workbooks** ("Activities, Alcohol/Drug Use, and Your Mood")—enough for everyone in the group
- **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
- **Index cards**—enough so that each group member can have one
- **Laminating paper**—enough for each group member to laminate one index card
- **Scissors**—3-4 pair—enough for group members to share
- **Certificates of Achievement** for graduating group members

Group Leaders' Goals

- Help group members understand how setting goals can help them shape their future.
- Help group members set manageable goals.
- Reinforce key messages from the Activities module.

Welcome Group Members

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

Purpose and Outline

Introduce the Purpose and Outline.

PURPOSE

- Think about your goals for the future.
- Identify some short-term activities you can do to meet your long-term and lifetime goals.
- Make a “Coping Card” that you can use to keep your mood up and support your recovery.

OUTLINE

Welcome

Announcements

Review

New Topic: How to Shape Your Future with Helpful Activities

- What Are Your Dreams for the Future?
- Coping Cards Can Help to Improve Your Mood and Support Your Recovery

Key Messages

Practice

Review of Activities Module

Goodbye to Graduating Group Members

Feedback

Looking Ahead to the Next Module



ANNOUNCEMENTS

LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 112

1. If any members of your group will have completed all three 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 leaders know about?

REVIEW

Last Session

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 112

Review last session's key messages.

Last session's key messages were:

- You can work around roadblocks that get in the way of helpful activities.
- Strategies such as pacing yourself and predicting pleasure will help you keep doing helpful activities.
- To feel good, it is helpful to have something to look forward to (short-term and long-term goals).

Practice

LEADER TIPS

Time: 15 minutes
Group Member's Workbook: Page 113

Try Using the Tools We Talked About

1. Say: Ask and discuss: *Did you try using the other tools we talked about—problem solving, pacing yourself, and pleasure predicting? Which one worked best for you?*

Fill Out the Pleasure Predicting Chart

2. Say: *We talked about using the pleasure predicting chart. This can be a useful tool to compare how much we think we will enjoy an activity and how much we actually enjoy an activity. How did you do with your pleasure predicting? Did you find that you enjoyed activities more than you predicted that you would? Would somebody like to share what you wrote down on your chart?*

Review the Helpful Activities That You Wrote on Index Cards

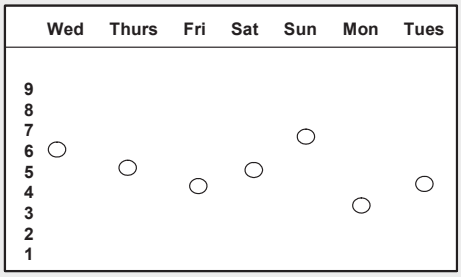
3. Say: *We also asked you to take a look at the helpful activities that you have written down in the past few weeks and consider which activities are the most helpful in improving your mood and supporting your recovery. We will use your ideas in an activity later in the session today.*

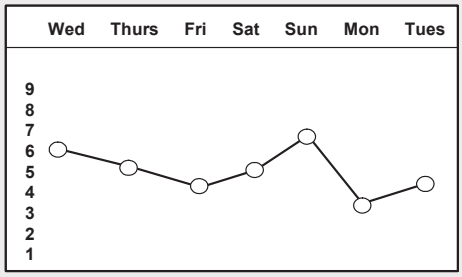
Daily Check In

Ask group members about how they did tracking their moods and coping on their Daily Check In. Make graphs based on one group member's Daily Check In.

4. 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.

5. Ask for a volunteer from the group to share the numbers **related to mood** on his or her 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."



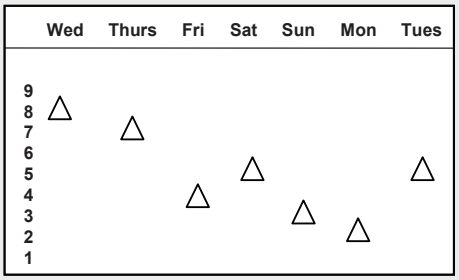


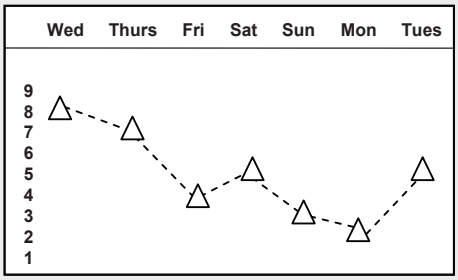
6. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

7. Possible follow-up questions: *What did you notice about your mood during the last week? Your mood was the lowest on* [day]. *What activities did you do on that day? Your mood was higher on* [day]. *What activities did you do on that day? What do you notice about the connections between your activities and mood? Is there a weekly pattern? Are some days more likely to bring about low moods? If so, what tools can you use to prevent low moods?*

8. Repeat the process for coping using a new graph. Ask the same volunteer or a different volunteer to share the numbers **related to coping** on his or her scale. Add dots to the new graph. If the group member's coping was 8 on the first day, mark a dot at 8 below "Wed."

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





10. Possible follow-up questions: *What did you notice about how well you coped with challenges? You coped very well on* [day]. *What kinds of helpful activities were you doing on that day? What was your mood? What do you notice about the connections among activities, mood, and how you coped?*

1. If you find it difficult to do activities, ***try using the tools we talked about***.

- Problem solving
- Pacing yourself
- Predicting pleasure

2. Before and after you do a new activity, ***fill out the Pleasure Predicting Chart***.

3. Review the helpful activities you wrote down on index cards.

4. Track your mood and coping using the Daily Check In.



NEW TOPIC: HOW TO SHAPE YOUR FUTURE WITH HELPFUL ACTIVITIES

What Are Your Dreams for the Future?

LEADER TIPS

Time: 30 minutes
Group Member's Workbook: Page 114

1. Say: *Last session, we talked about setting goals. You learned that setting goals can help to improve your mood and support you in your recovery. What else do you remember about our discussion?*

Call on volunteers. Remind group members that goals are specific things to work towards.

2. Say: *Today we will talk more about setting short-term, long-term, and lifetime goals.*

Go over the "Tips for Setting Goals." Offer examples if you think they would help the group understand the points.

Be specific. For example:

- *I will exercise on Monday, Wednesday, and Friday at 8 PM at the YMCA.*
  NOT
- *I am going to start exercising more.*
  OR
- *I will do at least one helpful activity a day, even if it is a small activity that takes less than five minutes.*
  NOT
- *I want to do more activities.*

Make sure that your goals are manageable and realistic. Set a deadline for yourself, but don't set a goal that requires you do the impossible in a short period of time. And work with the money you have right now. It isn't realistic to set a goal that requires a lot of money if you don't have a lot of money.

Set goals that are under your control. You might like to win the lottery, but you can't control whether or not that happens. You also can't control how other people behave. Don't set unrealistic goals that are really goals for other people. For example, DON'T set goals like:

- *My son will get all A's and B's on his report card.*
- *My friend will start being nicer to me.*
- *My child will be the pitcher on the softball team.*
- *My husband will lose 20 pounds by June.*

3. Say: *Remember, in the last session you thought about what you would like your life to be like in the future. You might wonder how you can reach your goal.*

4. Say: *The steps you take to reach long-term and lifetime goals will likely be helpful activities that you can do in the short term—you have to do the footwork. Don't forget to catch and check all of your goals to make sure they are helpful to you.*

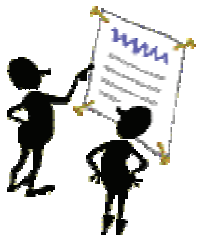
5. Say: *Let's look at how you can work towards your long-term and lifetime goals.*

6. Say: *When you reach your goals, celebrate. 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.*

7. Go over the text. Help group members answer the questions and fill in their ideas on the lines. Help group members understand that short-term goals can help them get back on the right track if they lose their direction. Help them problem solve if their goals are not feasible and realistic.

Tips for setting goals

Set goals that are:



- Specific.
- Manageable and realistic.
- Under your control.

How can you reach your long-term and lifetime goals?

Long-term and lifetime goals suggest a *direction* for your life, rather than a specific end point. Those goals can give you a feeling of purpose in your life.

You can reach your long-term or lifetime goals by setting short-term goals and doing helpful activities that help you reach them. Before you know it, the small steps you take every day will help you get closer to your big goals. You can also get a great deal of satisfaction and enjoyment from achieving each step along the way to a big goal. The table below suggests some short-term steps you could take to reach bigger goals.

Setting Goals

Short-term goals (1 to 2 weeks)	Long-term goals (within 3 months)	Lifetime goals
Stay in treatment; go to four AA meetings.	Offer support to someone else at an AA meeting.	Help people.
Take my kids to the park.	Stay clean so I can be there for my kids.	Be a good parent.
Show up on time to do an activity with a friend.	Do an activity with a friend at the same time every week.	Be a person that others can count on.
Ask my counselor about affordable schools nearby.	Enroll in one class.	Be an educated person.
Stay clean today.	Have my own apartment.	Live on my own.

Look at the last session in your workbook and review your lifetime goals. What steps could you take to reach your lifetime goals? Write your ideas on the lines below.



My long-term goal (within the next three months)

_____

_____

_____

My short-term goal (in the next week or two)

To achieve my long-term and lifetime goals, I need to set short-term goals 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):

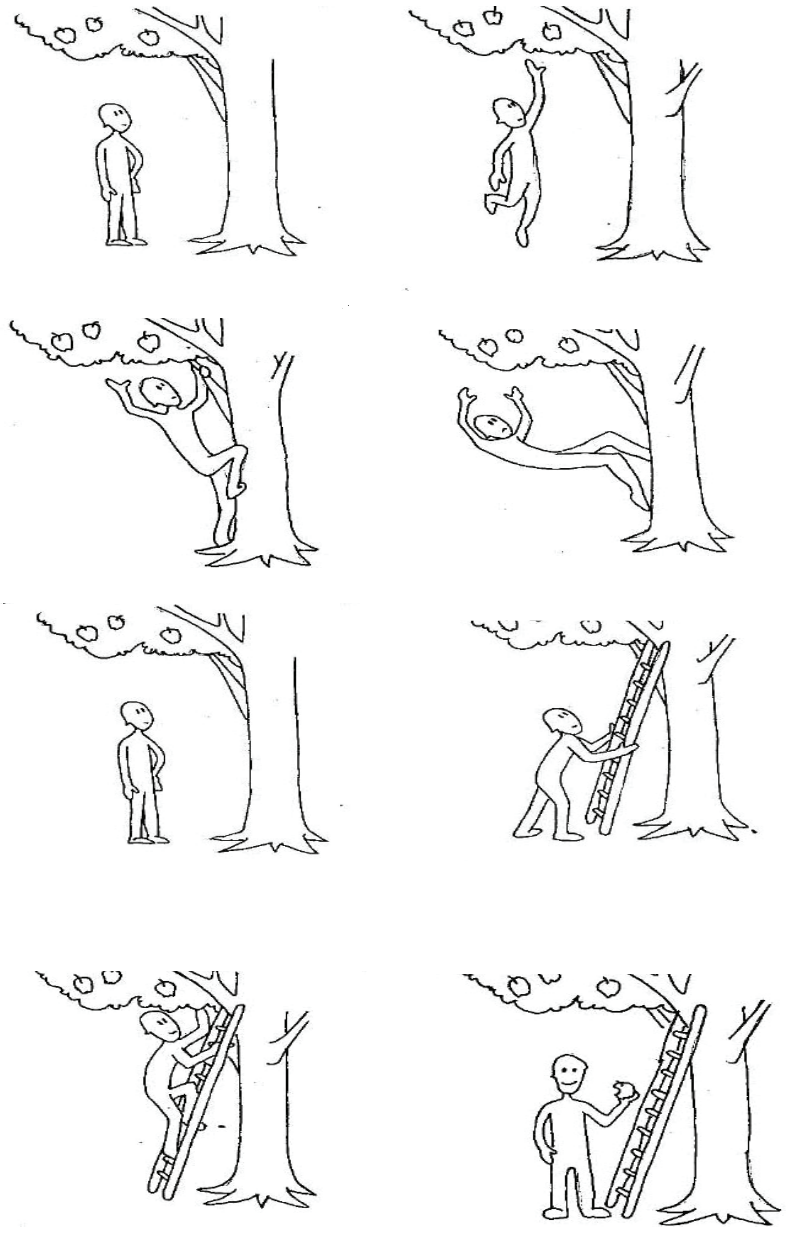
_____

_____

When you reach your goal or complete a step toward your goal, celebrate (without alcohol or drugs).

How will you celebrate?

How can you reach your goal?



You can reach your goal by:

- Taking one step at a time.
- Using tools such as CBT or getting help from others.
- Trying until you find a method that works for you.

Coping Cards Can Help to Improve Your Mood and Support Your Recovery

LEADER TIPS

Time: 20 minutes
Group Member's Workbook: Page 119

1. This activity provides a take-home tool to support group members' recovery from depression and alcohol/drug use.

Say: *In this module, you have learned about the importance of having helpful activities to do each day—these activities can improve your mood and make it less likely you will drink or use drugs.*

2. Ask: *What have been the most helpful coping activities for you?* Write list on board.

3. Say: *In addition to reminding yourself about these activities, it's also important to remind yourself of your future goals you have. What are some of those goals? They could be short-term or long-term, whichever are most important to you in staying sober.*

4. Pass out one index card to each person.

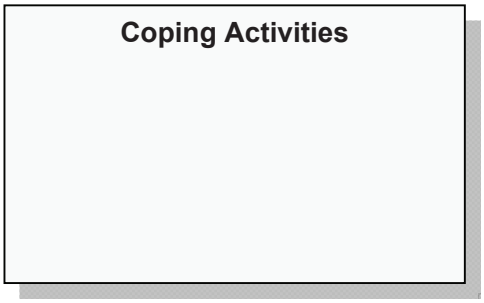
5. Go over the instructions. Help group members complete their coping card by writing down helpful activities on one side and on the second side write your future goals.

6. Ask group members for examples of where they can use the cards. **Say:** *Think about a time in the past week when you could have used the card. When was that? How will you know when to use your card? How do you think it might be helpful?*

7. Show them how to laminate the cards.

Make a “coping card” to help you remember and use helpful activities.

- Use one 3” x 5” index card.
- On one side of the card, write “Coping Activities” at the top. Write as many helpful activities as you can think of. Try to think of activities that have improved your mood in the past and that have few roadblocks. You can include helpful activities that you tried out during this module.



For example:

  - Take a hot shower
  - Pet my dog
  - Watch the sunset

- On the other side of the card, write “My Goals”. These can be short-term, long-term, or lifetime goals, whichever is most important to you in staying sober.



Examples of goals:

  - To live on my own
  - To take my kids to the park
  - To be clean today



If you're feeling down, or if you feel like drinking or using drugs, pull out a card and read it. It can help you get past the moment of stress.

Keep your coping cards someplace where you can find them easily and where they will help you the most. If you find that you are doing risky activities during the day or having strong cravings, carry your coping card in your purse or wallet.

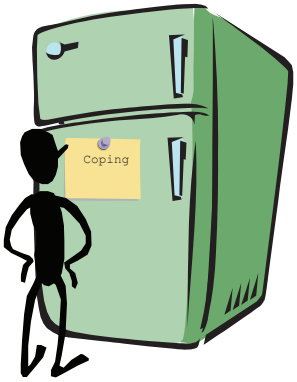


If you are likely to feel down or have strong cravings at night, keep your card at home.

You could tape it to the wall beside your bed,



…or put in on the refrigerator.





KEY MESSAGES

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 121

1. Read aloud the key messages.

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

Key messages from this session are:

- You can reach your long-term goals by setting short-term goals and doing helpful activities.
- By setting goals and doing activities, you can shape your future.
- A coping card can help you remember to do helpful activities.



What do you want to remember about this session?
Write your own key messages here.

_____

_____

_____

PRACTICE

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 122

Do a Step Towards Your Short Term Goal

1. Say: *You came up with specific steps that you can take to work towards your short-term goal. Take at least one step toward your goal before next session.*

Find a Place to Keep Your Coping Card

2: Say: *You made a coping card today. Try to find a place to keep your coping card where you are most likely to use it when you are feeling down or are coping with challenges to your recovery.*

Daily Check In

3. Remind group members that the Daily Check In now includes a place at the bottom to indicate how many harmful and helpful thoughts they had each day. Ask the group if they have any questions.

1. Do a step to work towards your short-term goal.

2. Find a place to keep your coping card.

3. Track your mood and coping using the Daily Check In.
Continue to count the number of helpful activities you do each day.

Daily Check In



Instructions **Today's Date:** _____

- Keep the scale beside your bed. Before you go to bed, think about your mood and how you coped with challenges to your recovery throughout the day.
- Circle a number on both scales. Try to use all the numbers, not just 1, 3, 5, 7, or 9. There are no wrong answers. Only you know how you have felt each day. At the bottom, write in the number of helpful/helpful activities you did.
- If you want to track your mood and how you coped with challenges over a period of time longer than a week, write down your ratings on a calendar.

1.

1	3	5	7	9
Lowest mood ever	Noticeably worse mood	Ok/average mood	Noticeably better mood	Best mood ever

Write in the day of the week.		____	____	____	____	____	____	____
Mood	Best mood ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Noticeably better mood	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
	Noticeably worse mood	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Lowest mood ever	1	1	1	1	1	1	1

2.

1	3	5	7	9
Coped the worst ever	Coped noticeably worse than usual	Coped OK	Coped noticeably better than usual	Coped the best ever

Write in the day of the week.		____	____	____	____	____	____	____
Coping with challenges to my recovery	Coped the best ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Coped noticeably better than usual	7	7	7	7	7	7	7
		6	6	6	6	6	6	6
	Coped OK	5	5	5	5	5	5	5
		4	4	4	4	4	4	4
	Coped noticeably worse than usual	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Coped the worst ever	1	1	1	1	1	1	1

3.

Write in the day of the week.	____	____	____	____	____	____	____
Number of helpful activities							

REVIEW OF MODULE: "ACTIVITIES, ALCOHOL/DRUG USE, AND YOUR MOOD"

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 124

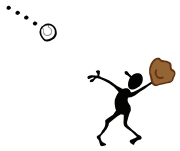
1. Say: *We have covered a lot of information in the Activities module. You have new skills and tools that can help you fight back against depression and the urge to drink or use.*

2. Say: *The key messages from each session are printed in your workbook. They can be summarized into three ideas.*

3. Go over the text. **Ask and discuss:** *Which of these will be the most helpful to you? Do you have questions about anything?*

4. Say: *There is room in your workbooks for you to write a few important things you want to remember from Activities*

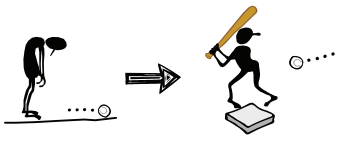
Give group members a few minutes to write. Remind them that they can look back at the key messages they wrote at the end of each session.



1. You can **catch**, or notice, your activities.



2. You can **check**, or examine, your activities to see if they help you or harm you. A helpful activity is healthy for you—it makes you feel good and helps you stay sober.



3. You can **change** the harmful activities that get in the way of your good mood and recovery, and choose to do helpful activities instead.



What idea will help you the most? What will you remember from the Activities module? Write your ideas below.

The most important thing I learned from the Activities module is:

_____

_____

_____

_____

_____

Key messages from "Activities, Alcohol/Drug Use, and Your Mood" are:

Session 1: Helpful Activities Can Improve Your Mood and Support Your Recovery

- What you do can affect how you feel.
- It is common for people who are depressed and who use alcohol/drugs to lose interest in doing helpful activities.
- Doing helpful activities can improve your mood, create helpful thoughts, and decrease cravings. And when you feel better, you will feel more like doing helpful activities.

Session 2: Choosing Helpful Activities and Avoiding Harmful Activities

- Activities can be short and simple.
- Avoid risky activities and replace them with helpful activities.
- Try to find balance in the kinds of helpful activities that you do.

Session 3: Taking Care of Today

- Planning to do helpful activities and putting them on your calendar helps you avoid harmful or risky activities.
- Physical activity can improve your mood and support your recovery.
- Doing activities (even when you don't feel like it) can help you feel better and support your recovery.

Session 4: What Are Your Risky Activities?

- Choosing to do a helpful activity can lead you to do more helpful activities.
- Some harmful activities have special power for you because they make it more likely that you will act in a harmful way such as drinking or using drugs.
- You can choose how you react in risky situations.

Session 5: How to Keep Doing Helpful Activities

- You can work around roadblocks that get in the way of helpful activities.
- Strategies such as pacing yourself and predicting pleasure will help you keep doing helpful activities.
- To feel good, it is helpful to have something to look forward to (short-term and long-term goals).

Session 6: Doing Helpful Activities to Shape Your Future

- You can reach your long-term goals by setting short-term goals and doing helpful activities.
- By setting goals and doing activities, you can shape your future.
- A coping card can help you remember to do helpful activities.



GOODBYE TO GRADUATING GROUP MEMBERS

LEADER TIPS

Time: 20 minutes
Group Member's Workbook: Page 128

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 or if they have strong cravings. 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 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. Try to remind them of the skills or methods that were most helpful to them.

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

If you have completed all three 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 and manage your cravings?

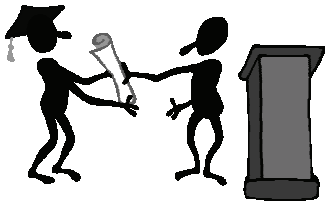
2. What have you learned that will help you reach some of your goals?

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 drinking or using?

If you still feel depressed or if you are still having strong cravings that you feel you cannot resist, tell your group leader, and he or she will help you get further treatment.





FEEDBACK

LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 129

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

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



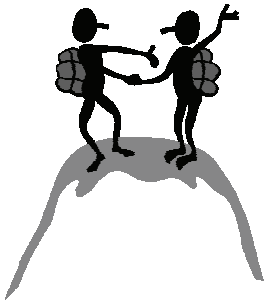
LOOKING AHEAD TO THE NEXT MODULE

LEADER TIPS

Time: 1 minute
Group Member's Workbook: Page 129

Say: *Next week 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, Alcohol/Drug Use, and Your Mood." You will learn how depression may cause problems in your interactions with people and how important it is to have positive contacts with helpful, supportive people.



GROUP LEADER SELF- EVALUATION FORM: ACTIVITIES, SESSION 6

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? Circle "easy," "OK," or "hard."

	Taught/Done? (circle yes or no)	**How difficult was it to lead this part of the session? (circle easy, OK, or hard)**
Welcome	Yes No	Easy OK Hard
Purpose and Outline	Yes No	Easy OK Hard
Announcements	Yes No	Easy OK Hard
Review		
Last Session	Yes No	Easy OK Hard
Practice	Yes No	Easy OK Hard
New Topic: How to Shape Your Future with Helpful Activities		
What Are Your Dreams for the Future?	Yes No	Easy OK Hard
Coping Cards Can Help to Improve Your Mood and Support Your Recovery	Yes No	Easy OK Hard
Key Messages	Yes No	Easy OK Hard
Practice	Yes No	Easy OK Hard
Review of Module	Yes No	Easy OK Hard
Goodbye to Graduating Group Members	Yes No	Easy OK Hard
Feedback	Yes No	Easy OK Hard
Looking Ahead to the Next Module	Yes No	Easy OK Hard

RESOURCES FOR GROUP MEMBERS

ORGANIZATIONS THAT PROVIDE HELP FOR DEPRESSION AND DRINKING OR USING

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.



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

An Integrated Group Cognitive Behavioral Therapy for Co-Occurring Depression and Alcohol and Drug Use Problems

People Interactions, Alcohol/Drug Use, 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)

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SESSION 1: PEOPLE, MOOD, AND RECOVERY ARE CONNECTED

LEADER'S NOTES

LEADER TIPS

Materials Needed

- **Group Member's Workbooks** ("People, Alcohol/Drug Use, and Your Mood")—enough for everyone in the group
- **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
- **The PHQ-9 depression measure**—enough copies for everyone in the group

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 with depression and alcohol/drug use problems.
- Remind continuing group members of topics and skills introduced in the previous module ("Activities, Alcohol/Drug Use, and Your Mood").
- Introduce the connections among people, alcohol/drug use, 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 ("People, Alcohol/Drug Use, and Your Mood").
- Pass out the PHQ-9 depression measure. Ask group members to fill them out, put their names on them, and return them to you. Tell group members that you will talk more about the questionnaire 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-2 Group Cognitive Behavioral Therapy for depression and for alcohol and drug use. This is the module called "People, Alcohol/Drug Use, and Your Mood." We will talk more about Cognitive Behavioral Therapy in a few minutes.*
- **Say:** *Some of the group members may have attended one or more previous modules. There might be others who are entering the group for the first time.*
- **Identify** members of the group, if any, who will be graduating (completing all three CBT modules) at the end of this module.
- **Say:**
  - *Congratulations to everyone for coming to this group and taking a step towards your recovery from both depression and alcohol/drug use.*
  - *Turn to the first page after the cover in your books and put your name and the date on the lines.*
  - *The workbooks belong to you. You will keep them when the group is over. You should bring your workbooks to every group meeting. You will be writing in them.*
  - *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

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 this group, depression, and alcohol/drug use problems.
- Learn that there are connections among your interactions with people, depression, and cravings. (A "craving" is the desire to drink or use.)
- Learn that people interactions can be harmful or helpful to you.

OUTLINE

Welcome
How Have You Been Feeling?
Group Rules
Announcements
Introductions
What Is Depression?
What Are Alcohol/Drug Use Problems?
What Is Cognitive Behavioral Therapy (CBT)?
Review
New Topic: People, Mood, and Recovery Are Connected
    The Importance of Helpful People Interactions
    How to Begin Having More Helpful Interactions with People
Key Messages
Practice
Feedback
Looking Ahead

How have you been feeling?

Leader Tips

Time: 5 minutes
Group Member's Workbook: Page 2

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

2. After the session, **compare** each group member's PHQ-9 scores with his or her previous scores (if the group member has filled out the questionnaire at a previous session). This comparison will allow you to monitor each group member's depression.

Note: In addition to the PHQ-9, choose another measure to monitor how group members are progressing in their recovery. See the Group Leader's Introduction for a discussion of how select a measure that supplements the PHQ-9. Compare current and previous scores as you would with the PHQ-9 measure.



You filled out a questionnaire at the beginning of the session, the "Patient Health Questionnaire"—PHQ-9 for short.

You will fill out the questionnaire before the group begins at Sessions 1, 3, and 5 of each CBT module. The questionnaire allows you and your group leaders to keep track of how you are feeling while you are attending the group.

GROUP RULES

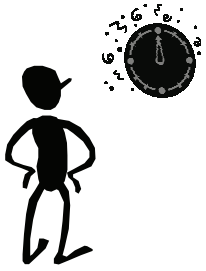
LEADER TIPS

Time: 5 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. Tell the group the name of your supervisor. Consider the rules and expectations at your treatment setting and convey to group members how lapses in sobriety will be handled. Ask if anybody in the group has questions or comments about any of the rules.

1. Come to every group meeting. Important and useful new ideas will be discussed at each group session. The sessions will give you new tools that you can use to help your recovery from depression and alcohol/drug use. This is why it's so important to come to each group meeting. If you can't make it, call us at this number:

(_____) _____-_____ (Contact number)



2. Come to group meetings on time.

3. Do not come to group under the influence of alcohol or drugs.

For the benefit of the group, you will be asked to leave the session if you are under the influence.

4. Maintain the confidentiality of the group.



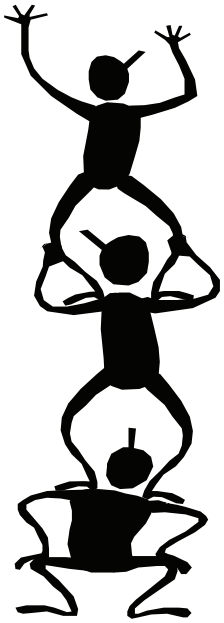
Please do not share what you hear in the group with anybody else. Likewise, group leaders will not repeat what you say. There are three exceptions.

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.

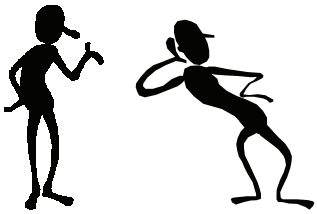


5. Be respectful and supportive of others in the group.

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.

You may find that other group members have had experiences similar to yours, but feel differently about them. That's OK—it is important to respect each person's opinion.

6. 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.

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

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

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



ANNOUNCEMENTS

LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 6

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 and cravings. 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 leaders know about?



INTRODUCTIONS

LEADER TIPS

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

1. **Give group members phone numbers** where they can contact you. Also remind clients to call 911 if they are having thoughts of hurting themselves.
   - Write your names and the phone numbers on the board.
   - Suggest that group members write the information in their workbooks in the space provided.

Say: *Now we would like for everyone to get to know each other. You will have a chance to talk about your depression and drinking or using 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 drinking or using 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 drinking/using.

Group Leaders

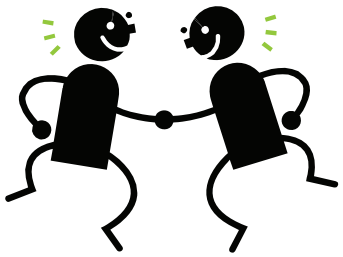
Your group leaders are:

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

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

In an emergency (for example, if you are having thoughts of hurting yourself), **call 911.**

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 and drinking/using later in the session. 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: 10 minutes
Group Member's Workbook: Page 8

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 problem—depression.

1. Ask: *What is depression like for you?* Encourage open discussion.

- One group leader should write group members' depression 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.*

Remind group members that their workbooks are theirs to keep and that they should feel free to write in them.

2. 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.

3. Say: *Tell one of the group leaders if you have thoughts of suicide. Depression is very treatable and you can feel better.*



What is depression like for you?

Feel free to write notes to yourself anywhere in your workbook. In some places, there is extra space for your notes.

Depression is:

- More than a passing sadness or bad mood.
- A period of feeling very sad that lasts a long time and that makes it hard to do daily activities.
- Possible at any point in your life.
- A 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

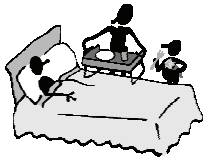
1. Feeling depressed, down, or irritable nearly every day.
2. Loss of interest or pleasure in activities that you normally enjoy.
3. Significant increases or decreases in your weight or appetite.
4. Sleeping too much or too little.
5. Change in the way you move (moving restlessly or slowly).
6. Feeling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

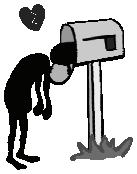
What was happening in your life when you most recently got depressed?

Possible Triggers for Depression



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









Did you know

Depression Is Common

- 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.
- Depression is the #1 cause of disability in the United States. ("Disability" is the inability to carry out daily living activities.)

Source: *Controlling Your Drinking* by William R. Miller, Ph.D. and Ricardo F. Munoz, Ph.D. Published by the Guilford Press, 2005.

WHAT ARE ALCOHOL/DRUG USE PROBLEMS?

LEADER TIPS

Time: 15 minutes
Group Member's Workbook: Page 10

1. Say: *Now that we have discussed your experiences with depression, let's talk about using alcohol and drugs and how using alcohol or drugs may have caused problems for you.*

2. Ask group members: *How has your use of drugs or alcohol affected your depression symptoms?*

3. Ask group members: *How has your drinking or using been a problem for you?*

4. Briefly go over the bullets under "Common problems of alcohol/drug use" to help group members see if their drinking/using is a problem for them.

5. Ask: *What would your life look like if you stopped drinking/using and your mood improved?* Encourage open discussion. Help group members think of specific areas of their lives that would improve. Ask group members to write their ideas on the lines in their workbooks.

Common problems of alcohol/drug use:

- Conflicts with other people, including family members.
- Problems at work or school, or difficulty keeping a job.
- Financial problems.
- Physical symptoms or health problems, or existing health problems becoming worse.
- A tolerance for the alcohol or drugs so that you require more to get the same "high."
- Not being able to stop on your own
- Withdrawal symptoms (such as shakiness, feeling sick to your stomach, headaches, or fatigue) when you don't use that are relieved when you use again.

- Memory problems.
- Legal problems (such as an arrest for driving under the influence—DUI; arrest for possession or use of illegal drugs; or not meeting your financial obligations).

What would your life look like if you stopped drinking/using and your mood improved? Write your ideas below.



_____

_____

_____

_____

_____



Did you know

Many Americans Don't Drink

34% of men and 44% of women in the United States do not drink alcohol.

Source: *Controlling Your Drinking* by William R. Miller, Ph.D. and Ricardo F. Munoz, Ph.D. Published by The Guilford Press, 2005.

WHAT IS COGNITIVE BEHAVIORAL THERAPY?

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 12

1. Say: *Now we will talk a bit more about the treatment approach that we use in this group.* **Review** the text.

2. Stop after each section and ask for questions and comments.

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

4. Go over the CBT circle on page 13. Or ask for a volunteer among those who have been through other CBT modules to explain CBT to the group. Encourage questions and discussion.

Thoughts. *If a person lost a job, he or she might think that he or she has nothing to offer or that nothing can be done about the situation. This person might become depressed. Imagine a second person who instead thinks he learned a lot and got great experience at the job, so he feels that he is likely to do very well getting another job. The second person is less likely to become depressed.*

Activities. *Another factor is how we act. When we feel down, we have less interest in doing things and as a result we often behave differently than we usually do. For example, when you're depressed you may not feel like taking a walk or even getting out of the house. Staying in bed all day could make your mood continue to spiral down.*

People. *Depression affects our mood in another way. When we are depressed, we often reduce the amount of contact we have with other people, or the interactions we do have are not healthy for us. This might be because the people we spend time with may be using drugs or alcohol. Maybe the people have completely different tastes in what activities they enjoy. Perhaps they aren't supportive in ways that make us feel good about ourselves. Spending time with old drinking friends may also cause your mood to spiral down.*

Say: *As you can see, depression and alcohol and drug use can become a destructive cycle. CBT can help prevent the cycle. This treatment will be most helpful to you if, at the end, you have learned many ways of managing your mood, and you feel confident using them in your daily life. This will take practice.*

This treatment provides a specific kind of help—cognitive behavioral therapy, or CBT for short—to people who are depressed and who have problems with alcohol/drug use. Depression and alcohol/drug use problems often go together, so it makes sense to treat them together.

CBT teaches skills to help you change your thoughts and behaviors to improve the way you feel and support your recovery. This approach does not mean that your thoughts and behaviors caused your depression and alcohol/substance use in the first place.

CBT can help you "manage" your depression and your recovery. "Managing" means to:

- Make feelings of depression and cravings for alcohol/drugs less intense, less frequent, and shorter.
- Learn ways to prevent getting depressed again and to stay free of alcohol/drugs, despite real life problems.
- Learn what thoughts, feelings, activities, and people interactions make it more likely you will get depressed or use. They are your "triggers."

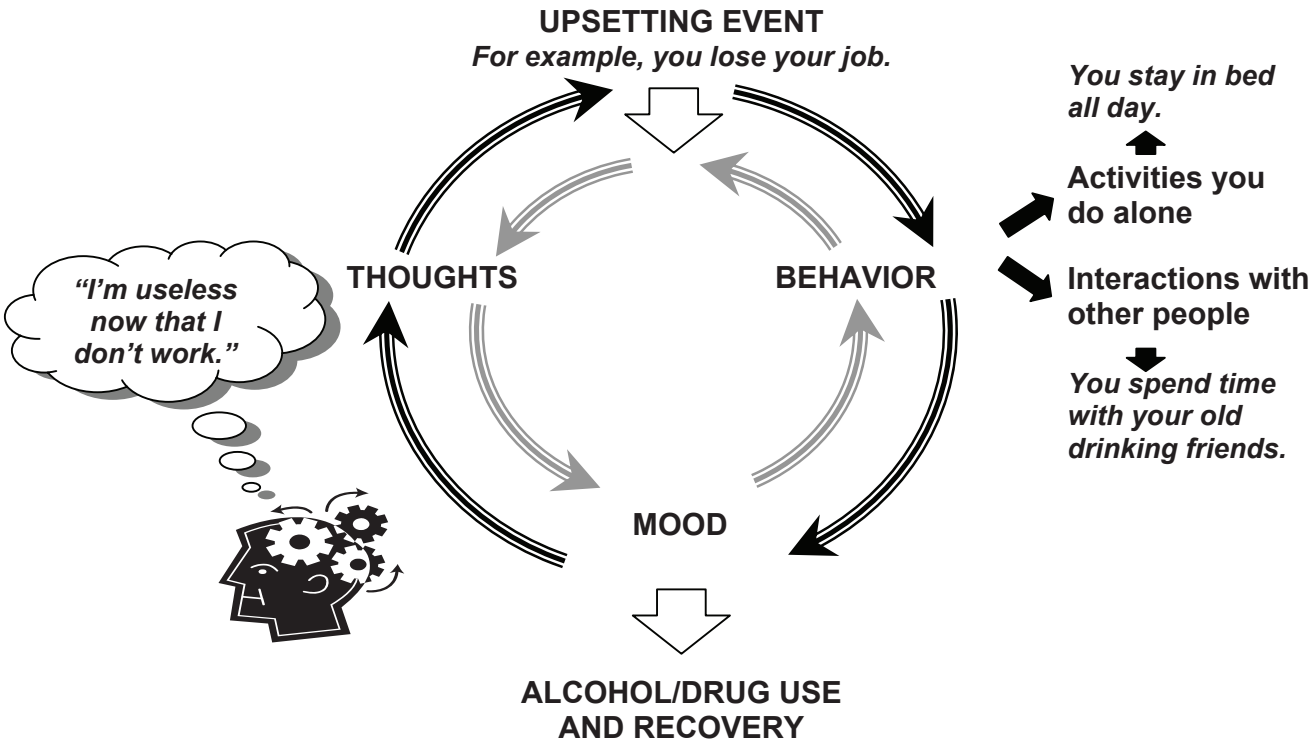
What does the name "Cognitive Behavioral Therapy" mean?

Cognitive refers to **your thoughts**.

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

One way to think of CBT is that it teaches healthy ways to manage your depression and your recovery. Managing your depression and your recovery means to make feelings of depression and cravings for alcohol/drugs less intense, less frequent, and shorter.

The CBT Circle



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

This CBT treatment program is organized into 18 sessions.

- **Thoughts** module **= 6 sessions**
- **Activities** module **= 6 sessions**
- **People** module **= 6 sessions**

Total CBT = 18 sessions

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 14

1. **Ask** group members if they are familiar with the serenity prayer. 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 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
- Changing what you ***do*** to respond.

In this module, we will talk about your interactions with people and their important connection with depression and alcohol/drug use. You can learn how to improve your interactions with people to feel better and support your recovery.

The goal of CBT is to help you get closer to what you imagine your life would be like without depression and without drinking/using. The group will focus on practical strategies to improve things right now, and will teach you skills that you can continue to use even after the group ends.

REVIEW

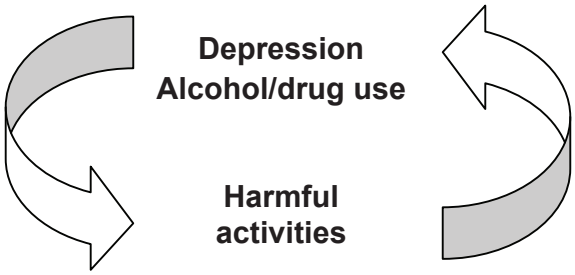
Last Module

LEADER TIPS

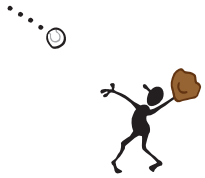
Time: 5 minutes
Group Member's Workbook: Page 15

Say: *What do you remember from the last module that was helpful to you?* Review the three key messages from the last module. Remind the group members that they can learn how to catch (or notice) their harmful activities and choose to do helpful activities.

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



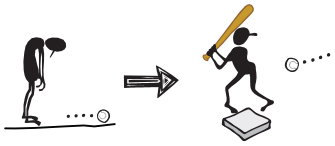
The key take-home messages from “Activities, Alcohol/Drug Use, and Your Mood” were:



1. You can **catch**, or notice, your activities.



2. You can **check**, or examine, your activities to see if they help you or harm you. A helpful activity is healthy for you—it makes you feel good and supports your recovery.



3. You can **change** the harmful activities that get in the way of your good mood and recovery, and choose to do helpful activities instead.

Practice

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 16

Note to group leaders: If everybody in your group is new to CBT, and nobody is continuing from a previous module, you may skip this review section.

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.*

Do a Step to Work Towards Your Long-Term and Lifetime Goals

1. Say: *In the last session, we talked about taking some steps in the short term to reach your long-term and lifetime goals. What steps have you taken since the last session?*

Find a Place to Keep Your Coping Card

2. Say: *As you recall, your coping card is the index card where you wrote helpful activities you could do. Did you find a place to keep it where it is handy?*

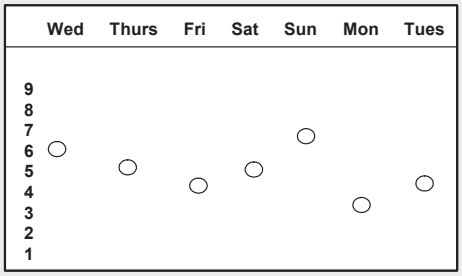
Daily Check In

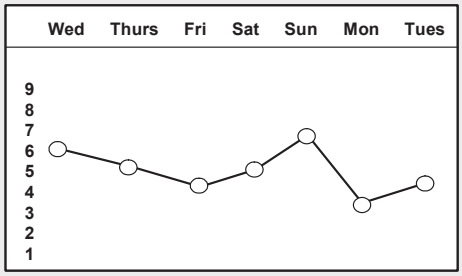
Say: *At least some of you may be continuing CBT from the last module. We'll do a quick review of the module and the practice before we start a new topic.*

Ask group members about how they did tracking their moods and coping on their Daily Check In. Make graphs based on one group member's Daily Check In.

3. Start the graphs 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.

4. Ask for a volunteer from the group to share the numbers **related to mood** on his or her 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."



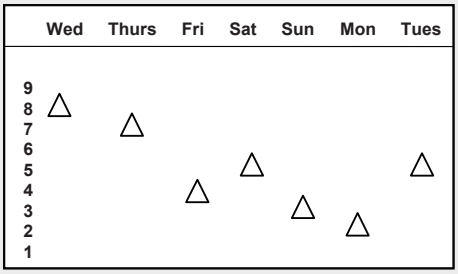


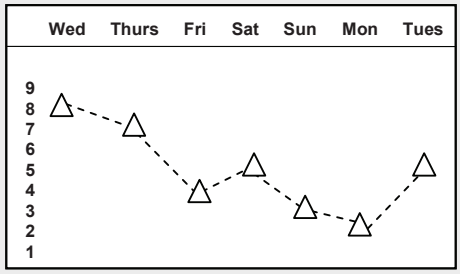
5. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

6. Possible follow-up questions: *What did you notice about your mood? 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 more helpful activities and improved mood. *Is there a weekly pattern? Are some days more likely to bring about low moods? If so, what tools can you use to prevent low moods?*

7. Repeat the process for coping, using a new graph. Ask the same volunteer to share the numbers **related to coping** on his or her scale. Add dots to the new graph. If the group member's coping was 8 on the first day, mark a dot at 8 below "Wed."

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





9. Possible follow-up questions: *What did you notice about how well you coped with challenges? You coped very well on* [day]. *What kinds of people interactions were you having on that day? What was your mood? What do you notice about the connections among your people interactions, mood, and how you coped?*

10. Note: Depending on the size of the group, you may choose to chart the Daily Check In 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 six-session modules, encourage as many group members as possible to share their Daily Check In —even those who are shyer and less vocal. For each member who shares, try to connect thoughts and mood/coping, activities and mood/coping, and people interactions and mood/coping. Have the person describe the thought, activity, or people interaction and help him or her to change harmful thoughts or behavior. The point is to teach how to apply the CBT skills to specific, real-life situations, but not necessarily to solve every difficult situation.

11. 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 if there are returning group members that are 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 and managing your cravings 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 or alcohol/drug problems, but practicing outside of the group will help the group member learn to control his or her negative mood and cravings.

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 Daily Check In 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 Daily Check In is best finished on a daily basis. Looking back at the past week's mood is less reliable than completing the Daily Check In 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 they can't do anything right. Point out that they were 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 them know that you are glad they chose to come to the session whether or not they completed the practice.

If you were part of the CBT group for the last module ("Activities, Alcohol/Drug Use, 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. Do a step to work towards your short-term goal.

2. Find a place to keep your coping card.

3. Track your mood and coping using the Daily Check In.

NEW TOPIC: PEOPLE, MOOD, AND RECOVERY ARE CONNECTED

The Importance of Helpful People Interactions

LEADER TIPS

Time: 15 minutes
Group Member's Workbook: Page 17

1. Say: *Over the next six sessions, we will be talking about how your contacts with other people affect your mood. We all interact with people in several ways, and it could be as simple as saying "hi" to your neighbor. I understand that some of your relationships may not be going well. We will talk more about how to deal with those later, but now we want to talk about interactions you can have with anyone.*

2. Say: *For now, I would like you to think back in the last week about a positive interaction with another person. You can close your eyes if you are comfortable with that. Of course, choose a time when you were not using alcohol or drugs. Try to see yourself and this person being together. OK, you can open your eyes.*

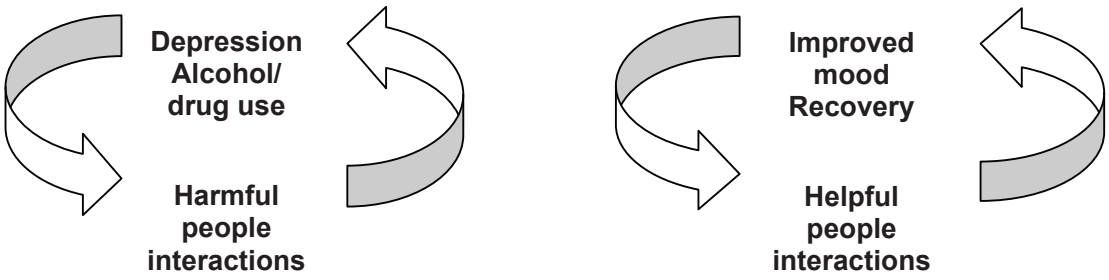
3. Ask and discuss: *How did you feel when you were having a nice time with this person? How might healthy interactions with people affect your mood?*

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 harmful interactions 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.*

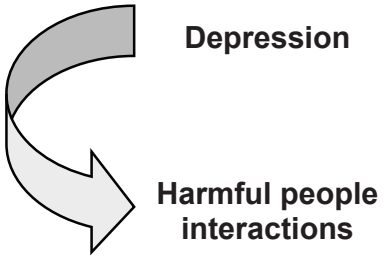
Note: If when reviewing the section "How does drinking/using affect your interactions with people?" someone says that they are more sociable or connected when using, encourage them to put these experiences in context—e.g., there may be short-term benefit of lowering inhibitions, etc., but using often has harmful impacts on relationships overall.

In this workbook we talk about "**harmful**" and "**helpful**" interactions with people. A people interaction that brings your mood down or makes you want to drink or use is ***harmful.*** A people interaction that lifts your mood and supports your recovery is ***helpful.***



How does depression affect the way you relate to other people?

When you feel depressed, you might:

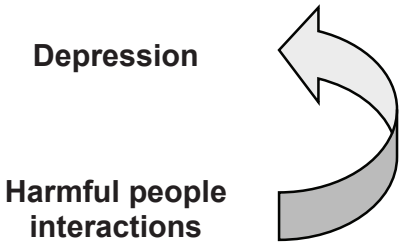


- Have less contact with people and avoid people.
- Be more irritable.
- Have more conflict or tension with people.
- Feel more uncomfortable around people.
- Act quieter and less talkative.
- Feel more likely you are being ignored, criticized, or rejected.
- Trust others less.

How do your interactions with other people affect your mood?

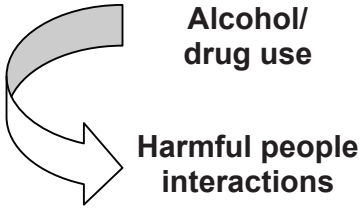
When you have less contact or harmful interactions (for example, frequent conflicts or abusive interactions) with other people you might feel:

- Alone
- Sad
- Angry
- Like no one cares
- Bored
- More depressed



How does drinking/using affect your interactions with people?

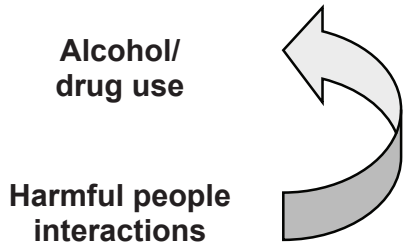
When you drink or use, you might:



- Have less contact with people and avoid people.
- Be more irritable.
- Have more conflict or tension with people.
- 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 people affect your drinking or using?

When you have less contact or harmful interactions with people, you might:



- Have stronger cravings
- Drink or use

How to Begin Having More Helpful Interactions with People

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 20

1. Introduce the text.

2. Ask: *What activities could you do before the next session where you are around or with other people?*

List the group's ideas on the board. Help group members pick at least one activity they would like to try.

What activities would you be willing to try?

What activity could you do **in the next few days *with people or where other people are around*** that might be helpful, relaxing, or enjoyable?

Examples of activities you could do with other people or where other people are around:

- Attend the CBT group
- Call a friend
- Go to a free concert in the park



Your examples:

_____

_____

_____

What do you think your mood might be after you do one of these activities?

_____

_____

_____

Choose one or two activities and do them before the next CBT session.



KEY MESSAGES

LEADER TIPS

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

1. Say: *At the end of each session, we will review some important messages from the session. There is also space in your workbook where you can write your own key message. Today we've talked about the connection between your mood and recovery and the interactions you have with other people. You can improve your mood and support your recovery by having more interactions with people and making the interactions more helpful*

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.

Key messages from this session include:

- The interactions you have with other people can be harmful or helpful.
- Helpful interactions with people can improve your mood and support your recovery
- You can choose to spend time with people who have a positive effect on your mood and on your recovery.



What do you want to remember about this session?
Write your own key messages here.

_____

_____

_____



PRACTICE

LEADER TIPS

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

Say: *Let's 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 and support your recovery. But just like tools, you are likely to find some will work better for you than others. By trying out your new skills between sessions, 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.*

Choose helpful activities to do with/around people and do them before next session.

1. Say: *Remember the list we made of helpful activities you could do around other people? We would like everybody to try at least one helpful activity and do it before the next session.*

2. Ask: *Does anybody have any questions about the practice activities? Can we help you think about any obstacles that might get in the way of doing the practice activities?*

Daily Check In

3. Say: *Between sessions, we would like all of you to keep track of your mood and coping using the Daily Check In. There is a copy of the Daily Check In in your workbook at the end of every session. With the Daily Check In, you can learn to recognize how you are feeling and how your thoughts and behaviors affect your mood and your ability to cope with challenges to your recovery. By coping, we mean using CBT skills or other helpful strategies to support your sobriety. This will help you to learn which thoughts and behaviors improve your mood and coping and which make them worse.*

4. Draw the Daily Check In. on the board or ask members to look in their workbooks.

5. Say: *The Daily Check In runs from 1 to 9, with 1 being the lowest mood or coped the worst ever and 9 indicating the best mood or coped the best ever. Each day, you circle the number that indicates what your mood was and another number indicating how well you coped with challenges to your recovery that day. This important tool will help you see the progress you are making in improving your mood and coping with challenges using CBT.*

6. Go over the instructions that are on the top of the Daily Check In.

7. Say: *We encourage you to do these practice activities, 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 and improve how well you coped with challenges to your recovery. Therefore, it is important that you try them out until you feel confident that you can use them on your own. We will review how your practice went at the beginning of our next session.*

8. Ask: *Does anybody have any questions about the practice activities? Can we help you think about any obstacles that might get in the way of doing the practice activities?*

This treatment will be successful for you if you learn skills for managing your mood and your coping and you feel confident using these skills in your daily life. You will need to practice, just as you would if you were learning to play the piano or a new sport. 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. Choose one or more helpful activities to do around or with other people.

2. Track your mood and coping using the Daily Check In. The Daily Check In 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 and coping. Try to complete the Daily Check In at the same time each day—for example, before you go to sleep each night. As the treatment goes on and as you practice the skills you learn in each session, you will probably find that your mood improves and that you can manage your cravings more easily.

Notice at the bottom of the scale that we have asked you to circle "Yes" or "No" to indicate whether you were able to notice your people interactions each day.

Daily Check In



Instructions **Today's Date:** _____

- Keep the scale beside your bed. Before you go to bed, think about your mood and how you coped with challenges to your recovery throughout the day.
- Circle a number on both scales. Try to use all the numbers, not just 1, 3, 5, 7, or 9. There are no wrong answers. Only you know how you have felt each day.
- Did you notice your people interactions? Circle "Yes" or "No" at the bottom.
- If you want to track your mood and how you coped with challenges over a period of time longer than a week, write down your ratings on a calendar.

1.

1	3	5	7	9
Lowest mood ever	Noticeably worse mood	Ok/average mood	Noticeably better mood	Best mood ever

Write in the day of the week.		____	____	____	____	____	____	____
Mood	Best mood ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Noticeably better mood	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
	Noticeably worse mood	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Lowest mood ever	1	1	1	1	1	1	1

2.

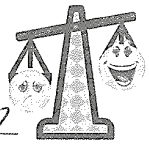
1	3	5	7	9
Coped the worst ever	Coped noticeably worse than usual	Coped OK	Coped noticeably better than usual	Coped the best ever

Write in the day of the week.		____	____	____	____	____	____	____
Coping with challenges to my recovery	Coped the best ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Coped noticeably better than usual	7	7	7	7	7	7	7
		6	6	6	6	6	6	6
	Coped OK	5	5	5	5	5	5	5
		4	4	4	4	4	4	4
	Coped noticeably worse than usual	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Coped the worst ever	1	1	1	1	1	1	1

3.

Write in the day of the week.	____	____	____	____	____	____	____
Did you notice your people interactions each day?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

DAILY CHECK IN



Instructions

Today's Date: Oct. 24, 2007

- Keep the scale beside your bed. Before you go to bed, think about your mood and how you coped with challenges to your recovery throughout the day.
- Circle a number on both scales. Try [illegible] There are no wrong answers. Only you know how you have felt each da[illegible]
- Did you notice your people interacti[illegible]
- If you want to track your mood and [illegible] time longer than a week, write down your ratings on a calendar.

Sample

1.

1 — Lowest mood ever
3 — Noticeably worse mood
5 — Ok/average mood
7 — Noticeably better mood
9 — Best mood ever

Write in the day of the week.		W	TH	FRI	SAT	SUN	M	Tues.
Mood	Best mood ever	9	9	9	9	9	9	9
		(8)	8	8	8	8	8	8
	Noticeably better mood	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
	Noticeably worse mood	3	3	3	3	(3)	3	3
		2	2	2	(2)	2	2	2
	Lowest mood ever	1	1	1	1	1	1	1

2.

1 — Coped the worst ever
3 — Coped noticeably worse than usual
5 — Coped OK
7 — Coped noticeably better than usual
9 — Coped the best ever

Write in the day of the week.		W	Th	FRI	SAT	SUN	M	Tues.
Coping with challenges to my recovery	Coped the best ever	9	9	9	9	9	9	9
		8	(8)	8	8	8	8	8
	Coped noticeably better than usual	(7)	7	7	7	7	7	7
		6	6	6	6	6	6	(6)
	Coped OK	5	5	5	5	5	5	5
		4	4	(4)	4	4	(4)	4
	Coped noticeably worse than usual	3	3	3	3	(3)	3	3
		2	2	2	2	2	2	2
	Coped the worst ever	1	1	1	(1)	1	1	1

3.

Write in the day of the week.	W	Th	FRI	SAT	SUN	M	Tues.
Did you notice your people interactions each day?	Yes	(Yes)	Yes	Yes	Yes	(Yes)	(Yes)
	(No)	No	(No)	(No)	(No)	No	No



FEEDBACK

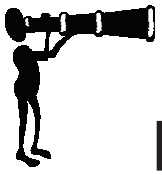
LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 26

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.

- 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?



LOOKING AHEAD

LEADER TIPS

Time: 1 minute
Group Member's Workbook: Page 26

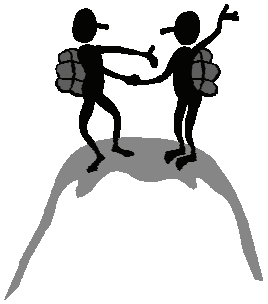
1. The purpose of the preview is to encourage group members to attend the next CBT session by giving them a glimpse of the topic to be covered. Group members are welcome to read ahead.

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

In the next session, we will talk about how to meet new people.

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

In Session 2, we will talk about how to meet new people.



GROUP LEADER SELF- EVALUATION FORM: PEOPLE, SESSION 1

Instructions

Taught/Done: Were you able to cover the material? If you didn't do it 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? Circle "easy," "OK," or "hard."

	Taught/Done? (circle yes or no)		**How difficult was it to lead this part of the session? (circle easy, OK, or hard)**		
Welcome	Yes	No	Easy	OK	Hard
Purpose and Outline	Yes	No	Easy	OK	Hard
How Have You Been Feeling?	Yes	No	Easy	OK	Hard
Group Rules	Yes	No	Easy	OK	Hard
Announcements	Yes	No	Easy	OK	Hard
Introductions	Yes	No	Easy	OK	Hard
What Is Depression?	Yes	No	Easy	OK	Hard
What Are Alcohol/Drug Use Problems?	Yes	No	Easy	OK	Hard
What Is Cognitive Behavioral Therapy (CBT)?	Yes	No	Easy	OK	Hard
Review					
Last Module	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
New Topic: People, Mood, and Recovery Are Connected					
The Importance of Helpful People Interactions	Yes	No	Easy	OK	Hard
How to Begin Having More Helpful Interactions with People	Yes	No	Easy	OK	Hard
Key Messages	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
Feedback	Yes	No	Easy	OK	Hard
Looking Ahead	Yes	No	Easy	OK	Hard

SESSION 2: INCREASING YOUR HELPFUL INTERACTIONS WITH PEOPLE

LEADER'S NOTES

LEADER TIPS

Materials Needed

- **Group Member's Workbooks** ("People, Alcohol/Drug Use, 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
- **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

Group Leaders' Goals

- Review the connections among people, alcohol/drug use, and mood.
- Help group members learn how to meet new people.
- Reinforce the importance of outside practice

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

- Identify the people who support you in helpful ways.
- Learn how to meet new people and make your support network larger and stronger.
- Identify roadblocks to meeting new people and learn how to get around them.

OUTLINE

Announcements
Review
New Topic: Increasing Your Helpful Interactions with People
Mapping Your Social Support Network
How to Meet New People
Getting Around Roadblocks
Key Messages
Practice
Feedback
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

Last Session

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 29

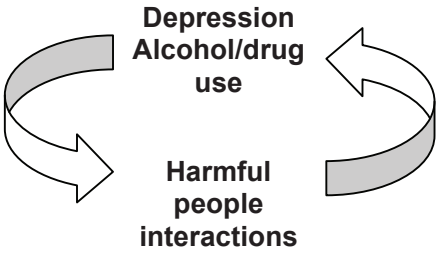
1. It may be difficult for group members to remember what you talked about in the last session. Use this time to remind them of the key messages and to help them understand how this session builds on last session.

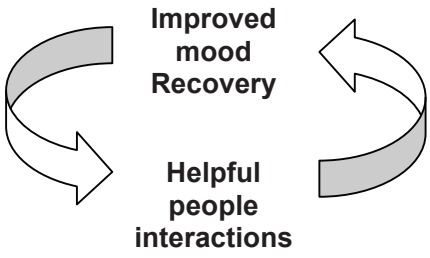
2. Say: *In the last session, we welcomed new group members, introduced ourselves, and talked about what depression is. We talked about alcohol and drug use problems and cognitive behavioral therapy—CBT for short. We also talked about how your interactions with people can affect how you feel and your cravings.*

3. Ask: *Do you remember the diagram with arrows? It shows that there are connections among people interactions, mood, and cravings. And since the arrows point both ways, it shows that your interactions with people can affect your mood and cravings, and your mood and cravings can affect your interactions with people.*

4. Read aloud the key messages or ask for a volunteer to read them.

5. Ask: *Does anybody have any questions?*





Key messages from last session are:

- The interactions you have with other people can be harmful or helpful.
- Helpful interactions with people can improve your mood and support your recovery
- You can choose to spend time with people who have a positive effect on your mood and on your recovery.

Today we will talk more about the links among your people interactions, recovery, and mood.

Practice

LEADER TIPS

Time: 20 minutes
Group Member's Workbook: Page 30

Do an Activity with or Around Other People

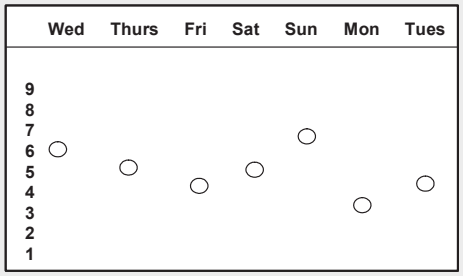
1. Ask and discuss: *What helpful activities did you choose to do that involved other people? How did it feel to be around other people or with other people?*

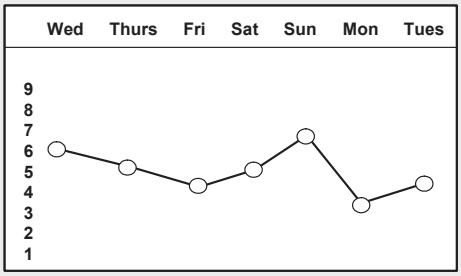
Daily Check In

Ask group members about how they did tracking their moods and coping on their Daily Check In. Make graphs based on one group member's Daily Check In.

2. 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.

3. Ask for a volunteer from the group to share the numbers **related to mood** on his or her 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."



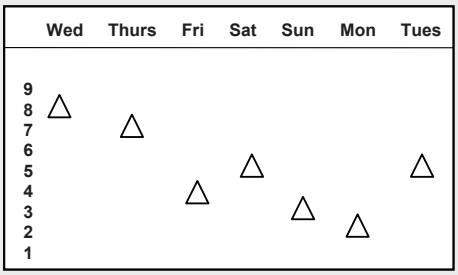


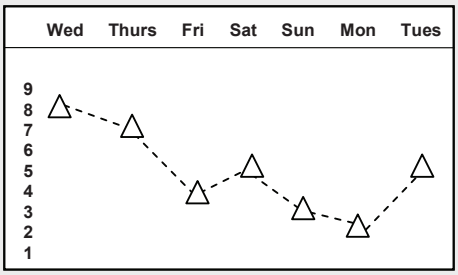
4. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

5. Possible follow-up questions: *What did you notice about your mood? Your mood was the lowest on* [day]. *What sort of contacts did you have with people on that day? Your mood was higher on* [day]. *How did you interact with people on that day? What do you notice about the connection between your people interactions and your mood? Is there a weekly pattern? Are some days more likely to bring about low moods? If so, what tools can you use to prevent low moods?*

6. Repeat the process for coping, using a new graph. Ask the same volunteer to share the numbers **related to coping** on his or her scale. Add dots to the new graph. If the group member's coping was 8 on the first day, mark a dot at 8 below "Wed."

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





8. Possible follow-up questions: *What did you notice about how well you coped with challenges? You coped very well on* [day]. *What kinds of people interactions were you having on that day? What was your mood? What do you notice about the connections among your people interactions, mood, and how you coped?*

Last session, we asked you to complete these practice activities.

How did your practice go?

1. Pick one helpful activity to do around or with people.

2. Track your mood and coping using the Daily Check In.

NEW TOPIC: INCREASING YOUR HELPFUL INTERACTIONS WITH PEOPLE

Mapping Your Social Support Network

LEADER TIPS

Time: 20 minutes
Group Member's Workbook: Page 31

1. Say: *You know that having contact with other people plays an important part in your mood and your recovery. 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.

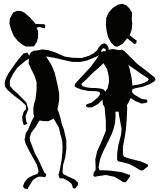
3. Ask: *What do you notice about your current social support network?*

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?*
- *Do any of them use alcohol or drugs?*
- *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, sponsors, doctors, counselors, and spiritual leaders/teachers.

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

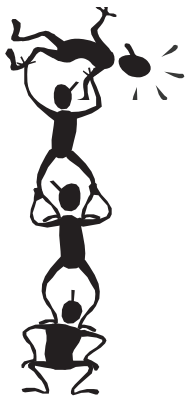
2. Think about people who give you each kind of support. Write their names in the squares. For example, who helps you with practical, everyday things? Who would give you a ride to the doctor or hospital, loan you something, or help you move?

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 in need 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 there gaps in support?
- Was there anyone whose name you wrote down a lot?
- Do you rely too much on one person for getting different kinds of support?

2. You may need to meet people and make friends who do not use drugs or alcohol.

If you have recently stopped using drugs or alcohol, you may notice that most of your recent contact with other people involved alcohol or drugs. This "People" module of CBT will help you think about how to make new friends that offer healthy, positive support, and say goodbye to relationships that are not helpful in supporting your recovery or improving your mood.

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. We each have special abilities, talents, and skills that can be used to help others we care about.

- Who do you support?
- Who would count on you as part of their social support network?
- Is there someone you would like to begin supporting?

How to Meet New People

LEADER TIPS

Time: 30 minutes
Group Member's Workbook: Page 34

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 or in recovery. Let's talk about some good ways to meet new people.*

2. Introduce the text through "Be Patient."

3. Ask: *What activities could you do that involve other people?* Write group members' ideas on the board. Use the list in the book to support member's ideas.

4. Introduce "Making Plans to Get to Know Someone Better." Allow time for group members to write and then ask them to share what they wrote. Help group members to plan a specific next step that they can do before next session. **Ask**: *What might get in the way of being able to do that before next session?*

Help to problem solve any possible obstacles to completing their plan.

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. Emphasize to group members that they can develop relationships slowly or pace themselves by taking small steps in getting to know another person.

The easiest way to meet people is to do something that you like doing, and do it with other people or by yourself but where other people will be around. Even if you don't make a new friend, you will be doing something pleasant, you won't feel like you wasted your time, and there won't be any pressure on you to meet people.

Choose activities where there will not be alcohol or drugs and where you can meet people who do not use alcohol or drugs.

Be patient. New friendships develop slowly. You can test a new acquaintance for trustworthiness and keep yourself physically and emotionally safe by taking small steps or pacing yourself. For example:

1. Make plans to have coffee. Meet in a public place and take care of your own transportation. Make similar arrangements for the next few times you get together.
2. The next step might be to meet for dinner or a movie.
3. Later, you might agree to share a ride, or spend more time together.

What activities could you do around other people?



- Attend church
- Take dance lessons
- 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

Making Plans to Get to Know Someone Better

Another way to have more contact with others is to start making plans to get to know people in your community.



1. Identify a person 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. What step can you take before the next session to get to know this person better?

_____

_____

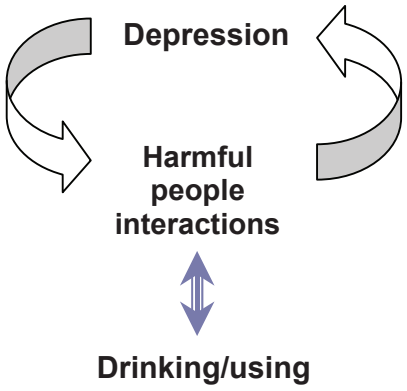
Getting Around Roadblocks

LEADER TIPS

Time: 25 minutes
Group Member's Workbook: Page 37

1. **Say:** *Even when you feel motivated to meet new people and start new relationships, doing this can be challenging. We know that when you are depressed and working on your recovery, it is hard to start and maintain healthy interactions with people. What else gets in the way?*
2. **Lead** the group through the text and the exercise on the next page.

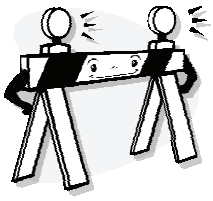
Your depression might lead you to feel like avoiding other people and spending time only by yourself. Doing this may make you feel more depressed, more alone, and more like using alcohol or drugs.



Or

When you use alcohol or drugs, you may have contact mostly with other people who drink or use. This lack of healthy 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 roadblocks are listed below. What could you do to get around the roadblocks? **Write your own roadblocks** and possible solutions at the bottom of the list.

Examples of Roadblocks	Ideas for Getting Around the Roadblocks
I have no sober friends.	• Begin to make new friends. • Attend a sober support group (for example, AA). • Choose an activity you can do alone but with other people around so that you might meet someone new.
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 (for example, 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. • Remember to not overgeneralize (one bad experience doesn't mean all future relationships will also be bad).
I'm afraid people won't like me.	• Think a helpful thought such as: "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 39

1. **Say:** *Today we have talked about how you can meet new people and make your social support system bigger.*

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

Key messages from this session include:

- You can learn how to notice and examine your interactions with people to decide if they are harmful or helpful to you.
- Balance your social network with people who help you and with people you can help, to improve your mood and support your recovery.
- Meeting new people can be challenging. Planning to do activities around others, making a specific plan to get to know someone better, and allowing yourself to develop new friendships slowly may make it easier.



What do you want to remember about this session?
Write your own key messages here.

_____

_____

_____



PRACTICE

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 40

Take a Step to Get to Know Somebody New

1. Say: *You identified a person who you would like to know better. Take a step before the next session to get to know that person.*

Track Your Interactions with People Each Day

2. Say: *The first step in changing your people interactions, improving your mood, and managing your cravings is to identify the interactions with people that have power over you in terms of your mood and cravings. Your other practice activity is to keep track of your harmful and helpful interactions with people 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 people interactions each day. You may use the index cards, or the "cards" in your workbook, or both. You can take a few minutes right now and put the plus signs and minus signs on your cards*.

4. Say: *We expect that you will be able to identify 5–10 people interactions 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 people interaction 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.

Daily Check In

6. Read aloud the directions for the Daily Check In.

1. Take a step to get to know somebody better.

2. Track your people interactions 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 people interactions 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 describe 4–5 negative (harmful) people interactions that you have that day. Mark the other side of the card with a plus sign (+) and on that side describe 4–5 positive (helpful) people interactions that you have on the same day.
- Bring your cards with you to the next session.

3. Track your mood and coping using the Daily Check In.

Notice at the bottom of the Daily Check In a place where you write in the number of harmful and helpful people interactions you have each day. Of course you won't notice every people interaction that you have in the course of a day— but try to become more aware of the people interactions you have when you are depressed or have cravings to drink/use. Eventually, you may notice that on the days when you have fewer harmful people interactions, your mood and cravings will be better.

Example

People Interactions, Day 1 –



Thursday

(Write in the day of the week.)

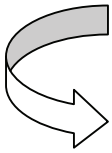
Slept late.

Skipped AA meeting.

Had lunch with drinking buddies.

Sample

Flip the card over



People Interactions, Day 1 +



Thursday

(Write in the day of the week.)

Called my sister.

Walked to grocery store.

Barbecued with neighbor.

Sample

Daily Check In



Instructions **Today's Date:** _____

- Keep the scale beside your bed. Before you go to bed, think about your mood and how you coped with challenges to your recovery throughout the day.
- Circle a number on both scales. Try to use all the numbers, not just 1, 3, 5, 7, or 9. There are no wrong answers. Only you know how you have felt each day.
- Did you notice your people interactions? At the bottom, write in the number of harmful and helpful people interactions you had each day.
- If you want to track your mood and how you coped with challenges over a period of time longer than a week, write down your ratings on a calendar.

1.

1	3	5	7	9
Lowest mood ever	Noticeably worse mood	Ok/average mood	Noticeably better mood	Best mood ever

Write in the day of the week.		____	____	____	____	____	____	____
Mood	Best mood ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Noticeably better mood	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
	Noticeably worse mood	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Lowest mood ever	1	1	1	1	1	1	1

2.

1	3	5	7	9
Coped the worst ever	Coped noticeably worse than usual	Coped OK	Coped noticeably better than usual	Coped the best ever

Write in the day of the week.		____	____	____	____	____	____	____
Coping with challenges to my recovery	Coped the best ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Coped noticeably better than usual	7	7	7	7	7	7	7
		6	6	6	6	6	6	6
	Coped OK	5	5	5	5	5	5	5
		4	4	4	4	4	4	4
	Coped noticeably worse than usual	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Coped the worst ever	1	1	1	1	1	1	1

3.

Write in the day of the week.	____	____	____	____	____	____	____
Number of harmful people interactions							
Number of helpful people interactions							

People Interactions, Day 1 –



(Write in the day of the week.)

People Interactions, Day 1 +



(Write in the day of the week.)

People Interactions, Day 2 –



(Write in the day of the week.)

People Interactions, Day 2 +



(Write in the day of the week.)

People Interactions, Day 3 –



(Write in the day of the week.)

People Interactions, Day 3 +



(Write in the day of the week.)

People Interactions, Day 4 –



(Write in the day of the week.)

People Interactions, Day 4 +



(Write in the day of the week.)

People Interactions, Day 5 –



(Write in the day of the week.)

People Interactions, Day 5 +



(Write in the day of the week.)

People Interactions, Day 6 –



(Write in the day of the week.)

People Interactions, Day 6 +



(Write in the day of the week.)

People Interactions, Day 7 –



(Write in the day of the week.)

People Interactions, Day 7 +



(Write in the day of the week.)



FEEDBACK

LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 48

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.

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



LOOKING AHEAD

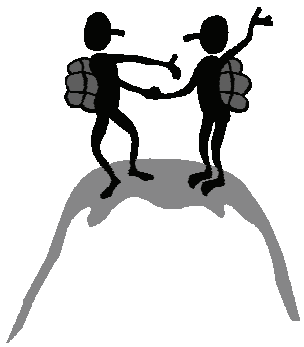
LEADER TIPS

Time: 1 minute
Group Member's Workbook: Page 48

1. Read aloud the text.

2. Congratulate group members for attending the group.

We have talked about how to notice your people interactions and begin to have more contact with people. In Session 3 we will talk about how to make your people interactions more helpful with good communication.



GROUP LEADER SELF- EVALUATION FORM: PEOPLE, SESSION 2

Instructions

Taught/Done: Were you able to cover the material? If you didn't do it 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? Circle "easy," "OK," or "hard."

	Taught/Done? (circle yes or no)		**How difficult was it to lead this part of the session? (circle easy, OK, or hard)**		
Welcome	Yes	No	Easy	OK	Hard
Purpose and Outline	Yes	No	Easy	OK	Hard
Announcements	Yes	No	Easy	OK	Hard
Review					
Last Session	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
New Topic: Increasing Your Helpful Interactions with People					
Mapping Your Social Support Network	Yes	No	Easy	OK	Hard
How to Meet New People	Yes	No	Easy	OK	Hard
Getting Around Roadblocks	Yes	No	Easy	OK	Hard
Key Messages	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
Feedback	Yes	No	Easy	OK	Hard
Looking Ahead	Yes	No	Easy	OK	Hard

SESSION 3: GOOD COMMUNICATION FOR HELPFUL PEOPLE INTERACTIONS

LEADER'S NOTES

LEADER TIPS

Materials Needed

- **Group Member's Workbooks** ("People, Alcohol/Drugs, 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
- **Dry erase board, chalkboard**, or large sheets of paper to present material to group
- **Kleenex** or other facial tissue
- **The PHQ-9 depression measure**—enough copies 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

Group Leaders' Goals

- Help group members understand that active listening is a part of good communication.
- Help group members understand that assertive communication can improve their people interactions and their mood, and support their recovery.
- Reinforce the idea that group members can make choices about the way they interact with other people that can improve their mood and support their recovery.

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 them out, put their names on them, and return them to you. Tell group members that you will talk more about the questionnaire 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

Introduce the Purpose and Outline.

PURPOSE

- Learn that good communication can improve your interactions with other people.
- Learn how to listen actively.
- Understand that assertive communication can improve your mood and support your recovery.

OUTLINE

Announcements
How Have You Been Feeling?
Review
New Topic: Good Communication for Helpful People Interactions
    Listening Well
    What Is Your Communication Style?
    Making Requests Assertively
    Expressing Your Feelings and Thoughts Assertively
Key Messages
Practice
Feedback
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 50

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

2. After the session, **compare** each group member's PHQ-9 scores with his or her previous scores (if the group member has filled out the questionnaire at a previous session). This comparison will allow you to monitor each group member's depression.

Note: In addition to the PHQ-9, choose another measure to monitor how group members are progressing in their recovery. See the Group Leader's Introduction for a discussion of how select a measure that supplements the PHQ-9. Compare current and previous scores as you would with the PHQ-9 measure.



You filled out a questionnaire at the beginning of the session, the "Patient Health Questionnaire"—PHQ-9 for short.

You will fill out the questionnaire before the group begins at Sessions 1, 3, and 5 of each CBT module. The questionnaire allows you and your group leaders to keep track of how you are feeling while you are attending the group.

REVIEW

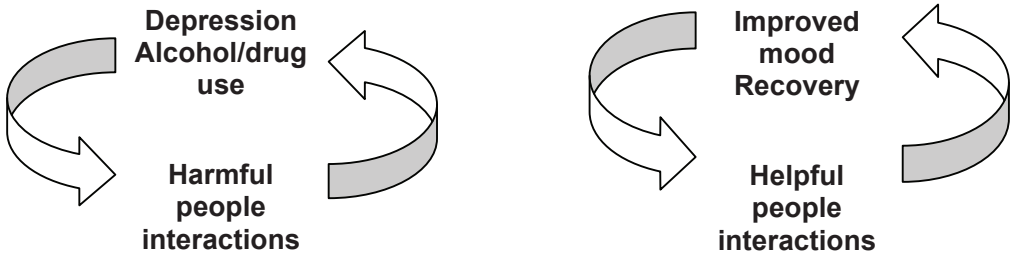
Last Session

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 51

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 this session builds on last session.

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



Key messages from last session are:

- You can learn how to notice and examine your interactions with people to decide if they are harmful or helpful to you.
- Balance your social network with people who help you and with people you can help, to improve your mood and support your recovery.
- Meeting new people can be challenging. Planning to do activities around others, making a specific plan to get to know someone better, and allowing yourself to develop new friendships slowly may make it easier.

Today we will talk about how good communication can make your people interactions more helpful.

Practice

LEADER TIPS

Time: 20 minutes
Group Member's Workbook: Page 52

Take a Step to Get to Know Somebody Better

1. Ask: *Who would like to share their experience with taking the first step to getting to know somebody better?*

Track Your Interactions with People Each Day

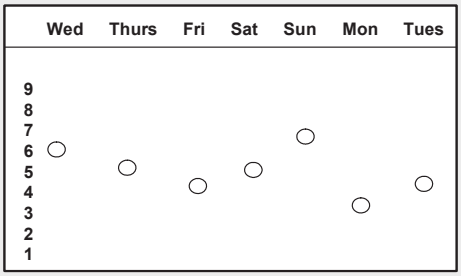
2. Ask and discuss: How did it go tracking people interactions on index cards?

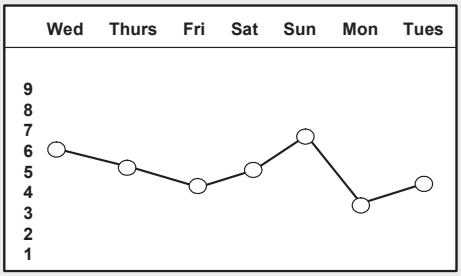
Daily Check In

Ask group members about how they did tracking their moods and coping on their Daily Check In. Make graphs based on one group member's Daily Check In.

3. 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.

4. Ask for a volunteer from the group to share the numbers **related to mood** on his or her 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."



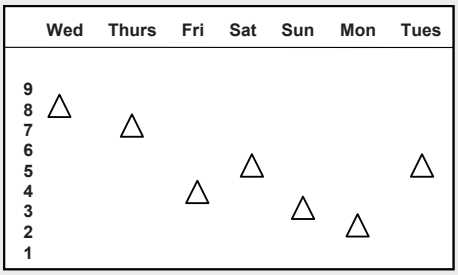


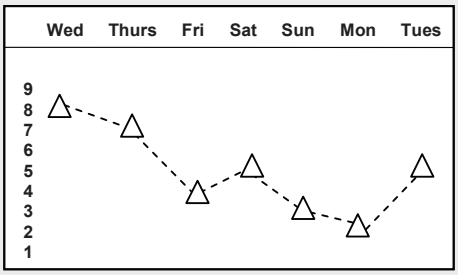
5. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

6. Possible follow-up questions: *What did you notice about your mood? Your mood was the lowest on* [day]. *What sort of interactions with people did you have on that day? Your mood was higher on* [day]. *How did you interact with people on that day? What do you notice about the connection between your people interactions and your mood? Is there a weekly pattern? Are some days more likely to bring about low moods? If so, what tools can you use to prevent low moods?*

7. Repeat the process for coping, using a new graph. Ask the same volunteer to share the numbers **related to coping** on his or her scale. Add dots to the new graph. If the group member's coping was 8 on the first day, mark a dot at 8 below "Wed."

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





9. Possible follow-up questions: *What did you notice about how well you coped with challenges? You coped very well on [day]. What kinds of people interactions were you having on that day? What was your mood? What do you notice about the connections among your people interactions, mood, and how you coped?*

Last session, we asked you to complete these practice activities.

How did your practice go?

1. Take the first step towards getting to know somebody better.

2. Track your harmful and helpful people interactions on index cards.

3. Track your mood and coping using the Daily Check In.

NEW TOPIC: GOOD COMMUNICATION

Listening Well

LEADER TIPS

Time: 20 minutes
Group Member's Workbook: Page 53

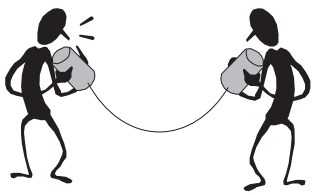
1. Introduce the text. **Say:** *Good communication is an important ingredient in helpful relationships. Good communication involves being able to express yourself clearly and directly, and also being a good listener. We're going to do an exercise where you practice active listening skills. In a little while we'll talk about how to express yourself clearly and assertively.*

2. 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. If role-playing with a group member, it may be best for the group leader to discuss neutral compared to stressful material to minimize client burden.)

3. Say: *Choose one person 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?*

4. 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 an important ingredient of helpful relationships.



Active listening is important 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 or another topic that is important to you*. Each person has about five minutes to talk.
- The other person will not interrupt you.



If you are the speaker, think about the following.

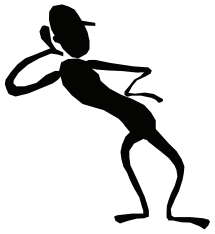
Is your partner listening to you? How do you know?

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; for example, look at your partner and nod your head as he or she speaks.

Notice your partner's tone of voice and body language in addition to the words.

What did your partner say that was most important to him or her?

After your partner is finished talking, restate what you think was the most important thing your partner said, using your own words. Say: "Let me see if I get what you mean…"

Ask your partner if 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 more helpful and can improve your mood.



What Is Your Communication Style?

LEADER TIPS

Time: 15 minutes
Group Member's Workbook: Page 55

1. Say: *We have just focused on how we listen; now let's focus on how we talk. To improve and manage your mood and your recovery, it's important to identify and express your own feelings, wishes, thoughts, and opinions. People can communicate these things in different ways, but there are three basic communication styles: passive, aggressive, and assertive.*

2. Say: *Look at the chart in your workbooks. This chart gives some examples of passive, aggressive, and assertive ways of communicating in three different situations. As we read through these examples, think about which style of communication you think is most effective.* 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 communicate.*

Briefly go over the list of "Questions to think about."

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.

Three Basic Communication Styles

Style	Description	Example (situation: waiting in a long line)	Example (situation: conflict with another person)	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?"	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 idiots!"	"You are an evil person! Everything you do is just to drive me crazy!"	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 bad when I think I have been put down and I don't like how I feel when I put you down. Can we talk about what we can do to be nicer to each other?"	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 you?

- If you were _____ (passive, aggressive, or assertive), how would you feel?

What Is Your Communication Style?

Which communication style do you tend to use?

_____



How do you think it affects your mood and your recovery?

_____

Which style do you want to use more often to improve your mood and support your recovery?

_____

An assertive communication style:



- Respects your feelings, wishes, thoughts, and opinions and is the most likely to help your mood and support your recovery.
- Respects the feelings, wishes, thoughts, and opinions of other people.
- Gives you a tool for handling conflicts with other people.
- Allows you to express your feelings and thoughts clearly.
- Increases the chance that you can work with the other person to get what you need or want.
- Decreases the chance that you will be forced to do something you do not want to do.

Think about who you are assertive with and who you could be more assertive with.

Making Requests Assertively

LEADER TIPS

Time: 20 minutes
Group Member's Workbook: Page 58

1. Say: *Part of being assertive is being able to ask for things you want or need in a clear and positive way. When you do this, 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 something different, or simply refuse, but at least you will know that you have made an effort to improve your communication and have expressed your thoughts and feelings clearly.*

2. Ask: *Why is it useful to make a request even when the answer might be no?* Points to emphasize are:

- 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 the five steps for making a request.

4. Help group members think through the questions under "Give It a Try—Make a Request." Help them to write about a request that is meaningful for them now or in the near future.

5. 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. Begin feedback with what the person did well, and then suggest ways to improve making a request.

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.
- When others know what you want and need, they 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. Tell the person exactly what you would like and why this will help you. (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 alone.	→	Could you help me fill out my SSDI application?
Boy, the trash can is full.	→	Could you please take out the trash in the next half hour?
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."

Give It a Try: Make a Request

Think of something important 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.

_____

_____

_____

Now practice making this request with a partner or with the whole group, and ask 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: 15 minutes
Group Member's Workbook: Page 60

1. Ask: *We've just reviewed the importance of asking for things assertively. However, when we communicate with others, we are not always or only asking for things; sometimes we may just want to express our thoughts and feelings. Why do you think it is helpful to share your thoughts and feelings in a clear and direct way?* Reinforce that ideas such as assertive communication will help others know exactly how you feel, may make you feel better about getting your feelings "off your chest," can help further a discussion with another person or make it more likely a problem will be resolved.

2. 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. Introduce the text through #5.

4. Say: *Assertive communication using "I" statements is more likely to lead to healthy relationships, improve your mood, and support your recovery. Let's give it a try.*

5. Introduce the text under "Give It a Try: Express Your Feelings and Thoughts" and give group members time to write their answers on the lines.

6. Allow group members to share what they wrote. **Ask:** *How do you think somebody would react if you expressed your feelings like this? How do you think you would feel if you expressed yourself in this way?*

7. Go over the "rights" on the scroll with the person sitting on top. ***Say:*** *An important idea behind the notion of assertive communication is that you have the right to express your thoughts, feelings, and needs to others, and the right to decide whether you will do what others ask of you. Let's take a moment to review some important relationship rights. Will somebody volunteer to finish the first sentence?*

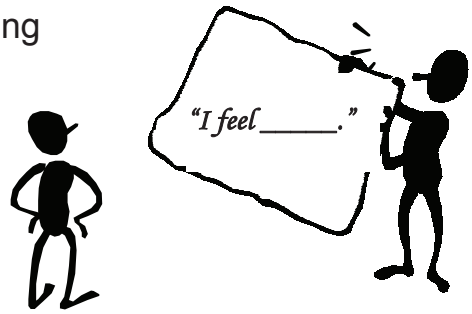
Assertiveness means being able to express positive or negative feelings and/or thoughts calmly, honestly, and respectfully to another person. This includes saying clearly when you do not want to do something. Expressing how you feel begins with "I" statements.

"I feel …."

I feel hurt because I feel that I'm being yelled at.

I feel sad when I'm not appreciated for all that I do.

I feel angry when you offer me a drink when you know I'm trying to quit.

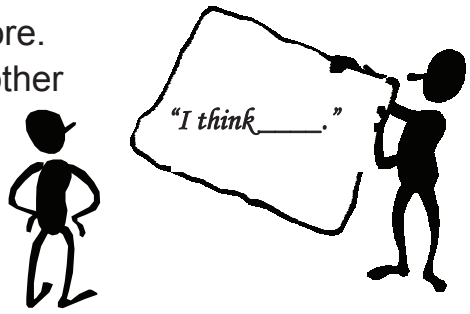


"I think …."

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. Try to use "I" statements ("I feel…," "I think…") rather than "you" statements ("You always do that," "You just don't understand").

4. 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.

5. 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 want to express how you feel or think to another person. You could be talking with a person you are having problems with. Try to include some "I" statements. What words would you say?

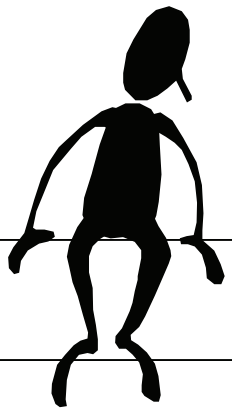
_____

_____

_____

How do you think the person would react?

How do you think you would feel if you expressed yourself in this way?



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.



KEY MESSAGES

Key messages from this session include:

- You can choose to communicate with others in a way that improves your relationships and your mood, and that supports your recovery.
- Active listening is an important part of communication.
- You have a right to express your thoughts, feelings, and needs. Using assertive communication can be an effective way to do this.



What do you want to remember about this session?
Write your own key messages here.

_____

_____

_____



PRACTICE

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 64

Be Assertive with Someone

1. Say: *Can you think of someone you can be assertive with? Think about when you can make a commitment to do that. Write your commitment in your book. Before next session, make an assertive request and express your feelings and thoughts assertively with someone.*

Track Your Interactions with People Each Day

2. Say: *The first step in changing your people interactions, improving your mood, and managing your cravings is to identify the interactions with people that have power over you in terms of your mood and cravings. Your other practice activity is to keep track of your harmful and helpful interactions with people each day.*

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

4. Say: *We expect that you will be able to identify 5–10 people interactions 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 people interaction 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.

Daily Check In

6. Read aloud the directions for the Daily Check In.

1. Decide when and with whom you would like to:

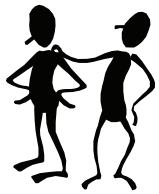
- make a request assertively.
- express your feelings and thoughts assertively.
- carry out your plan before the next session.

2. Track your harmful and helpful people interactions using index cards.

3. Track your mood and your coping using the Daily Check In.

My Commitment

I will get together with this supportive person before the next session.



_____



I will be assertive with this person before the next session.

_____

_____

Your Signature

Daily Check In



Instructions **Today's Date:** _____

- Keep the scale beside your bed. Before you go to bed, think about your mood and how you coped with challenges to your recovery throughout the day.
- Circle a number on both scales. Try to use all the numbers, not just 1, 3, 5, 7, or 9. There are no wrong answers. Only you know how you have felt each day.
- Did you notice your people interactions? At the bottom, write in the number of harmful and helpful people interactions you had each day.
- If you want to track your mood and how you coped with challenges over a period of time longer than a week, write down your ratings on a calendar.

1.

1	3	5	7	9
Lowest mood ever	Noticeably worse mood	Ok/average mood	Noticeably better mood	Best mood ever

Write in the day of the week.		____	____	____	____	____	____	____
Mood	Best mood ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Noticeably better mood	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
	Noticeably worse mood	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Lowest mood ever	1	1	1	1	1	1	1

2.

1	3	5	7	9
Coped the worst ever	Coped noticeably worse than usual	Coped OK	Coped noticeably better than usual	Coped the best ever

Write in the day of the week.		____	____	____	____	____	____	____
Coping with challenges to my recovery	Coped the best ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Coped noticeably better than usual	7	7	7	7	7	7	7
		6	6	6	6	6	6	6
	Coped OK	5	5	5	5	5	5	5
		4	4	4	4	4	4	4
	Coped noticeably worse than usual	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Coped the worst ever	1	1	1	1	1	1	1

3.

Write in the day of the week.	____	____	____	____	____	____	____
Number of harmful people interactions							
Number of helpful people interactions							

People Interactions, Day 1 −



(Write in the day of the week.)

People Interactions, Day 1 +



(Write in the day of the week.)

People Interactions, Day 2 −



(Write in the day of the week.)

People Interactions, Day 2 +



(Write in the day of the week.)

People Interactions, Day 3 –



(Write in the day of the week.)

People Interactions, Day 3 +



(Write in the day of the week.)

People Interactions, Day 4 –



(Write in the day of the week.)

People Interactions, Day 4 +



(Write in the day of the week.)

People Interactions, Day 5 –



(Write in the day of the week.)

People Interactions, Day 5 +



(Write in the day of the week.)

People Interactions, Day 6 –



(Write in the day of the week.)

People Interactions, Day 6 +



(Write in the day of the week.)

People Interactions, Day 7 –



(Write in the day of the week.)

People Interactions, Day 7 +



(Write in the day of the week.)



FEEDBACK

LEADER TIPS

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

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.

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



LOOKING AHEAD

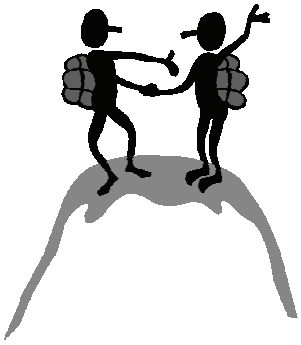
LEADER TIPS

Time: 1 minute
Group Member's Workbook: Page 72

1. Read aloud the text.

2. Congratulate group members for attending the group.

We began this module by talking about how to notice your people interactions and decide if they are harmful or helpful. We also talked about how to change your people interactions by meeting new people and communicating more effectively. In Session 4 we will talk about coping with difficult situations.



GROUP LEADER SELF- EVALUATION FORM: PEOPLE, SESSION 3

Instructions

Taught/Done: Were you able to cover the material? If you didn't do it 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? Circle "easy," "OK," or "hard."

	Taught/Done? (circle yes or no)		**How difficult was it to lead this part of the session? (circle easy, OK, or hard)**		
Welcome	Yes	No	Easy	OK	Hard
Purpose and Outline	Yes	No	Easy	OK	Hard
Announcements	Yes	No	Easy	OK	Hard
How Have You Been Feeling?	Yes	No	Easy	OK	Hard
Review					
Last Session	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
New Topic: Good Communication for Healthy People Interactions					
Listening Well	Yes	No	Easy	OK	Hard
What Is Your Communication Style?	Yes	No	Easy	OK	Hard
Making Requests Assertively	Yes	No	Easy	OK	Hard
Expressing Your Feelings and Thoughts Assertively	Yes	No	Easy	OK	Hard
Key Messages	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
Feedback	Yes	No	Easy	OK	Hard
Looking Ahead	Yes	No	Easy	OK	Hard

SESSION 4: COPING WITH DIFFICULT SITUATIONS

LEADER'S NOTES

LEADER TIPS

Materials Needed

- **Group Member's Workbooks** ("People, Alcohol/Drug Use, 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
- **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

Group Leaders' Goals

- Explain that helpful people interactions can lead to more helpful people interactions.
- Help group members understand that they make choices about what to think or do.
- Help group members understand that they can change what they think or do at any point—they can make a u-turn.

Welcome Group Members

Greet group members by name. Ask them informally how their practice went.

Purpose and Outline

Introduce the Purpose and Outline.

PURPOSE

- Learn that your mood and cravings can go up or down based on the interactions you have with other people.
- Understand that you can choose what kind of people interactions you have.
- Understand that you can change direction at any point and improve your people interactions.

OUTLINE

Announcements

Review

New Topic: Coping with Difficult Situations

One People Interaction Leads to Another: A Chaining Activity

You Can Change Direction at Any Time

Key Messages

Practice

Feedback

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

Last Session

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 74

1. Ask and discuss: *What do you remember from the last session?*

2. Read aloud the key messages.

Key messages from last session are:

- You can choose to communicate with others in a way that improves your relationships and your mood, and that supports your recovery.
- Active listening is an important part of communication.
- You have a right to express your thoughts, feelings, and needs. Using assertive communication can be an effective way to do this.

Today we will talk more about the links among your people interactions, recovery, and mood.

Practice

LEADER TIPS

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

Be Assertive with Someone

1. Ask and discuss: *How did it feel to communicate assertively? Would anybody like to share their experience?*

Track Your Helpful and Harmful People Interactions on Index cards

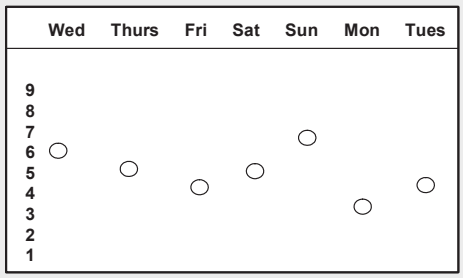
2. Ask and discuss: *How did it go tracking people interactions on index cards?*

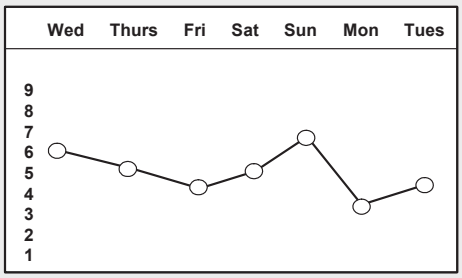
Daily Check In

Ask group members about how they did tracking their moods and coping on their Daily Check In. Make graphs based on one group member's Daily Check In.

3. 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.

4. Ask for a volunteer from the group to share the numbers **related to mood** on his or her 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."



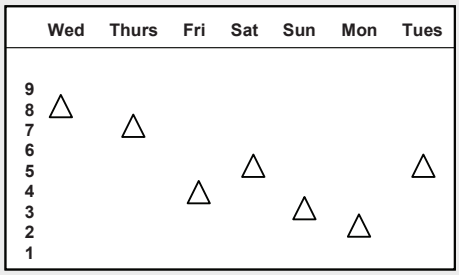


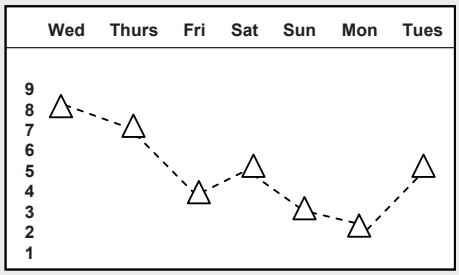
5. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

6. Possible follow-up questions: *What did you notice about your mood? Your mood was the lowest on* [day]. *What sort of interactions did you have with people on that day? Your mood was higher on* [day]. *How did you interact with people on that day? What do you notice about the connection between your people interactions and your mood? Is there a weekly pattern? Are some days more likely to bring about low moods? If so, what tools can you use to prevent low moods?*

7. Repeat the process for coping, using a new graph. Ask the same volunteer to share the numbers **related to coping** on his or her scale. Add dots to the new graph. If the group member's coping was 8 on the first day, mark a dot at 8 below "Wed."

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





9. Possible follow-up questions: *What did you notice about how well you coped with challenges? You coped very well on [day]. What kinds of people interactions were you having on that day? What was your mood? What do you notice about the connections among your people interactions, mood, and how you coped?*

Last session, we asked you to complete these practice activities.

How did your practice go?

1. Make a request assertively. Express your thoughts and feelings assertively.

2. Keep track of your harmful and helpful people interactions on index cards.

3. Track your mood and coping using the Daily Check In.

NEW TOPIC: COPING WITH DIFFICULT SITUATIONS

One People Interaction Leads to Another: A Chaining Activity



LEADER TIPS

Time: 30 minutes
Group Member's Workbook: Page 76

1. Say: *We have talked about how the cycle of depression and drinking or using 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 go down or up in a continuous chain, depending on your people interactions. The goal of the exercise is to help you understand how <u>your</u> role in your people interactions affects 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 Daily Check In, 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 your 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?*

Best mood

9.

8.

7.

6.

5. I have just stopped drinking alcohol.

4.

3.

2.

Worst mood

1.

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 that influence the way you interact with people?* 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: If a client reports an interaction that focuses on the actions of another person, ask them to focus on what action they did (or could do) that would bring a change in their mood. For example, "Friends offered me a beer." --> "Drank due to peer pressure. "

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.

Best mood

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.

Worst mood

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. **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.

Best mood	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.
Worst mood	1. Isolate myself through ignoring phone calls and other contact with others and drink alone.

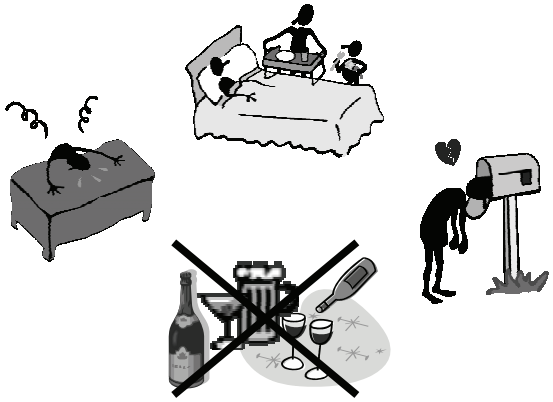
7. Say: *As you can see, you can shape your own mood, and it may change gradually.* **Ask** group members if they have any questions or comments.

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?*

The cycle of depression and drinking/using 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.

As your mood changes, how do you think this affects your cravings (desire to use)?

Are you more likely to crave (want to use) alcohol/drugs when your mood is good, or when it is bad?

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.**

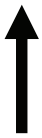
3. Think of a continuous chain of interactions with people that make you feel worse, until your mood is at its lowest. Write that chain of people interactions on lines #3, #2, and #1.

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.

Sample

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 interactions—affect how you feel.
- You can choose 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.

You Can Change Direction at Any Time

LEADER TIPS

Time: 45 minutes
Group Member's Workbook: Page 80

1. Say: *The chaining activity shows that your people interactions can lead to another helpful or harmful interaction, and another.*

2. Say: *Sometimes, when you are in a downward spiral with your people interactions, you might feel like you have no choices and that you just have to put up with interactions that make you feel down. This kind of helpless feeling may make you feel like drinking or using. However, you have choices at every point when you are interacting with others. You can choose to stop and then go in another direction by changing what you think and do. We call this making a u-turn.*

3. Go over the text with the group. Tell group members that the table is just for them if they would like to make some notes.

4. Ask: *What are some of the difficult situations you might face while you are in recovery?*
Make a list on the board of difficult situations group members describe. Make sure these are specific and that each person gives an example. It may be helpful if group members discussed recent difficult situations they have faced.

5. Say: *In a minute we will ask you to choose a partner. We know this may be awkward, but these role-plays are important to practice what you might do if the situation were ever to come up. Does that make sense? Would you be willing to give this a try? You and your partner will pick one situation on the board and act it out for the group. Try to come up with ideas for what you could say when you can do a u-turn that would be more helpful for you rather than harmful. The idea is to give you tips for how to stop going in a direction that would be harmful for you, make a u-turn, and head in a more helpful direction.*

6. Ask one pair of group members to role-play a difficult situation. [If group members do not volunteer, then you and your co-leader may model a difficult situation.] Tell the partners that they may ask the group for help if they are stuck, or the group may volunteer ideas.

7. Now **choose another pair to role-play** a different situation. **Say:** *This time we will add something new to the role-plays. If you are in the audience and would like to try acting out the same situation, say "Rewind" just as the role-play is over and jump in to try the role-play yourself. The person playing the part of the person in recovery sits down and you take his or her place.*

8. Note to group leaders: If no group members volunteer to jump in and "rewind" the scene, ***you*** can say "*Rewind!*" and ask someone to try another way. For example, you could say, *"*[Say the person's name]*, can you give it a shot to see how someone else might do it?*" Be sure to tell the group that: *There is no perfect way to handle any situation. In fact, there are several positive ways to approach a situation. We want you to experiment with many ways. If someone knows of only one way to deal with a situation, he has little freedom. If he knows of five ways to deal with the situation, he has more freedom. We want you to have as much freedom as possible.*



In any situation, you can stop and check your thoughts and your behavior. Do your thoughts and behaviors make you feel good and support your recovery? If not, you can change direction and change what you think and do. It's your choice.

What are some difficult situations you might face while in recovery?

Notes to Yourself: How to Keep Going in the Right Direction	
Difficult situations	**What could you think and do?**
You see your dealer and he or she offers you drugs.	Assertively tell the dealer, *"I'm working to stay clean; don't offer me drugs anymore because I don't want them."* Think about the reasons you want to stay in recovery and how good your life can be without drugs.
You buy drugs from your dealer and take them home.	You may be off-course, but you can still make a u-turn and go in the right direction. Throw the drugs away. Call your sponsor and talk about what happened. Avoid the situation next time by staying away from places where you know the dealer hangs out.
You go to a family party and some of your family members are using drugs.	
A group of friends tells you that you aren't any fun since you stopped drinking.	



KEY MESSAGES

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 81

Review the key messages.

Key messages from this session include:

- Choosing helpful interactions with people can lead to more helpful interactions with people.
- You have choices about what you think and do.
- You can change what you think and do at any point. When an interaction with someone else is harmful, you can make a u-turn.



What do you want to remember about this module?
Write your own key messages here.

_____

_____

_____



PRACTICE

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 82

1. Practice making your interactions with people more helpful.
Can you think of a situation before next session where you can practice making a u-turn? Try and do a u-turn during that situation by doing something different, such as changing your thoughts and behavior. I want to make it clear that we are not asking you to seek out a risky situation but rather to make a u-turn during a situation that you encounter in your daily life.

Track Your Interactions with People Each Day

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

3. Say: *We expect that you will be able to identify 5–10 people interactions 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 people interaction to get you started.*

Daily Check In

4. Remind group members that the Daily Check In now includes a place at the bottom to indicate how many harmful and helpful people interactions they had each day.

5. Ask the group if they have any questions.

1. Practice making your interactions with people more helpful.
Find a situation before the next session where you can practice making a u-turn.

- Stop and check what you are thinking or doing.
- Decide whether the situation is harmful or helpful.
- If the situation is harmful, try doing something different—change your thoughts and behavior to get into a better situation.

2. Track your helpful and harmful people interactions using index cards.

- Use one separate card for each day (using either the separate index cards or the "cards" printed in your manual).
- Write the day of the week on the cards. For example, if you start tracking your people interactions 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 harmful people interactions that you have on that day. Mark the other side of the card with a plus sign (+) and write 4–5 helpful people interactions that you have on the same day.
- Bring your cards with you to the next session.

3. Track your mood and coping using the Daily Check In.
Continue to count the number of harmful and helpful people interactions you have each day.

Daily Check In



Instructions **Today's Date: _____**

- Keep the scale beside your bed. Before you go to bed, think about your mood and how you coped with challenges to your recovery throughout the day.
- Circle a number on both scales. Try to use all the numbers, not just 1, 3, 5, 7, or 9. There are no wrong answers. Only you know how you have felt each day.
- Did you notice your people interactions? At the bottom, write in the number of harmful and helpful people interactions you had each day.
- If you want to track your mood and how you coped with challenges over a period of time longer than a week, write down your ratings on a calendar.

1.

1	3	5	7	9
Lowest mood ever	Noticeably worse mood	Ok/average mood	Noticeably better mood	Best mood ever

Write in the day of the week.		____	____	____	____	____	____	____
Mood	Best mood ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Noticeably better mood	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
	Noticeably worse mood	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Lowest mood ever	1	1	1	1	1	1	1

2.

1	3	5	7	9
Coped the worst ever	Coped noticeably worse than usual	Coped OK	Coped noticeably better than usual	Coped the best ever

Write in the day of the week.		____	____	____	____	____	____	____
Coping with challenges to my recovery	Coped the best ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Coped noticeably better than usual	7	7	7	7	7	7	7
		6	6	6	6	6	6	6
	Coped OK	5	5	5	5	5	5	5
		4	4	4	4	4	4	4
	Coped noticeably worse than usual	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Coped the worst ever	1	1	1	1	1	1	1

3.

Write in the day of the week.	____	____	____	____	____	____	____
Number of harmful people interactions							
Number of helpful people interactions							

People Interactions, Day 1 –



(Write in the day of the week.)

People Interactions, Day 1 +



(Write in the day of the week.)

People Interactions, Day 2 –



(Write in the day of the week.)

People Interactions, Day 2 +



(Write in the day of the week.)

People Interactions, Day 3 –



(Write in the day of the week.)

People Interactions, Day 3 +



(Write in the day of the week.)

People Interactions, Day 4 –



(Write in the day of the week.)

People Interactions, Day 4 +



(Write in the day of the week.)

People Interactions, Day 5 –



(Write in the day of the week.)

People Interactions, Day 5 +



(Write in the day of the week.)

People Interactions, Day 6 –



(Write in the day of the week.)

People Interactions, Day 6 +



(Write in the day of the week.)

People Interactions, Day 7 –



(Write in the day of the week.)

People Interactions, Day 7 +



(Write in the day of the week.)



FEEDBACK

LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 89

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.

- What was helpful about today's session?
- What was less helpful?



LOOKING AHEAD

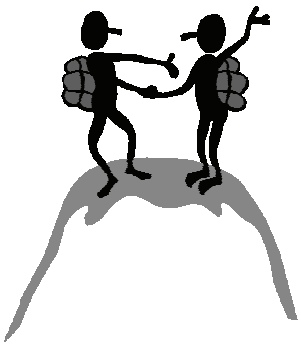
LEADER TIPS

Time: 1 minute
Group Member's Workbook: Page 89

1. Read aloud the text.

2. Congratulate group members for attending the group.

In this session, you had a chance to practice coping with difficult situations. In Session 5, we will talk more about difficult situations and you will get some tips for coping with harmful relationships.



GROUP LEADER SELF- EVALUATION FORM: PEOPLE, SESSION 4

Instructions

Taught/Done: Were you able to cover the material? If you didn't do it 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? Circle the word "easy," "OK," or "hard."

	Taught/Done? (circle yes or no)		**How difficult was it to lead this part of the session? (circle easy, OK, or hard)**		
Welcome	Yes	No	Easy	OK	Hard
Purpose and Outline	Yes	No	Easy	OK	Hard
Announcements	Yes	No	Easy	OK	Hard
Review					
Last Session	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
New Topic: Coping with Difficult Situations					
One People Interaction Leads to Another: A Chaining Activity	Yes	No	Easy	OK	Hard
You Can Change Direction at Any Time	Yes	No	Easy	OK	Hard
Key Messages	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
Feedback	Yes	No	Easy	OK	Hard
Looking Ahead	Yes	No	Easy	OK	Hard

SESSION 5: COPING WITH DIFFICULT PEOPLE INTERACTIONS

LEADER'S NOTES

LEADER TIPS

Materials Needed

- **Group Member's Workbooks** ("People, Alcohol/Drug Use, 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
- **The PHQ-9 depression measure**—enough copies for everyone in the group

Group Leaders' Goals

- Help group members learn to catch and check their harmful relationships, and discuss some ways of changing harmful relationships.
- Help group members identify their triggers, i.e., the people interactions that bring their mood down or make it more likely they will drink/use.
- Help group members understand that one way to manage harmful people interactions is to manage their own thoughts and behavior.

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 them out, put their names on them, and return them to you. Tell group members that you will talk more about the questionnaire 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

Introduce the Purpose and Outline.

PURPOSE

- Review the connections among interactions with people, mood, and recovery.
- Learn how to identify harmful relationships and minimize their impact on you.
- Identify old habits that get in the way of helpful relationships.

OUTLINE

Announcements

How Have You Been Feeling?

Review

New Topic: Coping with Difficult People Interactions

- What Kind of People Interactions Bring Your Mood Down or Make You Feel Like Drinking/Using?
- Old Habits That Get in the Way of Helpful Interactions with People
- How to Begin to Change Those Old Habits and Improve Your Interactions with People

Key Messages

Practice

Feedback

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 92

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

2. After the session, **compare** each group member's PHQ-9 scores with his or her previous scores (if the group member has filled out the questionnaire at a previous session). This comparison will allow you to monitor each group member's depression.

Note: In addition to the PHQ-9, choose another measure to monitor how group members are progressing in their recovery. See the Group Leader's Introduction for a discussion of how select a measure that supplements the PHQ-9. Compare current and previous scores as you would with the PHQ-9 measure.



You filled out a questionnaire at the beginning of the session, the "Patient Health Questionnaire"—PHQ-9 for short.

You will fill out the questionnaire before the group begins at Sessions 1, 3, and 5 of each CBT module. The questionnaire allows you and your group leaders to keep track of how you are feeling while you are attending the group.

REVIEW

Last Session

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 93

1. Say: *Last session we talked about how people interactions can make a chain of harmful interactions go down and helpful interactions go up. Remember, you have the power to interrupt a chain of harmful interactions and make a u-turn at any time to keep yourself going in the right direction. Today we will talk about more strategies for changing your harmful interactions to helpful interactions.*

2. Read aloud the key messages or ask a volunteer to read them. **Ask:** *What do you remember most from last session?*

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

What do you remember most from the last session?

Key messages from last session are:

- Choosing helpful interactions with people can lead to more helpful interactions with people.
- You have choices about what you think and do.
- You can change what you think and do at any point. When an interaction with someone else is harmful, you can make a u-turn.

Today we will talk more about coping with difficult situations and harmful people interactions.

Practice

LEADER TIPS

Time: 20 minutes
Group Member's Workbook: Page 93

Practice Making Your Interactions with People More Helpful

1. Ask and discuss: *Part of your practice from last session was to notice when you found yourself in a difficult situation, check to see if it was harmful, and practice making a u-turn. Were you able to do this practice? What questions do you have?*

Track Your Harmful and Helpful People Interactions on Index Cards

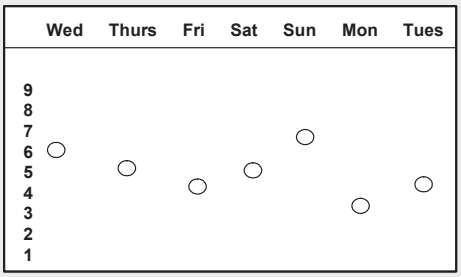
2. Ask: *What was is like to write down your interactions with people on the index cards? How did it go?*

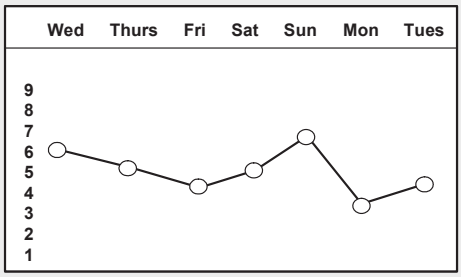
Daily Check In

Ask group members about how they did tracking their moods and coping on their Daily Check In. Make graphs based on one group member's Daily Check In.

3. 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.

4. Ask for a volunteer from the group to share the numbers **related to mood** on his or her 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."



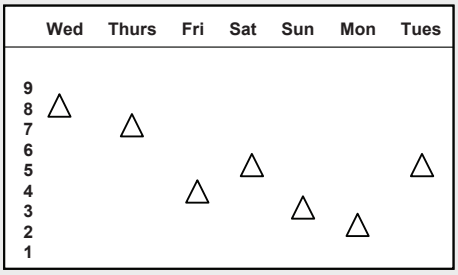


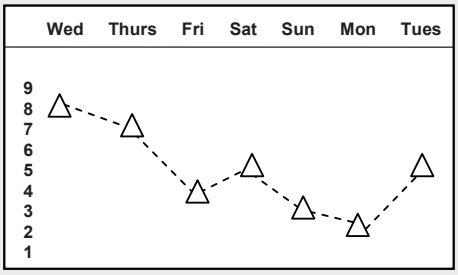
5. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

6. Possible follow-up questions: *What did you notice about your mood? Your mood was the lowest on* [day]. *What sort of contacts did you have with people on that day? Your mood was higher on* [day]. *How did you interact with people on that day? What do you notice about the connection between your people interactions and your mood? Is there a weekly pattern? Are some days more likely to bring about low moods? If so, what tools can you use to prevent low moods?*

7. Repeat the process for coping, using a new graph. Ask the same volunteer to share the numbers **related to coping** on his or her scale. Add dots to the new graph. If the group member's coping was 8 on the first day, mark a dot at 8 below "Wed."

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





9. Possible follow-up questions: *What did you notice about how well you coped with challenges? You coped very well on [day]. What kinds of people interactions were you having on that day? What was your mood? What do you notice about the connections among your people interactions, mood, and how you coped?*

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

1. Practice making your people interactions more helpful.

2. Track your harmful and helpful people interactions using index cards.

3. Track your mood and coping using the Daily Check In.

NEW TOPIC: COPING WITH DIFFICULT PEOPLE INTERACTIONS

What Kind of People Interactions Bring Your Mood Down or Make You Feel Like Drinking/Using?

LEADER TIPS

Time: 15 minutes
Group Member's Workbook: Page 94

1. Say: *In the last session, we talked about how helpful interactions with people often lead to other helpful interactions, and harmful interactions with people often lead to other harmful interactions—sort of like a chain reaction. We also talked about how even when you find yourself in a harmful interaction; you can try and change the situation by making a u-turn. Today, we are going to talk about a certain type of harmful people interaction that is especially important to be aware of, called a "trigger situation."*

2. Go over the text. **Say:** *A trigger situation involving people is an interaction with others that makes you feel depressed or makes you feel like drinking or using. Everyone's trigger situations may be different, so it's important to recognize what yours are so that you can use your u-turn skills to try to change the situation and go in a different direction.*

Some situations are harmful for you because they bring your mood down or make it more likely that you will drink or use. You may also find that certain people in your life have a harmful effect on you. They can even be family members or close friends. These people and situations are your "triggers."

Each person's triggers may be different, but common triggers include:

- Somebody offers you alcohol or drugs.
- People drink or use around you.
- You get into an argument with another person.
- Somebody criticizes you.
- Celebrating with friends.

What are your triggers? Think about past experiences. When were you last depressed or when did you last drink or use? Who else was around?

_____

_____

_____

_____

_____

Old Habits That Get in the Way of Helpful Interactions with People

LEADER TIPS

Time: 30 minutes
Group Member's Workbook: Page 96

1. Say: *When you check your thoughts and behavior, you might find that you have some old habits that get in the way of helpful interactions with people.*

The rules that we set up for relationships can be harmful or helpful. Let's look at some examples.

2. Go over the examples.

Where do relationship rules come from?

3. Say: *You might wonder why you 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.*

4. Go over the text (including the picture of the people dancing). Stop when you get to "What rules do you go by when you interact with others?"

5. Ask: *What rules do you have for relationships that may not be helpful? The examples in the book may help you to come up with ideas.*

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.
- Getting into trigger situations with others.

Do you find yourself in the same harmful situations with people over and over again?

If you find that your trigger people interactions keep happening in your life, you may have "relationship rules" that are getting in your way.

People often have rules about relationships that guide the way they interact with others. Some rules are helpful. Some are harmful.

Most of us follow our relationship rules without even knowing that we have them. You can become aware of your rules and then decide whether they are helpful or harmful in your life.

Examples of Relationship Rules

Harmful rules

- "My feelings come last."
- "Use others before you get used."
- "If I make a mistake, then I am a bad person."
- "If someone lets you down once they'll always let you down."
- "I can't trust anyone."
- "I should try to fix people I'm with."
- "Others will only accept me if I don't make waves or complain."
- "I always need to be in a relationship because I can't do anything on my own."
- "I'm damaged goods so I shouldn't expect to be treated well."
- "I have to be responsible for everything."
- "People always disappoint me."
- "If someone hurts me, I have to get them back."
- "It is ok to treat people badly when I am feeling badly."
- "If I open up to another person, I will get hurt."
- "It's disrespectful to talk back."
- "I don't deserve a good relationship."

Helpful rules

- "I am a valuable person and people around me have value too."
- "I do not deserve to be abused or victimized, and I do not want to abuse or victimize others."
- "I will try to avoid cruel people."
- "I cannot control or be responsible for what other people do or say, only for what I do or say."
- "I don't have to be perfect to be loved. People around me don't have to be perfect to be loved either."
- "I will do my best to notice and show appreciation to people who are helpful and kind."
- "I will always try to treat other people with respect and kindness."
- "I will try to treat others as I would like to be treated."

Where do relationship rules come from?

Relationship rules likely developed when you were growing up. You also may have developed relationship rules while you were drinking or using.

Relationship rules come from:

- Our environment
- Our families
- Our experiences
- The way people treat us
- Our fears

Many rules make sense, and may have been helpful when you were young. When you grow older or when you stop using drugs and alcohol, your environment changes. You have more control over your life and the types of people who are in your life. The rules you developed as children or while using may no longer be useful to you.

Is it time to try a new dance?



Being in a relationship is like dancing. When you are young, you learn to do one kind of dance. You may continue to do that dance as you grow older. But as the music begins to change, your dance may not work as well.

Or the dance that may have been helpful to you when you were using may not be helpful to you anymore. You 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 one *harmful* relationship rule.

Harmful relationship rule

_____

_____

_____

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 affected you?

- Is your life different now than it was when you first learned your relationship rules?

- If a rule is no longer working, what change would you like to make to it?

How to Begin to Change Those Old Habits and Improve Your Interactions with People

LEADER TIPS

Time: 25 minutes
Group Member's Workbook: Page 101

1. Say: *Now we're going to see how you might make changes in your rules. Relationship rules can affect your social world and how you act with other people. But you can decide which rules are good for you and which are not.*

You may not have to change your rules completely—just make them more balanced and flexible.

2. Use the table to help group members understand how they can change a relationship rule.

3. Discuss the text. **Say:** *It's not always easy to change a relationship rule. When we get into certain situations, you may act according to your rules almost like you are on "autopilot." One thing that can help is to plan ahead how you want to be when you are around others.*

4. 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 the same conditions continue to exist for you as an adult?*
- *How might this rule interfere with improving your mood?*
- *If this relationship rule is 'true,' then how will you continue to feel?*

5. Discuss with group members the importance of thinking about a change they made 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.

Try looking more closely at a harmful relationship rule to come up with a rule that may be more helpful to you.

Harmful Rule (Thought) **Your "old" relationship rule**	**Old Behavior** **How did you act with others with this old rule?**	**Feeling with Harmful Rule** **How did you feel with this old relationship rule?"**	**More Helpful Rule (Thought)** **What might be a more helpful relationship rule?**	**Feeling with More Helpful Rule** **How might you feel with this relationship rule?**
"Others' feelings come first."	Never say no	Angry Frustrated	"My feelings can come first sometimes."	Happy, relaxed
"If someone hurts me I have to get them back."	Always quick to respond in anger to feeling hurt or disappointed	Angry On guard	"No one is perfect and conflicts can often be worked through."	Hopeful Calm
Your examples:				

What steps can you take to begin to use a more helpful relationship rule?

Strive for balance

Many harmful 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.

Example: "Trust no one" vs. "Take time to learn who I can trust."

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 choice about how you would like to be with others in a social situation.

For example, if you always used to say "yes" to everyone and ended up feeling drained, plan ahead how you will respond to others' requests in the future. Maybe you will:

- Remind yourself to stop and think about whether you can really do what the other person is asking of you rather than immediately answering.
- Give yourself time to make a thoughtful decision by saying, "let me think about that and get back to you."
- Have a phrase in mind to use if you can't do something another person asks. For example, "I'd like to help you but I'm afraid I can't do that right now. Maybe I can help out another time or in some other way."

Act "As If"

- Think about what you might do and say if you had a more helpful relationship rule.
- Try acting "as if" this was your relationship rule. What is the result?



KEY MESSAGES

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 103

1. Read aloud the key messages.

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

- Some people interactions may consistently bring your mood down and make it more likely you will drink or use.
- You can learn to notice these "triggers" and change the people interactions to make them more helpful.
- Relationship rules guide how you interact with others; you can change the relationship rules that are harmful and no longer work for you.

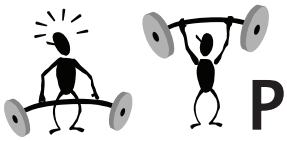
What do you want to remember about this module? **Write your own key messages here.**



_____

_____

_____



PRACTICE

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 104

Review the Helpful People Interactions You Wrote Down

1. Tell the group that you would like them to review the helpful people interactions they wrote after Sessions 1, 2, and 4. **Say:** *At the end of next session, you will have a chance to choose the helpful people interactions that have been the most important to you and write them down on a new card called a "coping card." We will laminate your coping cards to make them sturdy tools you can carry with you or keep at home. You can pull out your coping card whenever you need to keep your mood up or fight cravings.*

Daily Check In

2. Remind group members that the Daily Check In now includes a place at the bottom to indicate how many harmful and helpful people interactions they had each day.

1. Review the helpful interactions with people you wrote down on index cards. In the next session, you will have a chance to think about which helpful interactions would be most helpful to you in the future to keep your mood up and support your recovery.

2. Track your mood and coping using the Daily Check In.

Daily Check In



Instructions **Today's Date: _____**

- Keep the scale beside your bed. Before you go to bed, think about your mood and how you coped with challenges to your recovery throughout the day.
- Circle a number on both scales. Try to use all the numbers, not just 1, 3, 5, 7, or 9. There are no wrong answers. Only you know how you have felt each day.
- Did you notice your people interactions? At the bottom, write in the number of harmful and helpful people interactions you had each day.
- If you want to track your mood and how you coped with challenges over a period of time longer than a week, write down your ratings on a calendar.

1.

1	3	5	7	9
Lowest mood ever	Noticeably worse mood	Ok/average mood	Noticeably better mood	Best mood ever

Write in the day of the week.		____	____	____	____	____	____	____
Mood	Best mood ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Noticeably better mood	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
	Noticeably worse mood	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Lowest mood ever	1	1	1	1	1	1	1

2.

1	3	5	7	9
Coped the worst ever	Coped noticeably worse than usual	Coped OK	Coped noticeably better than usual	Coped the best ever

Write in the day of the week.		____	____	____	____	____	____	____
Coping with challenges to my recovery	Coped the best ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Coped noticeably better than usual	7	7	7	7	7	7	7
		6	6	6	6	6	6	6
	Coped OK	5	5	5	5	5	5	5
		4	4	4	4	4	4	4
	Coped noticeably worse than usual	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Coped the worst ever	1	1	1	1	1	1	1

3.

Write in the day of the week.	____	____	____	____	____	____	____
Number of harmful people interactions							
Number of helpful people interactions							



FEEDBACK

LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 106

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.

- What was helpful about today's session?
- What was less helpful?



LOOKING AHEAD

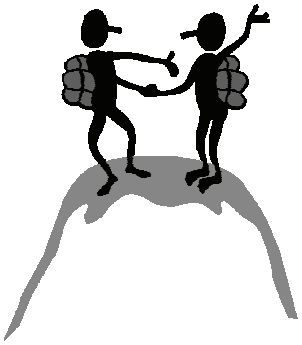
LEADER TIPS

Time: 1 minute
Group Member's Workbook: Page 106

1. Read aloud the text.

2. Congratulate group members for attending the group.

We have talked about some things you can do to improve your mood and support your recovery. In the last session of the module, we will give you more tools to take with you, review the module, and say goodbye to group members who have completed all three modules.



GROUP LEADER SELF- EVALUATION FORM: PEOPLE, SESSION 5

Instructions

Taught/Done: Were you able to cover the material? If you didn't do it 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? Circle the word "easy," "OK," or "hard."

	Taught/Done? (circle yes or no)		**How difficult was it to lead this part of the session? (circle easy, OK, or hard)**		
Welcome	Yes	No	Easy	OK	Hard
Purpose and Outline	Yes	No	Easy	OK	Hard
Announcements	Yes	No	Easy	OK	Hard
How Have You Been Feeling?	Yes	No	Easy	OK	Hard
Review					
Last Session	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
New Topic: Coping with Difficult People Interactions					
What Kind of People Interactions Bring Your Mood Down or Make You Feel Like Drinking/Using?	Yes	No	Easy	OK	Hard
Old Habits That Get in the Way of Helpful Interactions with People	Yes	No	Easy	OK	Hard
How to Begin to Change Those Old Habits and Improve Your Interactions with People	Yes	No	Easy	OK	Hard
Key Messages	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
Feedback	Yes	No	Easy	OK	Hard
Looking Ahead	Yes	No	Easy	OK	Hard

SESSION 6: CHANGING HARMFUL PEOPLE INTERACTIONS TO HELPFUL INTERACTIONS

LEADER'S NOTES

LEADER TIPS

Materials Needed

- **Group Member's Workbooks** ("People, Alcohol/Drug Use, 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
- **Index cards**—enough so that each group member can have one
- **Laminating paper**—enough for each group member to laminate one index card
- **Scissors**—3–4 pairs—enough for group members to share
- **Certificates of Achievement** for graduating group members

Group Leaders' Goals

- Help group members practice using Catch It, Check It, Change It to help them notice and improve their people interactions.
- Give group members practical tools to help them when the group is over.
- Reinforce the key messages from the People module.

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 how to use Catch It, Check It, Change It to notice and improve your people interactions.
- Write down on a "Coping Card" helpful ways of interacting with people and other coping strategies you can use to keep your mood up and support your recovery.
- Say goodbye to graduating group members.

OUTLINE

Announcements

Review

New Topic: Changing Harmful People Interactions to Helpful Interactions

- You Can Notice and Change Your Harmful People Interactions: Catch It, Check It, Change It
- Coping Cards Can Help to Improve Your Mood and Support Your Recovery

Key Messages

Practice

Review of Module

Goodbye to Graduating Group Members

Feedback

Looking Ahead to the Next Module



ANNOUNCEMENTS

LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 108

1. If any members of your group will have completed all three 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

Last Session

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 108

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 this session builds on last session.

2. Ask and discuss: *What do you remember from last session?*

3. Review the key messages.

Key messages from last session are:

- Some people interactions may consistently bring your mood down and make it more likely you will drink or use.
- You can learn to notice these "triggers" and change the people interactions to make them more helpful.
- Relationship rules guide how you interact with others; you can change the relationship rules that are harmful and no longer work for you.

Today we will give you more tools for noticing your harmful people interactions and making them more helpful.

Practice

LEADER TIPS

Time: 15 minutes
Group Member's Workbook: Page 109

Review the Helpful People Interactions You Wrote Down in the Past Few Weeks.

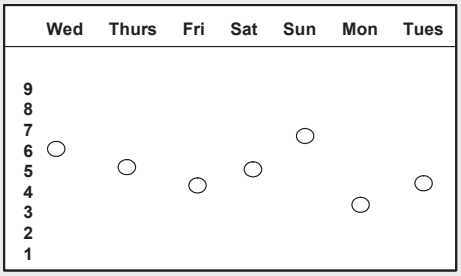
1. Say: *Later in this session we will talk more about the interactions you find to be the most helpful.*

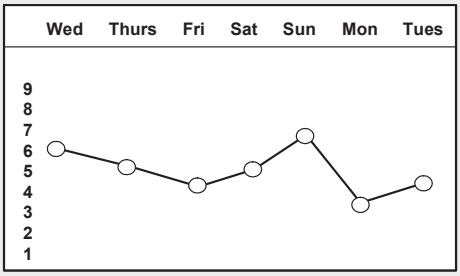
Daily Check In

Ask group members about how they did tracking their moods and coping on their Daily Check In. Make graphs based on one group member's Daily Check In.

2. 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.

3. Ask for a volunteer from the group to share the numbers **related to mood** on his or her 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."



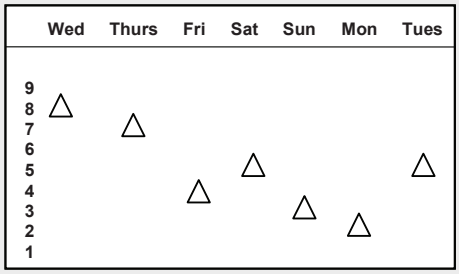


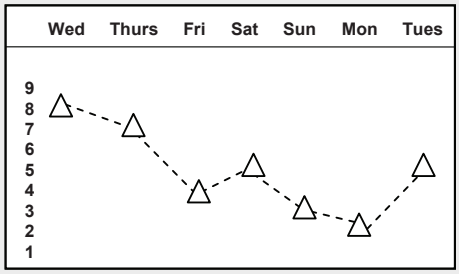
4. When you are finished adding dots that represent the volunteer's mood for each day, draw lines between the dots to show how mood can change up and down.

5. Possible follow-up questions: *What did you notice about your mood? Your mood was the lowest on* [day]. *What sort of interactions did you have with people on that day? Your mood was higher on* [day]. *How did you interact with people on that day? What do you notice about the connection between your people interactions and your mood? Is there a weekly pattern? Are some days more likely to bring about low moods? If so, what tools can you use to prevent low moods?*

6. Repeat the process for coping, using a new graph. Ask the same volunteer to share the numbers **related to coping** on his or her scale. Add dots to the new graph. If the group member's coping was 8 on the first day, mark a dot at 8 below "Wed."

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





8. Possible follow-up questions: *What did you notice about how well you coped with challenges? You coped very well on [day]. What kinds of people interactions were you having on that day? What was your mood? What do you notice about the connections among your people interactions, mood, and how you coped?*

Last session, we asked you to complete these practice activities.

How did your practice go?

1. Review the helpful interactions with people you wrote down on index cards.

2. Track your mood and coping using the Daily Check In.

NEW TOPIC: CHANGING HARMFUL PEOPLE INTERACTIONS TO HELPFUL INTERACTIONS

You Can Notice and Change Your Harmful People Interactions: Catch It, Check It, Change It

LEADER TIPS

Time: 25 minutes
Group Member's Workbook: Page 110

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

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 the situations and people interactions that act as your triggers, and learning how to respond in a way that will be helpful to you.*

2. Go over the text.

3. Say: *If you have decided that a people interaction that you've had is harmful, you can take steps to try to change the situation or make a u-turn. Sometimes what is needed is simply a change in the way you think about a situation. Other times, you may need to actually do something different—such as assertively communicating your feelings about a situation.*

Review the different options that group members have for changing a harmful people interaction and ask group members for their thoughts and reactions to each point.

4. Ask the group: *What tips could you add to the list?*

Write their ideas on the board.

5. Say: *Let's see if we can make these tips work.*

6. Ask: *Can you think of a specific interaction with another person that could have gone better?*

List the group's harmful people interactions on the board. Write just enough to recall the interaction rather than a long description—for example, "talk with sister," "argument with boss."

7. Ask and discuss: *Would these tips help you the next time you need to handle a difficult situation or interaction?* Encourage the group to offer their ideas to others in the group.

8. Say: *Look at the Catch It, Check It, Change It table in your workbook.*

9. Read the instructions for the table.

Say: *For "Catch It," you are trying to notice the interactions you have with others, and especially the interactions that are harmful to you. Sometimes it is easier to notice your feelings first. Think of a negative emotion or low mood as a stop sign to "catch" the people interaction. 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?*

Check It. **Say:** *Now, let's "check" whether the people interaction or the situation was harmful or helpful to you. Did it improve your mood and support your recovery? Then it was helpful. Did it bring you down and make you want to drink or use? Then the situation or the people interaction was harmful.*

Change It. **Say:** *See if you can use the tips we have talked about in the People module to change the interaction to be more helpful to you. Remember, we have talked about using assertive communication, examining and changing your relationship rules, changing the way you think about a situation or interpret it, calling a time out and taking a break from the other person until you calm down, and, when the interactions are always harmful, ending a relationship.*

10. 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.*

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

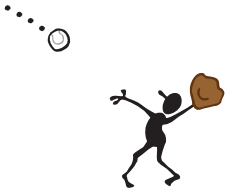
CBT teaches you how to manage your people interactions to improve your mood and support your recovery. But many people find that it is difficult to notice how they behave with people in the first place.

You can learn how to notice, or "catch" the people interactions that make it more likely you will feel depressed and drink or use.

It may be that some people are not healthy for you and you choose to not have contact with them.

Or, you may find that you can improve how you interact with people—in the way you communicate, for example—to make an interaction helpful instead of harmful.

Finally, you can learn to think differently in certain situations with people to make the interaction helpful for you without the other people making any changes at all.



1. Catch It

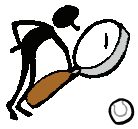
The first step is to notice, or "catch," your people interactions.

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



- What was I doing when I noticed a change in my mood?
- Was I with somebody? If so, who?
- What was happening at the time?

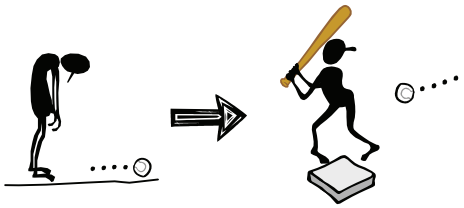
(Do you find it difficult to recognize your feelings? The examples of feelings on page 115 might help you recognize your feelings.)



2. Check It

CBT teaches you to examine your thoughts and behavior more closely. Is the people interaction helpful or harmful for you? What evidence do you have that the people interaction is helpful? What evidence do you have that your people interaction is harmful?

3. Change It



How could you change a harmful people interaction? Can you change direction to improve the situation?

"If you don't change direction, you'll wind up where you are headed."

There are several things you can do to change a harmful people interaction.

- **Consider changing the way you are *thinking*** about or interpreting the situation.
  - Are you making assumptions about the other person that are not true? For example, assuming that another person is ignoring you on purpose when he or she might just be preoccupied with something else.
  - Are you expecting too much of the other person? Can you accept mistakes and imperfections in yourself and others?
- **Use assertive communication.** Remember to make requests and express your thoughts and feelings assertively.
- **Make a U-Turn.** You can change what you think and do at any point. When an interaction is harmful, you can make a u-turn and head in a healthier direction.

Change It—For Example

Suppose you've been sober for a week and are feeling really good. You call up your brother to tell him the good news. He tells you that he's proud of you but that he really can't talk now and he gets off the phone.

As you check your thoughts and feelings about this, you see that you feel sad. You have thoughts like, "If my brother really cared, he would have stayed on the phone." You are tempted to pour yourself a drink.

To improve this situation and change direction before you actually pour a drink, you could think to yourself thoughts like, "*My brother did say he was proud of me; just because he couldn't talk right when I called him doesn't mean he doesn't want to talk to me about being sober again. Maybe I just caught him at a bad time. I'll call him back at a time when I know he usually isn't busy*."

- **Call a time out.** In an argument with another person, you can suggest that you both take some time out. Wait a few minutes or even hours and come back to the conversation when you have both cooled down. Say "*I'm having trouble thinking through things clearly right now. Could we take a break and get back together in an hour? I should be more in control then."*

- **Consider saying goodbye to a relationship.** In extreme situations, if a relationship is always harmful, you might choose to end that relationship. For example, it is difficult to have a helpful relationship with the person who used to supply you with drugs, especially if that person is still using and/or dealing. You can choose to not see that person again. In abusive relationships, ending the relationship may be the best alternative. Please be aware that for certain types of abusive relationships, extra help is needed to make a safe exit. Talk with your counselor if you are in an abusive relationship.

  Saying goodbye to a relationship is a very difficult decision. If you are uncertain about whether this is the right decision for you, before you take this big step try other solutions first and talk with a counselor.

In what other ways have you changed your harmful people interactions in the past?

Catch It, Check It, Change It

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



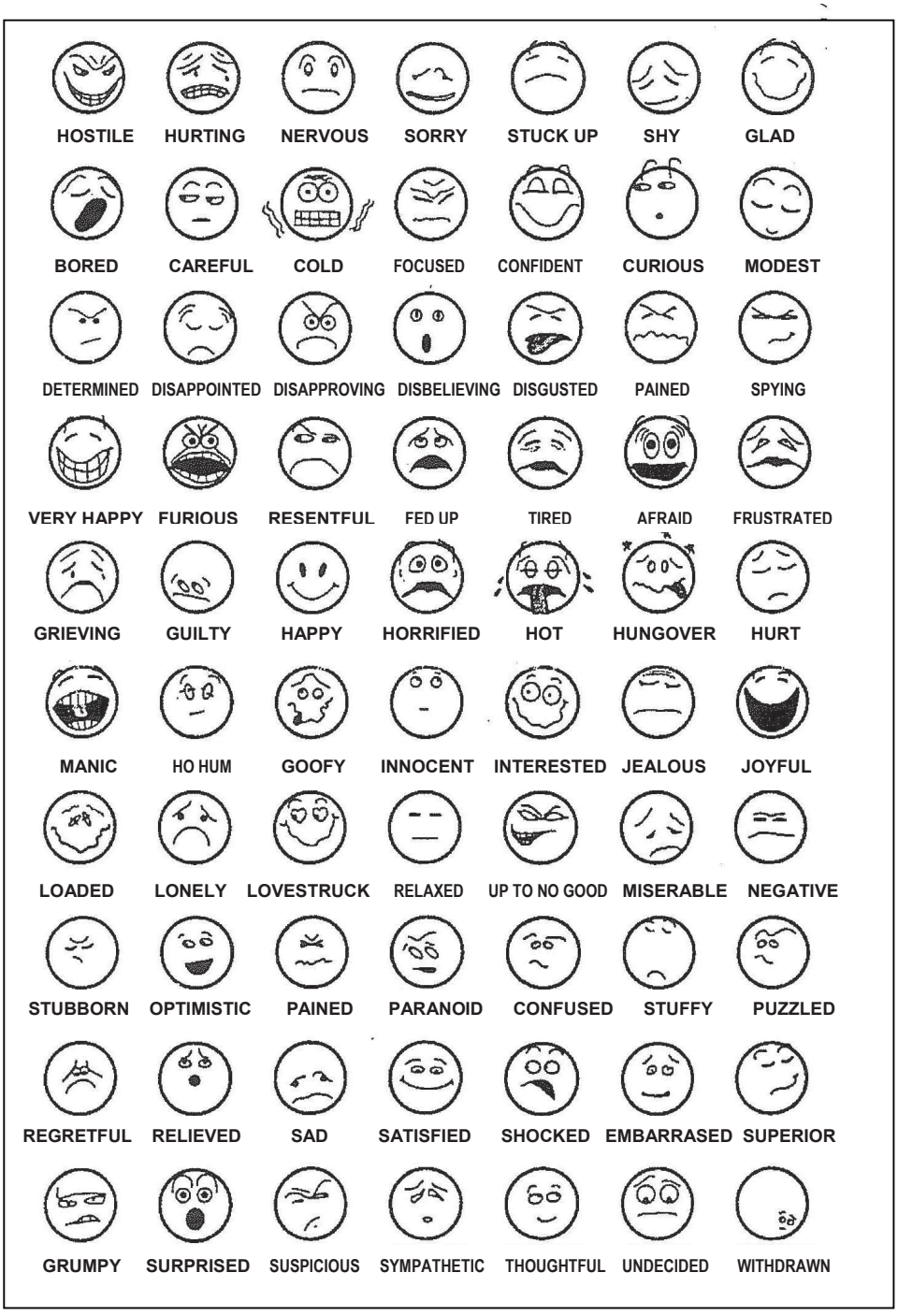




What were your feelings? *Angry, ashamed, irritable.*	**What was your people interaction at the time?** *I was alone and slept until noon.*	**Examine the interaction. Is it harmful or helpful?** *Did I feel good? Did the interaction support my recovery? No, staying in bed late made me feel bad and increased my cravings.*	**Replace the harmful interaction with a helpful interaction.** *I could plan a helpful people interaction to do in the morning and set my alarm so I get out of bed.*

Examples of feelings and ways of being

Do the pictures help you remember how you feel sometimes?



Coping Cards Can Help to Improve Your Mood and Support Your Recovery

LEADER TIPS

Time: 25 minutes
Group Member's Workbook: Page 116

1. This activity provides a take-home tool to support group members' recovery from depression and alcohol/drug use.

Say: *In this module we have discussed the importance of having a variety of people in your life and of interacting with those people in ways that are helpful for you. These people interactions can improve your mood and make it less likely you will drink or use.*

Now you will make a coping card that you can carry with you wherever you go. Think of this card as an emotional first aid kit that you can pull out and use whenever you need it.

2 Pass out one index card to each person.

3. Go over the instructions. Help group members complete their coping card by writing down helpful people interactions on one side and the top 3 reasons they decided to quit on the second side. Allow time for group members to complete the first side, then explain the second side. After the cards are finish, ask group members to share what they wrote.

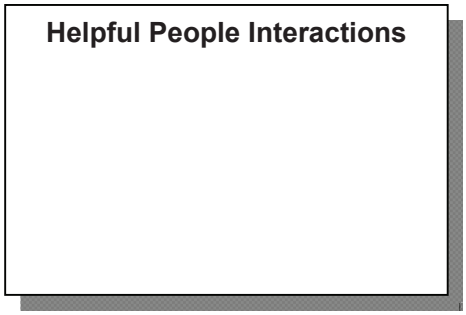
4. Ask group members for examples of where they plan to keep their cards and how they plan to use them. **Say:** *Think about a time in the past week when you could have used the card. When was that?* How will you remember to use it?

5. Show them how to laminate the cards.

Make a “coping card” to help you remember and use helpful people interactions.

- Use one 3” x 5” index card.

- On one side of the card, write “Helpful People Interactions” at the top. Write as many as you can think of. Try to think of interactions that have improved your mood in the past. Examples might be to visit a sober friend, play with your children, and so on.

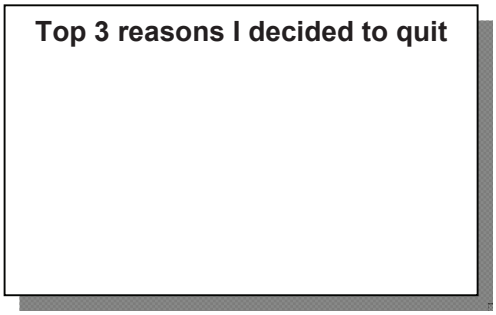


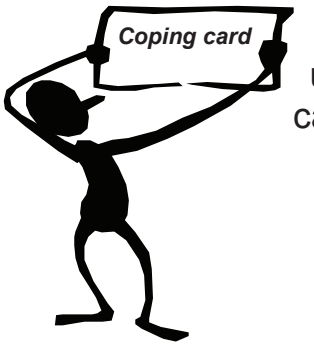
On the other side of the card, write “Top 3 reasons I decided to quit,” and list the most important reasons why you decided to stop drinking or using Remembering these things can help strengthen your commitment and motivation to stay clean.

Top reasons examples:

- To get my kids back

- To be happier with myself





When you are feeling down or feel like drinking or using drugs, pull out your coping card and read it. It can help you get past the moment of stress.



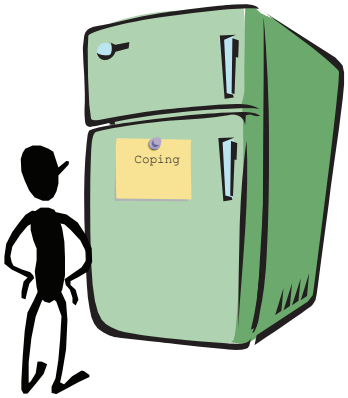
Keep your coping card some place handy so you can pull it out and look at it whenever you feel down or have cravings. Where will it help you the most? If you find that you are interacting in harmful ways with other people, or if you have strong cravings during the day, carry your coping card in your purse or wallet so that you can take it out right away, wherever you are.

If you are likely to feel down or have strong cravings at night, keep your card at home.

You could tape it to the wall beside your bed,



…or put in on the refrigerator.





KEY MESSAGES

LEADER TIPS

Time: 5 minutes
Group Member's Workbook: Page 118

1. Read aloud the key messages.

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

Key messages from this session are:

- You can learn to catch and check your interactions with people to decide if they are harmful or helpful to you.
- Strategies such as assertive communication, reinterpreting your interactions with people, taking a time out, and saying goodbye to harmful relationships can help you change situations and people interactions to make them more helpful.
- A coping card can help you remember the helpful people interactions in your life, keep your mood up, and maintain your recovery.

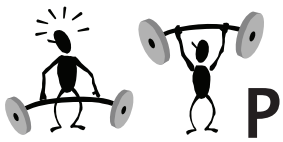


What do you want to remember about this module?
Write your own key messages here.

_____

_____

_____



PRACTICE

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 119

Catch It, Check It, Change It

1. Suggest to group members that they continue to use Catch It, Check It, Change It to manage their thoughts.

Use Your Coping Cards

2. Group members should find a place to keep their coping cards and remember to use them.

Daily Check In

3. Remind group members that the Daily Check In includes a place at the bottom to indicate how many harmful and helpful people interactions they had each day.

1. Keep using Catch It, Check It, Change It to notice, examine, and change your harmful people interactions.

2. Find a place to keep your coping card. Don't forget to look at it when you are feeling down or having cravings.

3. Track your mood and coping using the Daily Check In.

Daily Check In



Instructions **Today's Date:** _____

- Keep the scale beside your bed. Before you go to bed, think about your mood and how you coped with challenges to your recovery throughout the day.
- Circle a number on both scales. Try to use all the numbers, not just 1, 3, 5, 7, or 9. There are no wrong answers. Only you know how you have felt each day.
- Did you notice your people interactions? At the bottom, write in the number of harmful and helpful people interactions you had each day.
- If you want to track your mood and how you coped with challenges over a period of time longer than a week, write down your ratings on a calendar.

1.

1	3	5	7	9
Lowest mood ever	Noticeably worse mood	Ok/average mood	Noticeably better mood	Best mood ever

Write in the day of the week.		____	____	____	____	____	____	____
Mood	Best mood ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Noticeably better mood	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
	Noticeably worse mood	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Lowest mood ever	1	1	1	1	1	1	1

2.

1	3	5	7	9
Coped the worst ever	Coped noticeably worse than usual	Coped OK	Coped noticeably better than usual	Coped the best ever

Write in the day of the week.		____	____	____	____	____	____	____
Coping with challenges to my recovery	Coped the best ever	9	9	9	9	9	9	9
		8	8	8	8	8	8	8
	Coped noticeably better than usual	7	7	7	7	7	7	7
		6	6	6	6	6	6	6
	Coped OK	5	5	5	5	5	5	5
		4	4	4	4	4	4	4
	Coped noticeably worse than usual	3	3	3	3	3	3	3
		2	2	2	2	2	2	2
	Coped the worst ever	1	1	1	1	1	1	1

3.

Write in the day of the week.	____	____	____	____	____	____	____
Number of harmful people interactions							
Number of helpful people interactions							

REVIEW OF MODULE: PEOPLE, ALCOHOL/DRUG USE, AND YOUR MOOD

LEADER TIPS

Time: 10 minutes
Group Member's Workbook: Page 121

1. Say: *We have covered a lot of information in the People module. You have new skills and tools that can help you fight back against depression and the urge to drink or use.*

2. Say: *The key messages from each session are printed in your workbook just for you to look at. We won't go over them now. They can be summarized into three ideas.*

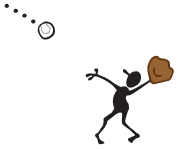
3. Go over the text. **Ask and discuss:** *Which of these will be the most helpful to you? Do you have questions about anything?*

4. Say *There is room in your workbooks for you to write a few important things you want to remember from People.*

Give group members a few minutes to write. Remind them that they can look back at the key messages they wrote at the end of each session.

Over the past six sessions, we have been focusing on people interactions. You have learned that your people interactions affect how you feel and that your feelings affect your drinking and using.

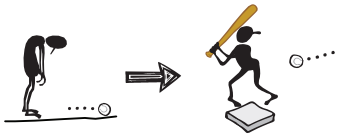
How have you made changes in your people interactions?



1. You can notice, or **catch**, your interactions with other people.



2. You can **check**, or examine, your interactions to see if they help you or harm you. A helpful people interaction is healthy for you—it makes you feel good and supports your recovery. A harmful interaction brings your mood down and makes it more likely that you will drink or use.



3. You can **change** the harmful interactions that get in the way of your good mood and recovery, and choose to have helpful people interactions instead.



What idea from the People module will help you the most? What will you remember? Write your ideas below.

The most important thing I learned from the People module is:

_____

_____

_____

_____

_____

Key messages from "People, Alcohol/Drug Use, and Your Mood" are:

Session 1: People, Mood, and Recovery Are Connected

- The interactions you have with other people can be harmful or helpful.
- Helpful interactions with people can improve your mood and support your recovery
- You can choose to spend time with people who have a positive effect on your mood and on your recovery.

Session 2: Increasing Your Helpful Interactions with People

- You can learn how to notice and examine your interactions with people to decide if they are harmful or helpful to you.
- Balance your social network with people who help you and with people you can help, to improve your mood and support your recovery.
- Meeting new people can be challenging. Planning to do activities around others, making a specific plan to get to know somebody better, and allowing yourself to develop friendships slowly may make it easier.

Session 3: Good Communication for Helpful People Interactions

- You can choose to communicate with others in a way that improves your relationships and your mood, and that supports your recovery.
- Active listening is an important part of communication.
- You have a right to express your thoughts, feelings, and needs. Using assertive communication can be an effective way to do this.

Session 4: Identify Your People Interaction Triggers

- Choosing helpful interactions with people can lead to more helpful interactions with people.
- You have choices about what you think and do.
- You can change what you think and do at any point. When an interaction with someone else is harmful, you can make a u-turn.

Session 5: Coping with Difficult People Interactions and Situations

- Some people interactions may consistently bring your mood down and make it more likely you will drink or use.
- You can learn to notice these “triggers” and change the people interactions to make them more helpful.
- Relationship rules guide how you interact with others; you can change the relationship rules that are harmful and no longer work for you.

Session 6: Changing Harmful People Interactions to Helpful Interactions

- You can learn to catch and check your interactions with people to decide if they are harmful or helpful to you.
- Strategies such as assertive communication, reinterpreting your interactions with people, taking a time out, and saying goodbye to harmful relationships can help you change situations and people interactions to make them more helpful.
- A coping card can help you remember the helpful people interactions in your life, keep your mood up, and maintain your recovery.



GOODBYE TO GRADUATING GROUP MEMBERS

LEADER TIPS

Time: 20 minutes
Group Member's Workbook: Page 125

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 or if they have strong cravings. 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 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 three 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 and manage your cravings?

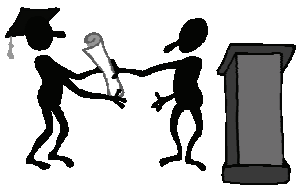
2. What have you learned that will help you reach some of your goals?

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 drinking or using?

If you still feel depressed or if you are having strong cravings that you feel you cannot resist, tell your group leader, and he or she will help you get further treatment.





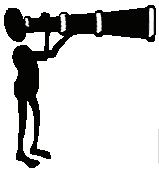
FEEDBACK

LEADER TIPS

Time: 2 minutes
Group Member's Workbook: Page 126

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

- What was helpful about today's session?
- What was less helpful?



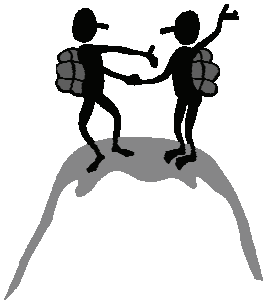
LOOKING AHEAD TO THE NEXT MODULE

LEADER TIPS

Time: 1 minute
Group Member's Workbook: Page 126

Say: *Those of you who are continuing with CBT will begin another module next time. The new module is about how your thoughts can be harmful or helpful and affect your mood and your recovery. We also will be welcoming new group members who are just starting CBT.*

If you are continuing CBT, the next module is called "Thoughts, Alcohol/Drug Use, and Your Mood." You will learn that your thoughts can be harmful or helpful and that they can affect your mood and your recovery.



GROUP LEADER SELF- EVALUATION FORM: PEOPLE, SESSION 6

Instructions

Taught/Done: Were you able to cover the material? If you didn't do it 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? Circle the word "easy," "OK," or "hard."

	Taught/Done? (circle yes or no)		**How difficult was it to lead this part of the session? (circle easy, OK, or hard)**		
Welcome	Yes	No	Easy	OK	Hard
Purpose and Outline	Yes	No	Easy	OK	Hard
Announcements	Yes	No	Easy	OK	Hard
Review					
Last Session	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
New Topic: Changing Harmful People Interactions to Helpful People Interactions					
You Can Notice and Change Your Harmful People Interactions: Catch It, Check It, Change It	Yes	No	Easy	OK	Hard
Coping Cards Can Help to Improve Your Mood and Support Your Recovery	Yes	No	Easy	OK	Hard
Key Messages	Yes	No	Easy	OK	Hard
Practice	Yes	No	Easy	OK	Hard
Review of Module	Yes	No	Yes		No
Goodbye to Graduating Group Members	Yes	No	Yes		No
Feedback	Yes	No	Easy	OK	Hard
Looking Ahead to the Next Module	Yes	No	Easy	OK	Hard

RESOURCES FOR GROUP MEMBERS

ORGANIZATIONS THAT PROVIDE HELP FOR DEPRESSION AND DRINKING OR USING

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.



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."