

***Beating Depression:
Cognitive Behavioral Therapy Patient
Workbook***

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INTRODUCTION

About this Workbook

This workbook is provided to you as part of your participation in telephone cognitive behavioral therapy (T-CBT). It is designed to go along with your therapy sessions with your therapist.

Your therapist will often ask you to read a chapter or section in between your scheduled sessions, and will send the chapter or section to you via email. Please be sure to do the recommended reading and exercises *before* your session.

Some parts of the workbook will be clear to you right away, while other parts may be more difficult to understand. Circle or mark the parts you don't understand and ask your therapist about them. After reading each section, it can be useful to ask yourself, "Do I understand this well enough to explain it to someone else?" The Summary and Review exercises will be useful for this purpose.

Make sure to have a copy of the chapter available to reference during your therapy session. This will make it easy for you to refer to and take notes throughout the session. It can also be helpful to review the chapter just before and after your session, or when you are doing your task assignments.

Remember:

- Work at your own pace.
- If anything is confusing, ask your therapist about it.
- Use this workbook as much as you can. The more you put into this program, the more you will get out of it.

This workbook is organized into 8 Chapters and 5 Modules. Not everyone will use all parts of this workbook with their therapist.

1. In Chapters 1 to 6, you will find information about this treatment program, including what to expect, basic strategies used in CBT, and how this treatment may be useful in helping you cope with your mood.
2. Modules 1-5 focus on specific types of common problems. Some of these modules will be helpful for you, while others may not apply. You can work together with your therapist to determine which of these chapters might be helpful for you.
3. Your therapist will work with you about when to cover Chapter 7, which is a mid-therapy review.

4. Chapter 8 is usually covered towards the end of the therapy. It focuses on helping you turn new skills you learned into long-term changes in your life. You'll use this chapter as therapy is ending.
5. You will use extra worksheets that follow each chapter to complete exercises related to what you read between sessions. These will help you sharpen and improve the skills you have learned in therapy.
6. If any of the chapters is of particular interest to you (see Table of Contents, on next page) please let your therapist know.

About this Treatment

You will meet with your therapist over the phone once per week for 45-50 minutes. The therapy you are beginning has a minimum of 6 sessions. Your therapist will review your progress with you weekly. The number of sessions you receive will depend on how you respond to treatment. You may receive up to 16 sessions in total, over the course of 20 weeks.

Please cancel sessions at least 24 hours ahead of your scheduled time. If a session is not canceled 24 hours before it is scheduled, it may be difficult to reschedule your appointment during the same week.

All sessions will take place over the telephone. Please make sure you are in a quiet and private place where you feel comfortable to talk. Please do not participate in therapy while you are driving.

Table of Contents

Chapter 1:	Introduction to Cognitive Behavioral Therapy (CBT)
Chapter 2:	Getting Started: Goals for Therapy
Chapter 3:	Increasing Your Pleasant Activities
Chapter 4:	Identifying and Evaluating Your Automatic Thoughts
Chapter 5:	Changing Your Thoughts
Chapter 6:	Building Social Support
Chapter 7:	Mid-Therapy Review
Chapter 8:	Ending Therapy and Maintaining Your Gains

Module 1:	Anxiety and Worry
Module 2:	Relaxation
Module 3:	Improving Communication Skills
Module 4:	Managing Anger
Module 5:	Sleep Problems

CHAPTER 1

Introduction to Cognitive Behavioral Therapy

Goals for this session:

- *Learn about the cognitive behavioral approach to therapy*
- *Learn how the therapy works*

WHAT IS THE COGNITIVE BEHAVIORAL APPROACH?

The aim of cognitive-behavioral treatment is to ...

... increase positive emotions and

... decrease negative emotions by

...helping you change your thoughts about, and behaviors in, stressful situations.

This type of therapy can help you...

- Identify and strengthen the ways you currently cope with stress.
- Improve your mood and quality of life through planning and doing positive activities.
- Recognize your unhelpful thoughts, emotions, and behaviors, and how they influence each other.
- Learn ways to examine, and respond to unhelpful thoughts and emotions and stop them from spiraling down into feelings of depression or anxiety.

The cognitive-behavioral approach focuses on three important parts:

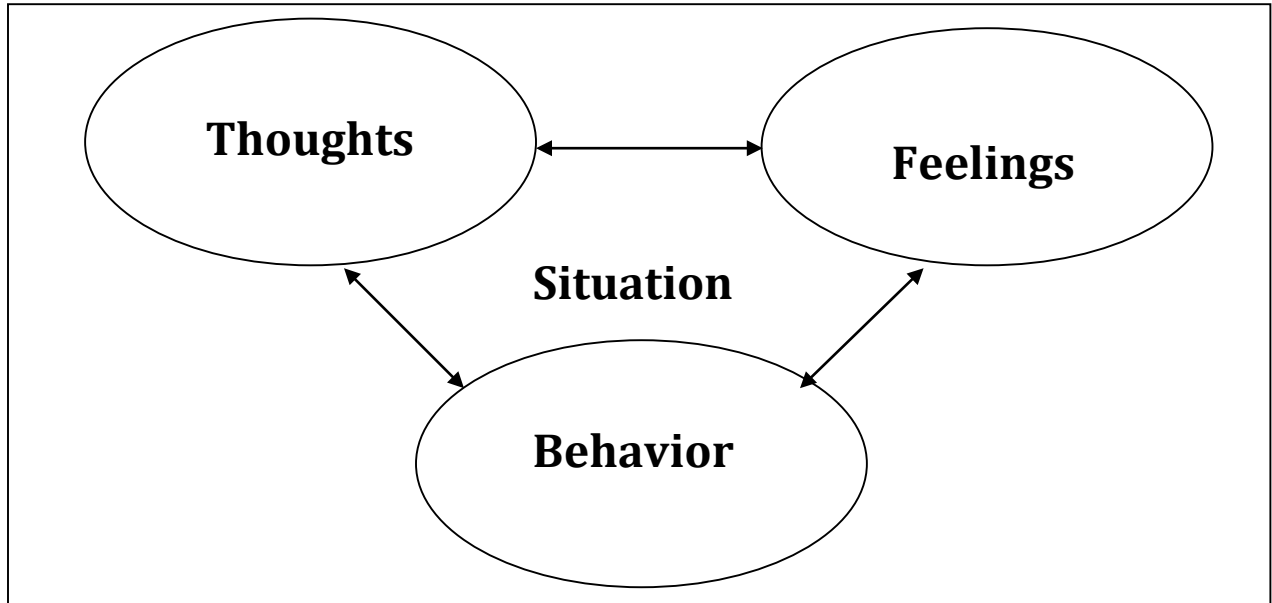
1. Thoughts and ideas
2. Emotions or feelings
3. Behaviors



Each of these three parts interacts with one another, possibly leading to stress or depression in your day-to-day life (see Figure 1.)

The cognitive behavioral treatment (or “CBT” for short) is based on the idea that when you are stressed, you experience certain thoughts, feelings, and behaviors. Some make you feel better, some make you feel worse. Using the CBT approach, you will be working with your therapist to do more of the things that make you feel better, and less of the things that make you feel worse!

Figure 1. Cognitive Behavioral Model



Here's a quick example to show how your thoughts and feelings can influence each other:

You may now be thinking: *"This program can't help me."*

In CBT, your therapist will help you see that just because you THINK a thought doesn't mean it is TRUE.

In this program, you can learn to remind yourself, *"This is a depressed idea. It may not be true."* And perhaps replace your original negative thought with: *"I don't know...but I will give it a try!"*

Let's take a look at another example to see how this model works →

John agreed to help a friend, Steve, make some bookshelves. Steve has called him several times, but John keeps making excuses. John feels like he should help his friend, but he just does not feel like seeing anybody. Finally, he agrees to go over to Steve's house after work. However, when John gets home from work that evening, it is late, and he is stressed and tired from an unusually hard day at work. He doesn't think he can manage to go spend the evening with Steve, working and talking. He feels frustrated that he never wants to help Steve. He also feels too embarrassed to call his friend and cancel. He can't make up his mind about what to do so he turns on the TV and forgets to call his friend. When it is too late to call Steve, John feels guilty, anxious, and depressed.

As he drives into work the next day, John starts thinking, "Steve must think I'm a total loser. And maybe I am. I can't even do what I say I will do. How can I ever face Steve?" This thought raises his feelings of anxiety and depression as well as his frustration about not being able to do all that he has agreed to do. This makes it even harder for John to figure out how to face his friend Steve. Consequently, he continues to try to avoid him, not answering the phone and screening calls. Avoiding Steve only increases John's anxiety, depression, and frustration, and makes him more worried about his friend's reaction.

Let's break this down by examining each component of the CBT Model for this example (see Figure 2).

Situation / Event:

John has promised to help his friend Steve build some bookshelves. He arrives home too tired and stressed to help.

Thoughts:

- I'm too tired to help him, and I don't want to spend the evening having to talk with Steve.
- It is hard to tell him that I don't want to help him tonight.
- I should have helped with the shelves ages ago.
- Steve is going to give up on me.

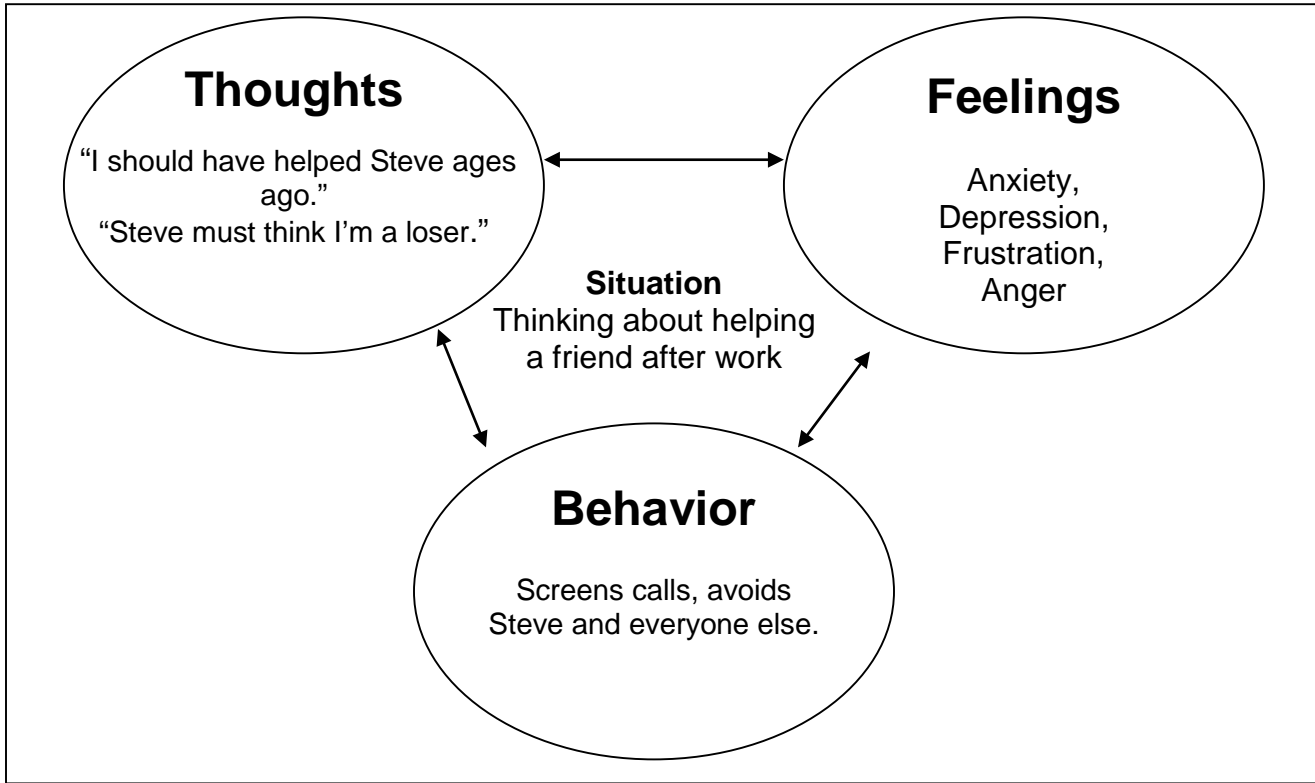
Emotions:

- Guilt
- Anxiety
- Depression

Behavior:

- Begins avoiding Steve
- Starts screening telephone calls

Figure 2. CBT Case Example: John



You can see in this diagram how John reacted to Steve's request for help. The situation led him to have several unhelpful thoughts, which led to negative emotions. Next, these reactions led to John avoiding his friend, which then grew into more unhelpful thoughts and emotions about his self-worth and his ability to get things done.

As you begin to notice your own moods and thoughts, you are likely to observe a similar pattern. Although you will be concentrating on how to change your *negative* emotions, please note that the model also works for positive emotions.

Let's imagine a more positive way that John could have dealt with his situation. Imagine that when John got home from work, he instead had thoughts such as, "I am too tired to work with Steve, I had a long day at work," or "I should break it down into smaller tasks. Maybe I can help Steve for an hour tonight and do the rest this weekend."

Now see if you can apply this model to a recent negative event you experienced.

Recall the last time you had a negative experience that caused you to feel stressed or depressed. Record it below:

Date of event:

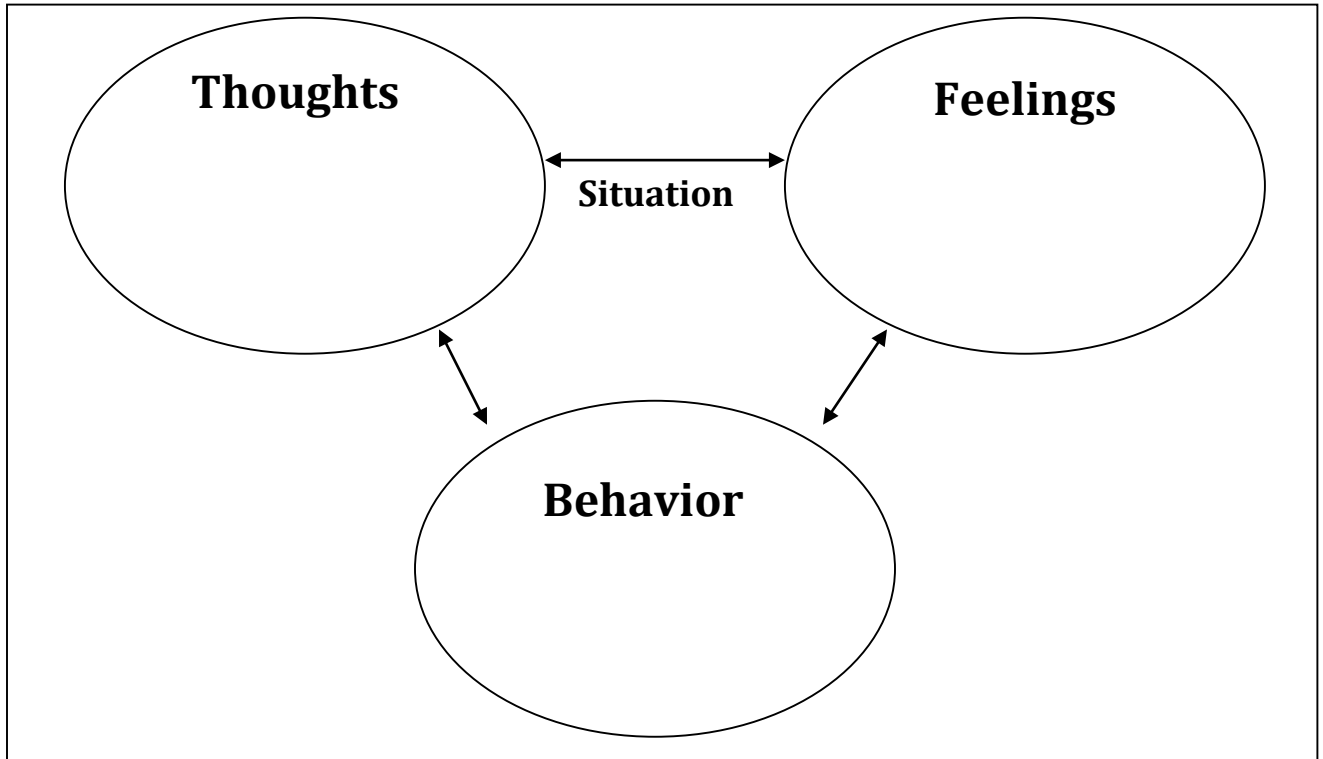
Event: What happened?

Thoughts: What kinds of thoughts did you have about yourself?

Emotions: What was your mood as a result of your thoughts and behaviors?

Behaviors: What did you do?

Fill in the cognitive-behavioral model with your own example:

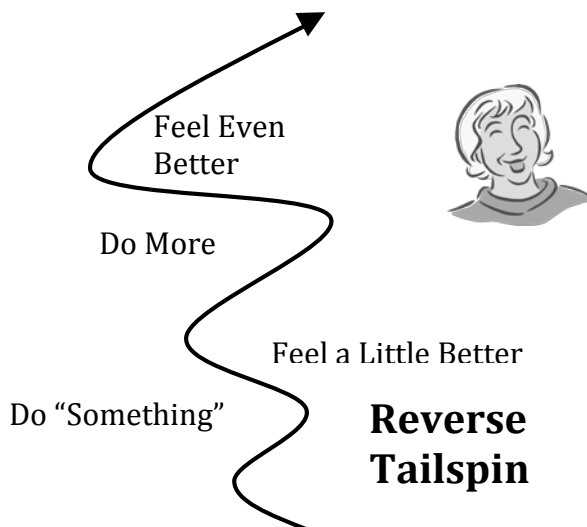
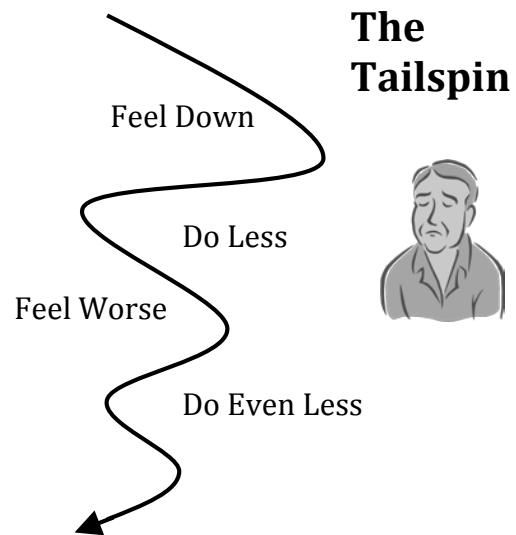


Through this therapy, you will learn to change the way you understand and look at things when you are upset.

When you feel depressed, you tend to think negatively. If you have been depressed for a while at this point, you may think that things in your life will always be negative. You may think that the future is bleak; and this thought can create a sense of hopelessness about the future.

CBT can help you to learn ways to stop spiraling down into feelings of depression.

This illustration shows that “giving in” to the “slowed-down” feeling that often comes with depression leads to a **downward spiral**: do less, feel worse, do even less, etc.



In therapy, you will learn ways of stopping this vicious tailspin, as well as how to reverse it.

The goal of your therapy will be to change the behaviors and the thoughts that could lead to a negative tailspin.

You'll also learn techniques to reverse the tailspin, so you can feel better.

WHO DOES THIS HELP?

Common responses by people who are beginning CBT are:

“It sounds good, but can this help me?” or

“This is too simple (or too hard) to solve the problems I have.”

However, hundreds and hundreds of research studies have shown that people with serious, complicated problems feel better and overcome their problems with CBT.

Whether you're a little down or seriously depressed, this approach can help you feel better and function more effectively.

As you become more comfortable with the skills of CBT, you will find that you can successfully change your thoughts and behaviors. Your therapist will help you every step of the way.

WHAT TO EXPECT FROM COGNITIVE-BEHAVIORAL THERAPY

In CBT, every session has some of the same parts; Session 1 gives you an introduction to them:

- Expectations
- Goals
- Home assignments
- Troubleshooting
- Keeping track of progress
- Summary and review



The First Session

The first session provides you with the opportunity to explain your concerns and your background to your therapist. Your therapist will also ask you a lot of questions to learn more about your depression, your life experiences, your cultural background, and your problems. Your therapist will also give you information about the program and answer any questions you may have.

Your Expectations

The first session is also a good time for you to discuss your expectations of counseling with your therapist.

Talking with a therapist is quite different from talking with your physicians or with your friends. It often helps to start things off with a discussion of how you would like therapy to help you. For many people this is a brand new experience, while other people have

used a therapist or counselor for various concerns in their lives. Either way, your initial thoughts, expectations and questions are very important to the success of this work.

It might be helpful to spend some time thinking about what your expectations and understanding of therapy are at this point.

My expectations are _____

Therapy Goals

After the first session, it is essential that you and your therapist set specific goals for therapy. Together, you and your therapist will set goals to help you with your problems, improve your mood and learn how to cope better. You'll find out how to keep track of your progress in the next chapter.

Session Goals

In addition to overall therapy goals, your therapist will also help you create specific goals for each session.

In the first few sessions, your therapist will make some suggestions about what to talk about. As your therapy progresses, you will actively participate in setting the agenda. Each weekly agenda will help you make small steps toward your overall treatment goals. For example, your therapist will begin each session by asking what problem you would like help with during the session.

This workbook

Please have this workbook with you during your sessions. You can take notes and write down your thoughts throughout the week to help you prepare for your sessions.

Task Assignments / Homework



You and your therapist will decide what would be helpful for you to do between sessions. These therapy assignments are not like homework you got in school. They are designed to be especially helpful to you.

There is a lot of research showing that therapy is most successful when people practice skills between sessions. This means that the work you do outside of the meetings is as important as the meetings with your therapist. It takes some dedication and work for you to benefit from therapy.

It will be important throughout your therapy to talk with your therapist about how much time and energy you can put into this outside practice. While the outside practice is important, it is also important that it seems doable to you.

Troubleshooting: Problems with Task Assignment Completion

If you have trouble with any assignments, tell your therapist! He or she will help you.

Avoiding your homework can seriously interfere with feeling better. If you feel uncomfortable or uncertain about a task, your therapist wants to help.

Your therapist will check with you to see if you had any difficulties. Often your therapist will make the instructions or the goals of the task clearer, and help you plan good times to complete the assignments.

THERAPY EXPECTATIONS

A relationship with a therapist is unique and should begin with a conversation about your expectations of your therapist and the therapy. Your therapist will also clarify his/her expectations of you. The following are some of the basics you can expect from your therapist:

What Can You Expect From Your Therapist?

- Your therapist is an expert on the latest techniques in CBT for people with mood problems.
- Your therapist is experienced in working with the unique concerns of people experiencing depression.
- Your therapist will work hard to understand your problems and help you learn the skills you need to reach your therapy goals.
- In each session, your therapist will be prepared to continue the work from the previous session and discuss new issues as they come up.
- Your therapist will make every effort to reschedule appointments if you absolutely must cancel.

Therapist's Expectations of You

The following are some of the basics your therapist may expect of you:

- Keeping your weekly appointments. These sessions will be for 45 minutes. This program will last for up to 20 weeks from the time you begin (with some allowances vacations and holidays).

- If you need to cancel or reschedule, please call your therapist as far in advance as possible and he or she will try to reschedule within the same week. If you cancel less than 24 hours before your appointment, your therapist will probably not be able to reschedule you.
- You need to be on time for your appointment. Your therapist likely has appointments after yours, so your session cannot be extended if you are late. Make sure that you have your workbook with you.
- Your therapist will also want you to be an active participant in therapy. S/he will be interested in your questions, and will encourage you to complete assignments and practice new skills.
- Be open with your therapist about your concerns, any difficulties you are having with the material, or anything about the therapy or assignments that you do not like.
- Reward yourself for your work! You are about to commit to actively changing certain areas of your life that are causing you distress and you deserve a lot of credit. Think about nice things you can do for yourself as celebrations for even small steps of success. Some people have a harder time than others treating themselves well. Your therapist can discuss ways to reward yourself.



KEEPING TRACK OF PROGRESS

How do you know if this therapy is helping?

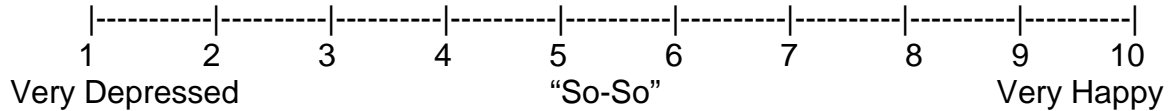
This program requires you to make a commitment to using the skills you learn. These skills can help you cope better with any mood problems and improve the quality of your life.

Throughout therapy your therapist will ask you to rate different things, such as how much you believe certain ideas or how strong your emotions are. This rating will allow you and your therapist to clearly see the progress you are making.

Just as a thermometer is helpful to see how your body temperature changes when you get sick and when you get better, measuring how your mood has changed is useful for both you and your therapist to see whether the new skills and strategies you are learning are helping you achieve your goals. If needed, you and your therapist can work together and explore other ways for you to improve your mood.

Rating Your Depressed Mood

Now try to rate your mood using the ten-point scale below. A low score means your mood is very depressed. A high score means you feel very happy.



Your therapist will check with you each week to see how you rate your mood. This will allow you and your therapist to understand how the things you do in therapy affect your mood.

In between your weekly therapy sessions, you will be using worksheets to rate your mood. These worksheets are included in the folder at the end of this section. Your therapist will discuss with you how to use these worksheets during your sessions.

SUMMARY AND REVIEW

Why This is Important...

Throughout your sessions, you and your therapist will often summarize what you've been talking about so you can remember new ideas and new plans better.

At the end of each session, your therapist will make sure you have written down important ideas and assignments.

Homework

1. Reading

Please review this chapter before the next session.

2. Other

We will be talking about goal setting in the next session. A helpful homework assignment before then is to start thinking about what you would like to achieve by being in therapy.

Identifying problems

What problems or difficulties do you want help with in treatment? Try to be specific about what thoughts, feelings, and behaviors seem to be most difficult for you in your current situation. Most of us can think of several things we might want to change; but try to pick the top three.

Let's go through an example:

Pamela is a recently divorced mother of two teenagers. She has a hard time getting motivated to do household chores. In addition, she has a lot of conflict with her 13-year-old daughter. She feels that her daughter blames her for the divorce, and she believes that she is a bad mother. She has also been experiencing ongoing difficulties with her ex-husband, and feels like he is turning their daughters against her.

Pamela's depression began quite a while ago, shortly after the divorce was finalized. Since that time she has noticed herself feeling worthless, like a failure. She says to herself: "If I were a good wife and mother we would still be a complete family." Her feelings of depression have made her less productive in her workplace, and, although her supervisor has not said anything, Pamela is afraid that she may be fired because of her mistakes.

Pamela was able to identify two areas she wanted to change first:

Problem #1:

I don't get anything done at home.

Problem #2:

I don't feel like I am being a good mother.

Now focus on your own life and list the **Top 2** problems that you are experiencing now:

Problem #1:

Problem #2:

Prioritize and target the most important problems for you

When we really look into the problems facing us, we often get a better sense of the different ways we think, feel, and act. Let's return to Pamela and find out more about her problems.

Problem #1:

I don't get anything done at home.

a. In what situations does this occur?

Every day. I have a hard time getting out of bed, knowing that my day will be unproductive, that I will feel worse for not getting anything done, and that I am alone.

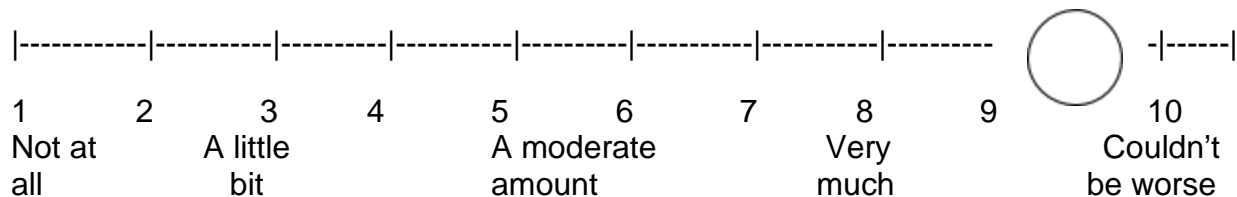
b. What do you think caused this difficulty?

I don't know. I'm lazy, I guess. I should be doing more.

c. If this difficulty has come up before: What have you tried in the past to help you manage this problem? Did these strategies help before? If they did help, do you have any ideas about why they are not helping now?

I used to be much better; I'd make lists and cross things off. Also, my husband helped out.

d. Please circle the number that best describes how much this problem is bothering you.



Now let's take each problem you have identified, one at a time, to see what additional information might help you plan your goals.

Problem #1

a. In what situations does this occur?

b. What do you think caused this difficulty?

c. **If this problem has come up before**, what have you tried in the past to help you manage this problem? Did these strategies help before? If they did help, why aren't they helping now?

d. How much this problem is bothering you now? Please circle the number that best describes how much this problem is bothering you now.

|-----|-----|-----|-----|-----|-----|-----|-----|-----|

1	2	3	4	5	6	7	8	9	10
Not at all		A little bit		A moderate amount			Very much		Couldn't be worse

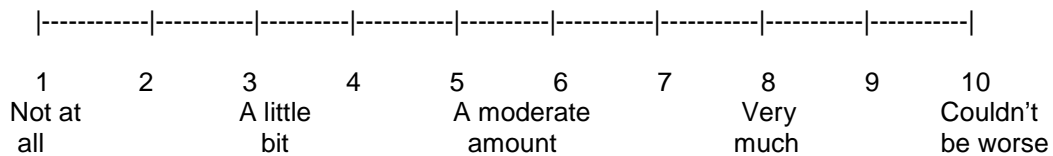
Problem #2

a. In what situations does this occur?

b. What do you think caused this difficulty?

c. **If this problem has come up before**, what have you tried in the past to help you manage this problem? Did these strategies help before? If they did help, why aren't they helping now?

d. How much this problem is bothering you now? Please circle the number that best describes how much this problem is bothering you now.



Take a minute to review your responses. Which of your two problems received the higher distress rating? This process will help you arrange which problem to address first.

TRANSLATING PROBLEMS INTO GOALS

How do we turn our problems into goals we can work on during therapy?

Your therapist will help by:



1. Asking key questions that you may not have thought of before
2. Breaking down large problems into smaller parts
3. Helping break down goals into manageable steps
4. Reminding you of limitations such as time, money, material or skills that might get in the way of accomplishing certain goals.

Guidelines for Goals.

Your goals should be: 1) time-limited, 2) specific, 3) under your control, 4) positive, and 5) measurable, as described below.

1. Time Limited

It's important to figure out what you can accomplish in the next 4 months.

For example, for someone who would like to become skilled at using computers, it might be reasonable for him or her to find out how to get training.



2. Specific

A goal such as "I will be more productive" is too general. On the other hand, specific goals such as "I will volunteer at my local library once a week" or "I will spend three hours a week getting my financial papers in order" or "I will exercise for at least 30 minutes three times a week," are more specific and easier to tackle.

3. Under Your Control

You probably can't control other people's behavior, so be careful not to set goals such as the following: "I want...my partner to be nicer to me/my children to visit me/my boss to stop pressuring me." Instead, phrase the goals so it IS under your control. For example, learn how to talk differently to my partner/my children/my boss.

4. Positive

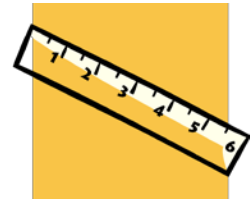


Often, when we are depressed, we tend to use more negative language in the way we think. Stating your goal with positive language helps you see that you are in control of the changes you want to make. Something

presented in negative terms, such as “I do not have any time for myself,” can be restated into what you want to gain from a behavior, such as “I will spend 20 minutes each day doing self-nurturing activities.”

5. Measurable

It is important that you are able to recognize progress in achieving your goals. The previous examples, such as “I will find a computer training course” and “I will volunteer once a week” are examples of goals you can measure.



Let's return to Pamela to see how her problems are translated into a clear goal.

Problem # 1:

I don't get anything done at home.

Goal # 1:

Each day I want to make a list of manageable activities to get done after work, so I don't feel so overwhelmed, like doing the dishes for 20 minutes and doing the laundry, or cleaning up the living room for 20 minutes.

1. Is Pamela's goal:

- Time-limited?
- Specific?
- Under her control?
- Positive?
- Measurable?

2. How could Pamela figure out whether this goal has been met at the end of treatment? Please specify some concrete behaviors or concrete events.

a. If treatment is a success in regard to this goal, I will probably:

Make a list of things to do after work each day, and check them off as I finish them. My apartment will be cleaner and I'll feel better about it.

b. If treatment is partially successful, I will probably:

Make a list everyday, but not get everything done. I want to feel as productive as I could.

c. If the goal is not met at all, I will probably:

Continue as I have been and stay depressed and feel bad about my apartment.

Now, translate your 2 problems into goals, keeping in mind the properties discussed earlier. Is it important, time-limited, specific, realistic, positive, and measurable?

Goal # 1:

1. Is your goal:

- Time-limited?
- Specific?
- Under her control?
- Positive?
- Measurable?

2. How could you figure out whether this goal has been met at the end of treatment? Please specify some concrete behaviors or concrete events.

a. If treatment is a success in regard to this goal, I will probably:

b. If treatment is partially successful, I will probably:

c. If the goal is not met at all, I will probably:

Goal # 2:

1. Is your goal:

- Time-limited?
- Specific?
- Under her control?
- Positive?
- Measurable?

2. How could you figure out whether this goal has been met at the end of treatment?
Please specify some concrete behaviors or concrete events.

a. If treatment is a success in regard to this goal, I will probably:

b. If treatment is partially successful, I will probably:

c. If the goal is not met at all, I will probably:

EVALUATING PROGRESS

Progress is gradual

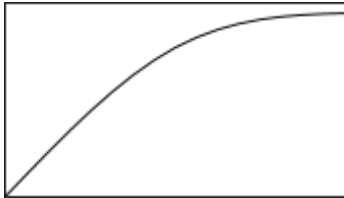


When considering progress on the goals you develop in therapy, remember to avoid thinking in extremes. If you haven't accomplished everything that you wanted or haven't reached your goals as quickly as you hoped, it doesn't mean you haven't accomplished anything. Any step that takes you closer toward the change you want is progress. So, remind yourself that change does not happen right away, but is a gradual process.

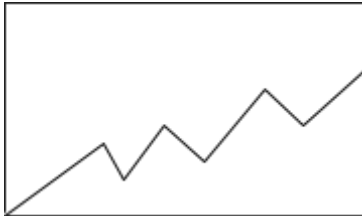
The following are some useful points to consider when working towards a change.

1. Expect bumps

Progress rarely occurs at a steady pace, or in a continuous direction, like a smooth curve:



Most change happens with setbacks in between, and looks more like the "saw toothed" line:



2. Don't give up when faced with setbacks

It is difficult to learn new ways of thinking and doing things. You will find that making the effort and showing progress is easier on some days than others. Encourage yourself to recognize and reward yourself for each step you make toward achieving your goal(s). And remember progress is gradual with some setbacks in between.

In other words, be prepared for "two steps forward and one step back" when reviewing your progress. There will be times, especially when you are experiencing a lot of stress, when you may begin to fall back on your old ways of thinking or doing things. This does not wipe out all the successes you have had up to that point; it doesn't mean you haven't made progress, and it certainly doesn't mean you cannot start using your newly learned skills again.

Summary and Review

Skills highlighted in this chapter:

Assignments that might help me practice skills learned in this chapter:

Additional thoughts:

Homework

1. Reading: Please review this chapter before the next session.

2. Action Plan

It is very helpful to set small goals for yourself.

What action plan would you like to set?

On a scale of 0-10 (0 being impossible and 10 being guaranteed), how confident do you feel about achieving your action plan?

I feel a _____ (0-10) that I can achieve my action plan.

Many therapists who work with depressed clients have observed this circular relationship over and over again. Therapists report that if depressed clients increase their level of pleasant activities on a daily basis, their mood is improved and their symptoms of depression are reduced.

Even more importantly, clients who increase time spent in pleasant activities learn they have some control over their periods of depression.

At first, you may think that increasing pleasurable activities is “easier said than done,” especially if you have been depressed for a long time and have lost hope of improving your life. However, therapists report that clients who can organize their time into pleasurable activities: 1) actually spend time in planned fun and 2) find more time and more activities to enjoy. When these patients experience negative life events or recurrence of depressed mood, they are better able to plan for pleasant activities and improve their mood.

MONITORING YOUR MOOD AND ITS CONNECTION WITH EVENTS

As you may have already learned in talking with your therapist, the first step is to carefully monitor your mood so that you can notice slight mood changes. Most of us can describe our moods as “happy”, “sad”, “so-so”, etc., but we may not always notice *how* happy or sad we may be at different points in time. Noticing the “in between” can help you become aware of changes in your mood and increase your understanding of what you're doing at those times when your mood improves or worsens.

Let's look at an example:

Susan is a 57-year-old woman who lives with her husband. She has recently entered partial retirement from her career as a nurse. She decided to slowly cut back her hours because she was feeling more fatigued and less interested in her work. After cutting back her hours at work, she was surprised that she started feeling increasingly sad and empty. Susan has also been withdrawing from her friends and has stopped volunteering at the local school. One day, Susan has the day all to herself, as her husband is away on business. She gets up preparing for a full day out in her garden. She feels refreshed and reasonably happy. As she starts to work, she realizes that she needs some gardening supplies. Slightly frustrated, she decides to drive to the nursery for the supplies. On her way there, she gets stuck in a bad traffic jam. At the nursery, she feels rushed and annoyed when a young salesperson is rude to her when she asks a question regarding some supplies. As a result, she doesn't get everything on her list, which causes her to return to the store, spending even more time on this unplanned errand. The traffic is once again terrible on the way home. Susan plans to immediately return to her garden upon getting back to the house, but finds an upsetting phone message on her machine from her neighbor who is stranded because of her broken-down car. Susan picks up her neighbor, takes her home, and is irritated when her neighbor does not acknowledge that she has disrupted the day that Susan planned for herself. Susan decides to go directly to the backyard in order to salvage whatever daylight hours remain. Although she is now feeling tense and irritable, Susan works in her garden for 2 hours. During that time, she feels her tension level decrease, but she still feels as though she has lost all control over the day. She begins to focus on her feelings of sadness and her inability to work, and ends up feeling hopeless about her ability to enjoy a meaningful life in retirement.

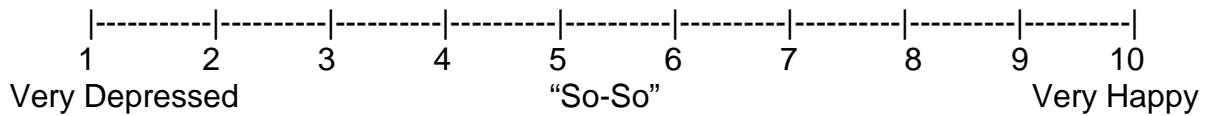
Notice that Susan started the day feeling reasonably happy, relaxed, and focused on doing something that she enjoys. By the end of the day, she was feeling sad, overwhelmed and was getting the impression that she had little control over events in her life. This was “one of those days” for Susan, where nothing seemed to go right, and it's understandable that she ended up feeling tense and unhappy.

Susan's problem was complicated, however, by the fact that she couldn't see how the specific events of the day had impacted her mood. Often, when you are overwhelmed by your mood, you may be unaware that you are experiencing several different mood states over the course of a day. By paying closer attention to her mood, Susan would see the relationship between the different events she experienced during the day and the changes in her mood. By noting her moods, she could then plan activities or strategies to enhance her mood or possibly even prevent a negative mood shift.

Susan started rating her mood at several key points during the day: when she woke up, at lunchtime, at dinnertime, and then at bedtime. See the chart below. She also identified the situations that occurred at the time she rated her mood. Now, she has a better sense of how her mood fluctuates during the day, and how her mood is influenced by events during the day.

SUSAN'S DAILY MOOD RATING FORM

1. Please rate your mood for each day (i.e., how good or bad you felt) using the ten-point scale shown below. If you felt good, put a high number on the chart below. If you felt "so-so," mark a 5. And if you felt low or depressed, mark a lower number.



2. In the space next to your mood rating for each day, please briefly give two major reasons why you think you felt that way. Try to be as specific as possible.

TIME OF DAY	MOOD SCORE	REASONS WHY I FELT THE WAY I DID
Morning	7	I woke up feeling kind of good about working in my garden.
Lunchtime	3	I never ate lunch due to my problem at the nursery and rescuing my neighbor. I was hurt that my neighbor was not sympathetic.
Dinner	5	I felt a little better after working in the garden, but I am still disappointed about the lost time and lingering feelings of sadness.
Bedtime	3	I rarely get to do anything pleasant anymore. At this rate, my personal goals will never be reached.
Daily Average	3	I have so little to enjoy.

Notice the relationship between Susan's mood and the events that she experienced. Here, Susan's negative mood was related to problems that interfered with pleasant activities, as well as a lack of acknowledgment from her neighbor that she had interrupted Susan's day. In fact, Susan's lowest mood scores occurred when she believed that she would not achieve her goal for the day of working in her garden...and that she would "never" reach her personal goals! Yet, Susan did recognize that her mood became slightly better as she finally got involved with her gardening.

On the next page is a daily mood rating form for you to try. Pay attention to the events that surround these moods and record those events that contributed to your mood score.

IDENTIFY YOUR PERSONAL PLEASANT ACTIVITIES / EVENTS

There may be many activities you have stopped doing because of feeling down or overwhelmed. On the other hand, you may want to participate in more pleasant activities but are unsure about how to start. In either case, it is important for you and your therapist to learn about the kinds of activities you enjoy and write them down in a **Pleasant Events Scale**. Identify a list of 5 – 10 things that you enjoy doing. Sometimes when people feel depressed it is hard to imagine enjoying anything. If you find this difficult, take a look at the **Suggestions for Pleasant Activities** included at the end of the chapter. This is a list of things that many people find pleasant or enjoyable.

Let's return to the earlier example of Susan. Susan completed the Pleasant Events Scale. From the scale, it was obvious that in the past month, Susan was having little opportunity for fun activities or even for many pleasant interactions with others. As you complete these items, you may notice that there are many activities that you have not done as much as you might have liked.

Although Susan was able to find a large number of activities that she once enjoyed, she does not have many plans to do these activities in the near future. She agreed to experiment and test out whether planning more of these activities and doing them will help with her mood. A sample of Susan's list appears below.

Pleasant Events Scale

Activity that is pleasant, interesting, fun – etc.	How pleasant 1-10	How frequently
1. Being with friends	5	1 X week
2. Listening to music	5	2 X week
3. Helping someone	6	Not at all
4. Gardening	7	Not at all
5. Going to a movie	7	Not at all
6. Going on a bike ride	6	Not at all
7. Going for a walk	5	Not at all
8.		
9.		
10.		

Susan was able to create a list of 7 pleasant events. After this task, she selected the 5 of these to introduce into her day right away.

Your Turn

Now take some time to think about the types of day-to-day activities that you enjoy (e.g., going to the movies or calling a friend to go out, as opposed to going on a two-week safari). Try and list 5 to 10 pleasurable activities. Then rate how pleasant or enjoyable they are on a scale of 1-10. Finally, indicate how often you have done each activity in the recent past (e.g., three times per week, once in past month, etc.)

Pleasant Events Scale

Activity that is pleasant, interesting, fun – etc.	How pleasant 1-10	How frequently
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		



PLAN TO ENGAGE IN PLEASANT ACTIVITIES



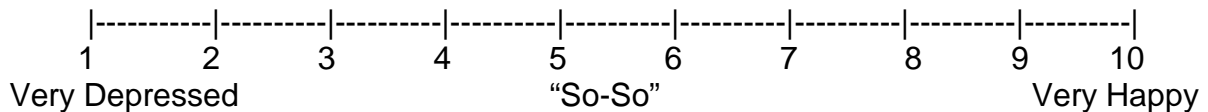
The next step after identifying your personal pleasant activities is to actually begin participating in such tasks. Much like Susan, you will likely find that you have been less able to participate in pleasant activities of your choice. Try slowly introducing such activities into your schedule, beginning with one or two activities. If you plan to do too many activities, there may be a higher risk of not doing them, which may lead to disappointment or frustration.

Schedule your pleasant activity in your planner and give it the same amount of importance alongside the other tasks you need to accomplish. Scheduling it in your planner also helps you remember to do it.

Plan or choose activities that you are likely to engage in without many difficulties. If you like to go for a walk but don't like the midday sun, then plan to do this activity either in the morning or the evening.

There will be times when you may not feel like doing much of anything, even activities that you once found enjoyable. This lack of interest is part of the downward spiral. It is still important to push yourself to do these things even if you're not completely interested in them. In the beginning, it may feel like you are just going through the motions. As you continue, however, you will find that participating in these activities helps to reverse the spiral, improve your mood, and eventually, make these activities enjoyable again.

One of the ways you can learn whether pleasant events are helping to improve your mood is to track your mood and activities every day for a week. Use the following scale to rate your mood.



On the next page you will find a sample Daily Mood Log:

Daily Mood and Activity LOG

Day	Pleasant Activity or Activities	Average Mood Today
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Below is what Susan's Mood Comparison Log looked like after planning daily pleasant events into her life:

Day of the week	Pleasant Activity or Activities	Average Mood Today
Monday	- Played with the dog after breakfast. - Gardened	6
Tuesday	-None	5
Wednesday	- Met my husband at his office for lunch.	7
Thursday	- None	6
Friday	- Held the door for the woman with twins	6
Saturday	- Met with friends for coffee - Watched a movie with my husband.	8
Sunday	- Gardened	7

Logging her activities helped Susan to see how participating in pleasurable activities is a really good way for her to improve her mood.



Summary and Review

Skills highlighted in this chapter:

Assignments that might help me practice skills learned in this chapter:

Additional thoughts:

Homework

1. Planning pleasant activities

What kinds of pleasant activities can you schedule?

My Plan:

Activity

Time Planned

2. Action Plan

If you want to consider your planned positive events action plan for the week, you can come back to this later.

Think about the overall goal you set for this session and also think about what you learned tonight. Remember that a series of small steps can lead up to achieving your goal. What goal would you like to set for this week?

On a scale of 0-10 (0 being impossible and 10 being guaranteed), how do you feel about achieving your weekly goal?

I feel a _____ (0-10) that I can achieve my goal.

3. Reading

Please review this chapter before the next session.



SUGGESTIONS FOR PLEASANT ACTIVITIES

RELAXATION

Being in the country
Building / watching a fire
Fishing
Getting a massage
Going to the beach
Listen to relaxation tape
Listening to music
Meditating / deep breathing
Observing birds / animals
Relaxing in the park
Take a day trip somewhere relaxing
Taking a bath / hot tub
Taking a drive
Taking a walk
Taking a nap
Viewing beautiful scenery
Yoga

PHYSICAL ACTIVITIES

Aerobics / dance class
Bike riding
Boating
Bowling
Camping
Dancing
Exercising
Hiking
Jogging
Lifting weights
Playing sports
Playing with pets
Rock climbing
Skiing
Swimming

HOME ACTIVITIES

Cooking / baking
Decorating your living space
Doing crafts
Exploring on the Internet
Gardening
Home improvement
On-line classes
Reading
Renting a movie
Repairing things at home
Solving a puzzle or problem
Spiritual activities
Video games
Watching TV
Working on hobbies / projects

Working on mechanical projects
Writing in a journal

SOCIAL ACTIVITIES

Attending a religious activity
Attending an outing (picnic) or party
Club activities (book/chess/bridge club)
Doing political activities
Getting dressed up
Giving / receiving affection
Going to a sports event
Going to bars/ nightclubs
Having a lively debate
Having lunch/dinner with a friend
Helping others / doing favors
Listening / telling jokes
Meeting new people
Playing cards / board games
Playing with kids
Romantic night out
Sexual activities
Talking about old times
Talking about sports
Talking on the phone
Visiting family / friends
Volunteer work
Working on a team project

TOWN ACTIVITIES

Browsing in a book store
Going to a concert or show
Going to a museum / exhibit
Going to the movies
People watching
Shopping
Sitting in a coffee shop
Taking a class
Traveling / exploring new place

ARTISTIC ACTIVITIES

Building things
Drawing
Mosaics / sculpture
Painting
Performing (singing, acting, dancing)
Photography
Playing music
Pottery
Scrap books
Sewing / Knitting / Crocheting
Singing
Song writing
Woodworking

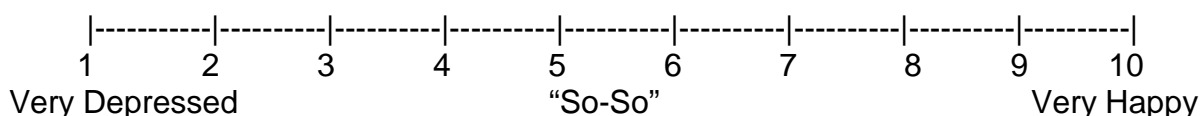
CHAPTER 4

Identifying and Evaluating your Automatic Thoughts

Goals for this session:

- Review Homework
- Introduce monitoring cognitions and emotions
- Learn to evaluate your negative thoughts
- Learn how to use the Unhelpful Thoughts Diary

My Weekly Mood Rating:



Homework Check-in from Session 3

- 1) Review the Pleasant Events homework.
 - Were you able to plan pleasurable events?
 - How can you continue to increase the amount of pleasure in your life?
- 2) How did you do with your action plan?
 - What contributed to your success, or what made it hard or impossible to complete the homework?
- 3) Other Homework?

Monitoring Thoughts and Feelings

To learn how to successfully manage our mood, it is very important to first learn to be more aware of your thoughts and feelings. For many people, this can be a little harder than it sounds. But with practice, you will be able to do this easily.



Thinking Tools

The basis of the cognitive behavioral approach is helping you become more aware of the connection between your thoughts, feelings, and behaviors. It is natural for us to have thoughts about situations and things that happen in

our lives. Our thoughts, the way we feel, and our actions, all interact with each other, in both positive and negative directions. The good news is, when we want to make changes in our lives, any change we make to any of these parts will likely change the other areas. For example, if you have started doing more pleasant activities, you may have experienced more good moods, more positive thoughts and attitudes (cognitions), and maybe even changes in how you feel physically.

It is also possible for you to learn how to change your thinking from negative to positive, as a way to improve your mood. The next couple of chapters will focus on how to examine, identify, and change your thinking. There are three basic steps to changing how you think:

- 1) Pay attention to and identify what you are thinking
- 2) Evaluate your thoughts
- 3) Change your thinking

In this chapter we will focus on identifying and evaluating your thoughts. The next chapter will begin to look at how to examine your unhelpful thoughts in a way that helps you replace them with more helpful thoughts, thereby improving your mood.

IDENTIFYING YOUR UNHELPFUL THOUGHTS

One of the main things your brain does is produce thoughts. Just like your heart pumps blood, your brain pumps out thoughts continuously. These thoughts go on in our heads all the time. Sometimes we pay attention to those thoughts, sometimes we don't. It is a lot like a TV that is on while we are in the next room. Sometimes we notice a phrase or a sentence, and other times the TV just continues without us even noticing.

Regardless of whether or not we are aware of these thoughts, they do have an impact on how we feel and how we interpret the world around us. They are called **automatic thoughts**, because they seem to come up automatically.



People can have both helpful and unhelpful automatic thoughts. **Helpful thoughts** are those that lead to improved mood, enjoyable behaviors, and the successful accomplishment of individual goals. **Unhelpful thoughts** create negative emotions, and can lead to problems with anxiety, anger, or depression.

Many unhelpful thoughts come up when we experience big problems in our lives, such as fighting with our partner or boss. However, many unhelpful thoughts also come up after seemingly small annoyances in our lives, such as a rude store clerk or a snippy stranger. A lot times automatic thoughts even come up for no apparent reason. For example, you may have woken up in the middle of the night thinking about a problem. There was probably nothing you could do about it at that moment, but the thoughts came automatically nonetheless.

The first step in changing our unhelpful thoughts that are causing problems is to become aware of these automatic thoughts. Unless we make a conscious effort to slow them down and become aware of them, they will continue to cause us problems.

Our automatic thoughts come so quickly that we are often unaware of them before they start making us feel negative emotions. We are so used to having these unhelpful automatic thoughts that unless we make a conscious effort to notice them, we usually remain unaware of them. Thus, it becomes important to slow down your thought processes in order to identify the thoughts in between the stressful event and the negative feelings that you are experiencing.

The way to slow down your thoughts is by keeping track of what you are thinking once you have noticed a strong emotional reaction. This idea of monitoring automatic thoughts brings us to a core tool of the cognitive part of this session: the **Unhelpful Thoughts Diary (UTD)**.

There are different types of UTD's, depending on what you are trying to do. However, we almost always start with three important pieces:

- 1) **SITUATION:** A short description of the specific situation you experienced.
- 2) **EMOTIONS:** A list of the unpleasant emotions that you experienced as a result of the situation.
- 3) **AUTOMATIC THOUGHTS:** A list of the negative/unhelpful automatic thoughts you had in connection with the situation.

This is what the UTD exercise looks like:

Unhelpful Thought Diary

SITUATION	EMOTIONS	AUTOMATIC THOUGHTS

Recording these three pieces of information will help you to practice noticing and monitoring the thoughts that immediately follow a stressful event. You cannot make any changes in your mood or thoughts unless you know what to change!!

Let's try it with an example:

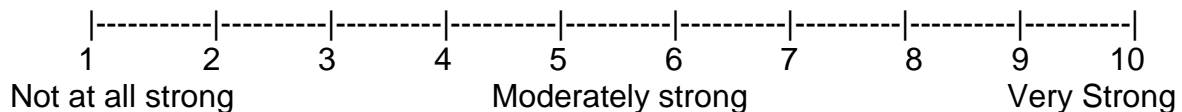
Alison enjoys her visit with her friend Rachel, but on her return home, begins to have feelings of worthlessness and loneliness. Her friend is newly married, and Alison feels like Rachel did not pay much attention to her while she was there. She feels more like a burden, now that Rachel has her husband and her new life to focus on, and that Rachel has no need for her friendship anymore.

Alison's Unhelpful Thought Diary

SITUATION	EMOTIONS	AUTOMATIC THOUGHTS
<i>Driving home from Rachel's house at around 7:30 pm</i>	<i>Frustration, anger, disappointment</i>	<i>They didn't pay any attention to me. I am a lame "third wheel" - I'm a burden to them.</i>

The strength of emotions

In the last session we learned about how to evaluate what we are feeling. It is also important to measure the strength of your emotional consequences to a certain situation. For this rating, you will utilize a scale between 1 (not at all strong) and 10 (very strong).



Please note that you can choose any number you want that falls within the range of 1-10 (see Alison's example). In this way, you can gain information regarding which emotions are the strongest, and you can also compare initial ratings to subsequent ratings of emotions. Hopefully, as you learn to change your unhelpful thoughts, your emotions will also improve.

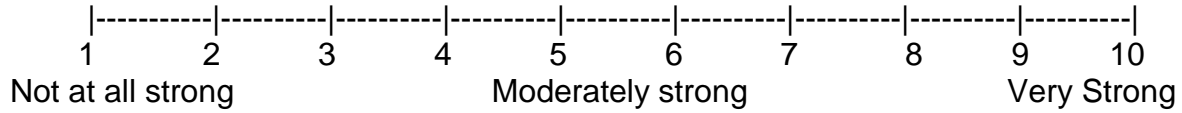
Alison's example below demonstrates that she rates her emotions of frustration and anger as very strong, with disappointment somewhere between moderately and very strong.

Alison's Unhelpful Thought Diary

SITUATION	EMOTIONS	AUTOMATIC THOUGHTS
<i>Driving home from Rachel's house at around 7:30 pm</i>	<i>Frustration (8), anger (8), disappointment (6)</i>	<i>They didn't pay any attention to me. I am a lame "third wheel" - I'm a burden to them.</i>

How much you believe in an unhelpful thought

Another important component of the Unhelpful Thought Diary is determining how strongly you believe in an automatic thought. For this rating, you will utilize a scale between 1 (not at all strong) and 10 (very strong). Please note that you can choose any number you want that falls within the range of 1-10 (see Alison's example).



Alison's Unhelpful Thought Diary

SITUATION	EMOTIONS	AUTOMATIC THOUGHTS
<i>Driving home from Rachel's house at around 7:30 pm</i>	<i>Frustration (8), anger (8), disappointment (6)</i>	<i>They didn't pay any attention to me. (9) I am a lame "third wheel" - I'm a burden to them. (7)</i>

As Alison rates the strength of each of her thoughts, we learn which thoughts are strongest for her and therefore, may require immediate attention. For example, her thought that her friends did not pay attention to her is a 9. This is a thought that Alison really believes is true. This rating is an important one to remember because as Alison continues with her assignments, one way for her to measure improvement is by occasionally re-rating the strength of this belief.

Unhelpful Thoughts Diary

Practicing with your own example

Think about a recent situation that made you upset or stressed:

Try this exercise:

Practice completing a **UTD** with a stressful event that you experienced this week. Sample pages are at the end of this chapter. After identifying the situation, sometimes you may find it easier to go identifying the emotion(s). Other times you may find it easier to start with the thoughts. Either way is fine.

Identifying thoughts may not be easy. A good detailed record includes all automatic thoughts, including:

- Automatic thoughts about the situation
- Automatic thoughts about you
- Automatic thoughts about the people around you
- Automatic thoughts about the future

We have added some questions to help you. Some of the things you might ask yourself are:

- *What was going through my mind right then?*
- *What does this say or mean about me? My life? My future?*
- *What am I afraid might happen?*
- *What is the worst thing that could happen if this is true?*
- *What does this mean about how other people feel or think about me?*
- *What does this mean about other people in general?*
- *What images or memories do I have about this situation?*

It is also important to rate (using a 1 to 10 scale) how strongly you are experiencing these emotions and thoughts.

As you begin practicing, you can start with new, blank UTD forms. At this point, don't worry about changing the thoughts that you identified. The current skills to master are (1) recognizing that stressful events are fueled by our negative thoughts, and (2) learning to identify such thoughts as soon as they occur.

UNHELPFUL THOUGHT PATTERNS

As mentioned previously, a major focus of CBT involves helping you make the connection between how your unhelpful thoughts influence the way you feel and how you behave. As you begin to identify and examine the unhelpful thoughts that you have, you may start to notice three things about yourself:

- 1) That you have specific *patterns of thinking*.
- 2) That certain patterns of thinking arise in specific types of situations.
- 3) That you have a particular manner or style of interpreting stressful situations.

When we are feeling upset, we see everything in a somewhat distorted way, like looking into a distorted mirror. Our interpretation of situations around us, as well as the interactions we have with others, may become distorted or inaccurate. There may be elements of truth to our understandings, but when feelings and thoughts are so extreme, there is usually also distortion in the thought patterns.

We have created a “Negative Thought Patterns” handout for you at the end of this chapter. Keep these pages handy for easy reference as you begin to identify the kinds of negative thought patterns that you use.

Summary and Review

Skills highlighted in this chapter:

Assignments that might help me practice skills learned in this chapter:

Additional thoughts:

Homework

1. Thought Diary

Over the next week, try keeping a log of your automatic thoughts and the emotions and consequences connected to them. Remember that once you have awareness of your automatic thoughts, you can begin to work with them.

2. Action Plan

Think about the overall goal you set for this session and what you learned in this chapter. Remember that a series of small steps can lead you to achieving your goal. What action plan would you like to set for this week:

On a scale of 0-10 (0 being impossible and 10 being guaranteed), how confident do you feel about achieving your weekly action plan?

I feel a _____ (0-10) that I can achieve my action plan.

3. Reading

Please review this chapter before the next session.

Your Unhelpful Thought Diary

Situation	Emotions	Automatic Thoughts
Who? What? When? Where?	What did you feel? Rate how strong is each mood (1-10)	<p>Answer some or all of the following questions:</p> What was going through my mind right then? What does this say or mean about me? My life? My future? What am I afraid might happen? What is the worst thing that could happen if this is true? What does this mean about how other people feel or think about me? What does this mean about other people in general? What images or memories do I have about this situation? Rate how strong is each thought (1-10)

UNHELPFUL THOUGHT PATTERNS

Here is a list of unhelpful thought patterns that are common for those who are stressed or depressed. Some of these thoughts may fit you better than others. Also, this list is not complete. You may find that you often use a unhelpful thought pattern that isn't included. That's OK. The real goal is to just identify the patterns that you do use. Identifying your most common thinking patterns may be helpful when you learn to challenge and replace these unhelpful thoughts later in your therapy.

- ***The Tyranny of the Shoulds: "Shoulda, Woulda, Coulda Thinking"***: This type of thinking refers to the rules you have about the way things *should* be. These rules are often unrealistic goals that, when not met, result in strong feelings of guilt or anxiety. For example, "I should have spent more time with my children when they were younger, if I did that our relationship would be stronger."
- ***Black-and-White Thinking (There Are No In-Betweens)***: This pattern refers to the habit people develop when they view situations in extremes, and not to see anything in between. For example, when feeling unsuccessful, you might say, "Everybody else seems like they are real go-getters; I don't seem to be able to do anything." With this type of thinking, you see the options available to you as "either/or" with no thought of, or room for other options.
- ***Catastrophizing (Magnification)***: People often over- or under-interpret the importance of a situation. Some people tend to magnify or increase a situation's importance while others tend to minimize or downplay the relevance. *Catastrophizing* occurs when you blow a situation out of proportion and convince yourself that the future looks hopeless and bad outcomes are sure to happen. If you engage in catastrophic (or damaging) thinking you might think something like: "My depression is surely so hard to treat that I am wasting my time in therapy, I will never get better."
- ***Minimization***: This type of thinking refers to times when you downplay the importance of events and their impact on yourself and/or on others. For example, if a coworker complimented you on the way you look, you might minimize it by stating, "I must have looked really bad yesterday!"
- ***Disqualifying the Positive***: When you take the negative details from something and magnify them while also filtering out and overlooking all of the positive aspects of the situation, it can be said that you are *disqualifying the positives*. People who do this often find they discount praise or compliments. For example, if someone compliments you on your clothes or your work, you might think, "Oh, they're just being nice."
- ***Mind Reading***: This type of thinking occurs when you assume to know what others are thinking and feeling and believe you also know why they do certain things. You assume to have knowledge of their thoughts and actions directed towards you. For example, if a friend sees you and does not say hello, a "mind reading" thought might be, "She is ignoring me, she must be angry at me."
- ***Over-Generalization/Over-Interpreting***: When using this type of thinking, you tend to over-interpret situations, drawing conclusions with only a few facts. Usually people who over-generalize will take a single event and turn into a pattern of never-ending loss. For example, you get a phone call as you are leaving your house in the morning that makes you late. You ended up forgetting your cell phone in your house as you rushed out, and you tell yourself, "This is going to be a really bad day."
- ***Emotional Thinking***: With this type of negative thinking, you interpret your feelings as though they were facts. For example, you may think, "I'm feeling overwhelmed with raising my children. I must be a bad parent!"

Chapter 4: Identifying Automatic Thoughts

- **Name Calling / Blaming:** Attaching negative labels to yourself or others is a form of name-calling. Often these statements have a blaming tone. For example, “I’m a loser,” or “I’m a lousy parent.” Often when people engage in name-calling towards themselves, they are much harder on themselves than others would be, or than they would be towards others.
- **“If Only” Thinking:** This type of thinking is often focused on past events, and includes a sense of regret and disappointment. Because your thoughts are dominated by “if only” thinking, you may tend to find it difficult to focus on the here-and-now. Since you cannot change the past, continuing to focus on it may keep you from successfully dealing with current situations and/or recognizing your opportunities.

These are some of the most common unhelpful thought patterns. You will probably find that you use some of these more than others. Again, feel free to make up your own categories.

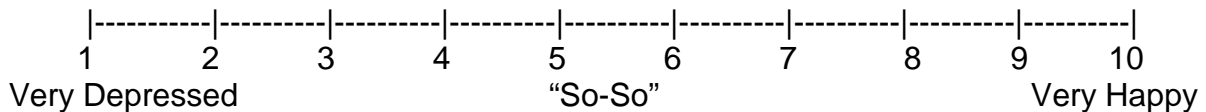
CHAPTER 5

Examining and Changing Unhelpful Thoughts

Goals for this session

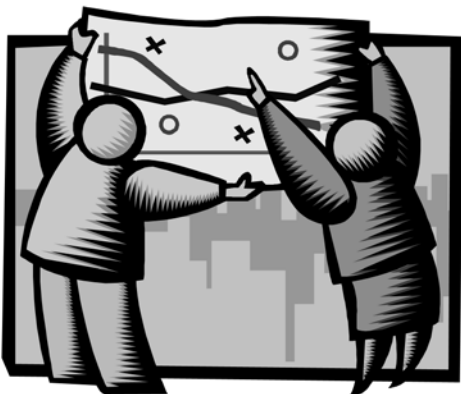
- Review homework
- Talk about maintaining motivation
- Introduce tools to use for examining unhelpful thoughts
- Begin to change your unhelpful thoughts
- Provide opportunities to practice changing thought patterns

My Weekly Mood Rating:



Homework Check-in from Session 4

- 1) Review Unhelpful Thoughts Diary
 - Did you notice any common automatic thoughts?
 - What relationships did you notice between the way you think, act, and feel?
- 2) How did you do with your action plan?
 - What contributed to your success, or what made it hard or impossible to complete it?



Honeymoons and Hard Work

People often begin stress and mood management programs with a lot of enthusiasm. But that enthusiasm does not usually last forever. We find that, after four weeks or so, the newness begins to fade, and you may start to feel a little discouraged. Has this been happening to you?

We often enter into a new counseling program hoping for a kind of magic bullet – a transformation of our lives that will do away with the problems and create a sense of accomplishment. In fact, making changes during the honeymoon is usually easier.

For some people, the end of this “honeymoon” and the start of feeling discouraged happen when they realize that changing takes a lot of hard work.

After a few weeks, when the glow wears off, you may struggle with all the hardships, uncertainties, and doubts. In fact, you begin to make real, lasting changes when the honeymoon ends.

It is often said that change requires two steps forward and one step back. Progress includes setbacks. If you slip, that is normal. Don't be disheartened. By talking about these difficulties openly with your therapist, you will find new ways to overcome these problems.

Take some time to think about the following questions:

- Why do you think you were enthusiastic at the beginning?
- If you have become less enthusiastic, why do you think that is?
- What do you want out of this program at this point, now that you have some experience with it?

Examining and Changing Your Unhelpful Thoughts

In the last session, we talked about identifying and evaluating unhelpful thoughts. The next step is to learn to examine these thoughts and replace the unhelpful thoughts with more productive thoughts.

Here we introduce several methods to examine and change your unhelpful thoughts. The goal is for you to become more skilled at recognizing and evaluating how realistic, or exaggerated, your unhelpful thoughts are, and to become better at replacing your unhelpful thoughts with more helpful ones.

Step I: Awareness

In the previous chapter, you used the Unhelpful Thoughts Diary to identify your patterns of automatic thoughts and how your thoughts and feelings are linked. Now, let's try to:

- Rate the degree to which you believe the automatic thought, as well as the strength of emotions and reactions.
- Recognize how you react emotionally, and how you relate to people around you (e.g. irritability, tension, withdrawal, etc.).
- Identify which automatic thoughts are inaccurate or negative.

Step II: Examine and change your negative perceptions

The following list is a set of techniques to examine your negative thought patterns. Not all of these are fitting for all situations. Try a few different techniques for an unhelpful thought. See which is most helpful, or which provides you with the most insight. Some of these suggestions overlap with each other.

Also, this is not an exhaustive list. Be creative - you might come up with other strategies that work better for you!

The “UTD” Exercise

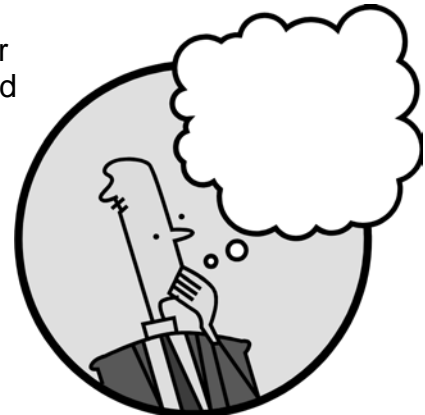
Until now, the Unhelpful Thoughts Diary lets you keep track of how stressful events, your automatic unhelpful thoughts, and emotional and social consequences all influence with each other. Now it is time to begin examining your unhelpful thoughts. To examine your unhelpful thoughts you will begin using additional questions as a guide, such as:

What’s the Evidence?

Are your automatic thoughts just quick judgments made without much support? If you are not sure, you could try asking friends or family for their thoughts about certain situations. Many people collect additional information in order to examine unhelpful ideas about situations or people.

Consider All Alternatives – Including the In-betweens

Sometimes people who are stressed, overwhelmed, or depressed think only in extremes (black and white) and forget to consider other options that may be open to them. Think of a ruler. It doesn’t only measure objects in inches. It can also measure the length of objects in feet, half-inches, quarter-inches, and even smaller measurements. The situation or problem may not be good, but it may not be as bad as you imagine. For example, if someone is angry with you, it does not mean they hate you, or that they will always be angry with you.



Additional strategies to manage unhelpful thoughts are included at the end of this chapter!!

Remember Alison from Chapter 4 who felt sad after visiting her friend Rachel? Let's take a look at Alison's "Unhelpful Thoughts Diary":

Allison's Challenging Your Unhelpful Thoughts Diary

Situation	Emotions	Automatic Thoughts	Alternative/ Balanced Thought
<p><i>Driving home from Rachel's house at around 7:30 pm</i></p>	<p><i>Frustration (8), anger (8), disappointment (6)</i></p>	<p><i>They didn't pay any attention to me. (7).</i></p> <p><i>I am a lame "third wheel" - I'm a burden to them (6).</i></p>	<p><i>They invited me over and seemed to enjoy making dinner for me (8).</i></p> <p><i>Rachel was just busy with cooking and hosting, she likes seeing me (7).</i></p> <p><i>In time, I will be able to enjoy a revived friendship with Rachel, and maybe even enjoy spending time with her and her husband (7).</i></p>

Alison was able to identify pieces of information that did not support her automatic thoughts. In thinking about these, she was able to come up with a more reasonable way of thinking about the situation. While this did not get rid of her sadness, it did lessen it, as well as decrease the strength of her belief in her automatic thoughts.

Sometimes it is difficult to produce alternative thoughts. Below is a box with some more questions you can ask yourself to help you explore other explanations.

Questions to Help Find Alternative Thoughts¹

- *What makes me think the thought is true?*
- *What's the worst that could happen? What's the best that could happen?*
- *When I am not feeling down, how might I think about this situation differently?*
- *When I have felt this way in the past, what did I think about that made me think about this differently?*
- *Am I blaming myself for something that I don't have complete control over?*
- *Are there small things that contradict my thoughts that I might be discounting as not important?*
- *Five years from now, looking back at this situation, will I think about it differently?*
- *Are there any strengths or positives in me or the situation that I am ignoring?*

Now, you are ready to work through an Unhelpful Thoughts Diary on your own. Use the form on the next page to help you with this exercise. Go ahead and try completing one yourself.

¹ Adapted from Greenberger & Padesky (1995) *Mind over mood*. Guilford Press, and Beck (1995) *Cognitive Therapy: Basics and Beyond*. Guilford Press.

Challenging Your Unhelpful Thoughts Diary

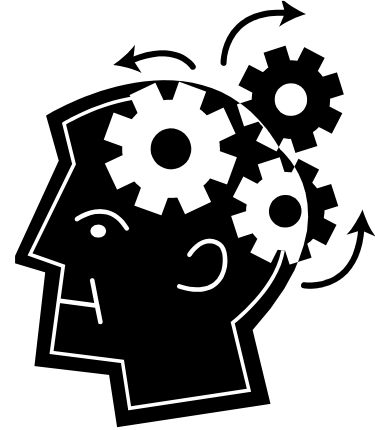
Situation	Emotions	<i>Automatic Thoughts</i>	Alternative/ Balanced Thought

Questions to generate Alternative Thoughts:

- 1) What is the evidence that these thoughts are not 100% true? 2) Even if this were true, what's the worst that could happen?
- 3) If someone I love or care about had this thought, what would I tell them? 4) When I am not feeling down, how might I think about this situation differently? 5) When I have felt this way in the past, what did I think about that made me think about this differently? 6) Am I blaming myself for something that I don't have complete control over? 7) Are there small things that contradict my thoughts that I might be discounting as not important? 8) Five years from now, looking back at this situation, will I think about it differently? 9) Are there any strengths or positives in me or the situation that I am ignoring?

What did you learn from this exercise?

Don't worry if this exercise was difficult. It is very common for people to have a hard time completing their first Unhelpful Thoughts Diary. It is also true that even if you were able to come up with helpful responses to your unhelpful thoughts, you may not have a great deal of confidence in these new thoughts.



It takes time for the newer, more helpful thoughts to "sink in." Think about your old, unhelpful thoughts as an old habit. Breaking any old habit requires a lot of hard work and patience. It is important to remember, though, that old habits can eventually be broken, even if it takes some time and effort. You CAN learn to alter your negative thought patterns and to adopt more realistic thoughts. You have already begun this process!

At the end of this chapter, we have included a page with more techniques to examine your thoughts. It is important to take a look at these techniques to see which might be helpful for you.

Summary and Review

Skills emphasized in this chapter:

Assignments that might help me practice skills learned in this chapter:

Additional thoughts:

Homework

At this point, it is important that you become aware that beliefs you thought would stay with you forever **can** be changed.

1. Monitoring your thoughts: The best way to make these changes is to **PRACTICE!** Get yourself into the habit of completing an Unhelpful Thoughts Diary each time you are experiencing a stressful event. You don't even need to have the form with you - you just use a blank piece of paper, or you may find that, with enough practice with the Unhelpful Thoughts Diary, you won't need paper at all! Eventually you may be able to identify and examine your negative automatic thoughts in your mind!

2. Action Plan (*Optional*)

Think about the overall goal you set for this session and what you learned in this chapter. Remember that a series of small steps can lead you to achieving your goal. What action plan would you like to set for this week:

On a scale of 0-10 (0 being impossible and 10 being guaranteed), how confident do you feel about achieving your weekly action plan?

I feel a _____ (0-10) that I can achieve my action plan.

3. Reading

Please review this chapter before the next session.

Strategies to manage unhelpful thoughts

There are a number of other strategies for examining your thinking. Some of these are covered in more detail in *Module 1: Overthinking*. We will briefly review some of these here.

Examine the Consequences of your Thinking

You already know that an overarching consequence of negative thinking is feeling stressed, overwhelmed, and/or depressed. But sometimes you may find that these unhelpful thoughts also have specific consequences. As you examine the specific consequences (emotional, physical AND/OR social consequences) for each thought, you may find that you have less interest in maintaining that belief. For example, if you have identified believing that people will not like you or find something wrong with you, you would probably find that it leads to feeling more hopeless or shy, avoiding contact with other people, and being more socially isolated. Seeing the impact of this belief might increase your motivation to challenge it.

Language

A lot of negativity comes from the language we use with ourselves. We often create labels for ourselves without considering the true definitions. Sometimes we believe that we must behave, think, or feel according to some “rules” whose origins are unknown. For example, if you call yourself stupid after making a mistake, this can set off a negative spiral. But if you really examined the definition of stupid, you would see you couldn’t possibly fit that definition. Change the language to be more compassionate. For example, “I made a mistake but I have learned and grown from it.”



Act “As If”

When you are talking to yourself in a harsh and negative way, think about someone you respect and admire. How would that person talk if they were in your shoes? What might s/he say? Try to act “as if” you are that person. What might you say to yourself when acting “as if” you were that person? Usually “acting as if” feels false at first, like you are play-acting. This is normal. As you continue to practice, however, you will find that you can adopt the role. That is what learning is all about.

Credit the Positives

Focusing on the stress in your life is one way to come up with negative explanations. When we focus on the negative, we forget that positive events, thoughts, and feelings do occur. Spend a few moments thinking of the more positive aspects of some recent events, or positive thoughts you've had lately. Next, think about the positive effects these events or thoughts have had on your emotions.

Positive Affirmations

Along with crediting the positive accomplishments and qualities that you experience, you may also want to develop some positive, personal statements that you say to yourself when you are feeling overwhelmed with unhelpful thoughts and negative

emotions. For example, someone feeling very badly about oneself would say, "I am a good person. I can love and be loved."

What can worrying do for us?

Worry can be a cue that a problem needs to be addressed. The act of worrying, however, has no utility. Try to evaluate whether the object of your worry is a "real problem." Is it something you can really control? How likely is what you are worrying about really going to happen? Will there be significant consequences if it does happen? Most importantly, evaluate whether worrying about something is getting you anywhere at that moment. Decide whether you should take action, OR accept that since there is nothing to be done, there is no value in worrying about it!

Scale Technique

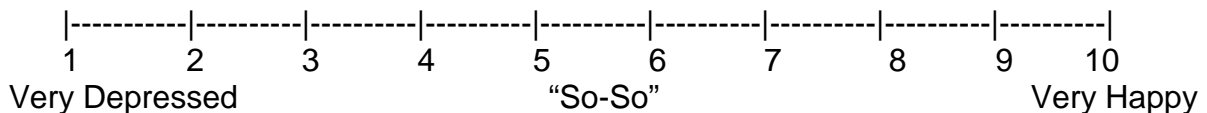
This technique is very helpful when we are "stuck" on a particular thought or feeling. The scale technique is designed to weigh the advantages and the disadvantages of maintaining the thought, emotion, or behavior. What are the advantages of being overly responsible and not taking any time for oneself?

ADVANTAGES	<i>DISADVANTAGES</i>
<i>Not feel guilty</i>	Depression Anger and frustration Isolation and loss of friends Poor health, fatigue

CHAPTER 6**Social Support****Goals**

- Review homework
- Understand the different types of social support
- Identify your support system and its strengths and weaknesses
- Identify obstacles that interfere with obtaining the support you need
- Learn skills to enhance your support system

My Weekly Mood Rating:

**Homework Check-in**

- 1) How did the homework go?
 - Problems with practice?
 - What went well?
- 2) How did you do with your action plan?
 - Did you notice any problems?

**Definition of Social Support**

Social support refers to the benefits we receive from our relationships with other people, including emotional support, practical help, and a sense of belonging.

Benefits of Social Support

Human beings are social animals. Other people are as important to our survival as the food we eat. When we are not stressed, social support offers companionship, warmth, intimacy, entertainment, sharing, and much more. Social support under non-stressful conditions can help shape our identity and maintain our self-esteem.

Under stressful conditions, social support can offer comfort, relief, help with problems or tasks, practical aid, and alleviation of loneliness.

Research shows that when people are satisfied with their support systems, they have better health. For example, people who feel supported socially have fewer colds, lower risk of heart disease, and are more likely to live longer. Thus, social support offers people not only emotional comfort and practical help, but it may also help people live healthier lives.

TYPES OF SUPPORT

There are many different kinds of support and ways that others can provide support to you. Some kinds of support are *practical*—such as providing information, medical advice, or financial help. Other types of support are less practical and more *emotional*—such as listening or providing a shoulder to cry on. People need both kinds of support. We will discuss several different types of support that tend to be relevant to people with depression.

Emotional Support

One of the most important types of support for people under stress or pressure is emotional support. Emotional support involves feeling connected with others, feeling understood, and sensing that others are available if needed. There are people you call when you are down or need to talk – these are your emotional supports.



Emotional support is critical for everyone's well-being. However, an individual's need for emotional support is often ignored or misunderstood by the medical community, by families, and even by the person who needs it. Even though being emotionally supportive is a sign of a close relationship, needing emotional support can be associated with fears of rejection, criticism, or feeling like a burden. These fears can lead people to withdraw from others, or even feel irritated when others do offer help.

Practical Support

Practical support refers to the support we receive from friends, family, co-workers, medical people and any one else who assists us with *doing* things. This includes things like asking a friend or family member for help with completing a chore, getting a ride, or doing some baby-sitting. It can also be asking a stranger to help with a flat tire or to carry something. It can be difficult for some people to ask others for practical support.

Belonging Support

Do you ever feel like you just want someone to go to the movies with, or to ask over for dinner? You may not want to talk about anything emotional or difficult. You do not need anything in particular – you just want companionship. This is sometimes referred to as belonging support because it helps us feel like we belong in this world. Sometimes people who provide us this support are not people we feel very close to. They may not be people from whom we would ask much in the way of favors. But many of us just need people to hang out with from time to time. This type of support is also very important to our everyday functioning.

No matter the type of support you need, unhelpful thoughts such as, "I will burden the other person," "I am weak," or "Others will get tired of my asking for their help," may discourage you from seeking support. Evaluating your unhelpful thoughts can help you identify whether your concerns are realistic or exaggerated. If your concerns are

realistic, communication skills and problem solving can help you secure the practical support you need.

IDENTIFYING YOUR SOCIAL SUPPORT NETWORK

Now that we have described the different types of support, let's examine *your* support structure. Fill out the "People in my Life" form in the next page.

Steps:

- 1) Fill out the names of people you can rely on for each type of support. Some people may be in more than one category because they provide multiple types of support.
- 2) In addition to the different types of support people can offer, we also feel different levels of satisfaction with the support offered. Rate your level of satisfaction with the support you're provided on a 1 – 10 scale, with 1 meaning *very little satisfaction* and 10 meaning *extreme satisfaction* with the support provided.
- 3) Also make a note of the specific type of support offered, i.e., "Can ask them to drive me to a doctor's appointment - Practical," or "Able to call and ask them to a movie - Belonging," etc...

THE PEOPLE IN MY LIFE

Emotional Support		
Name	Specific Support Available	Satisfaction
Practical Support		
Name	Specific Support Available	Satisfaction
Belonging Support		
Name	Specific Support Available	Satisfaction

THINGS TO CONSIDER IN DEVELOPING AND USING SUPPORT

Who provides what?



As you probably notice, different people are better at providing different types of support. For example, if you ask your doctor to borrow money, and a family member for a prescription, you may end up frustrated.

That may seem obvious. But many times, we ask someone who is good at listening or may be a good buddy to do something practical and they don't come through. Or sometimes we try confiding something emotionally difficult in someone who has been very helpful in other ways, and it just falls flat. Just like you wouldn't write off your doctor for not lending you money, it may not always be good to write somebody off just because they fail us in one area of support. To reach out for support successfully, it's important to focus on your needs and determine who can best meet them.

Ensuring you get the right person providing the right support requires that you ask people to provide what they can and not what they cannot. This means learning what the people in your support system are able and willing to provide. One person in your network may be good at listening to you, but not very reliable in helping you do things. Another person may be reliable in helping you with tasks, but is not as good at providing emotional support when you are upset. In addition, a person's ability to provide support can vary over time, depending on his or her own life circumstances.

How much support is enough?

Ideally, you would want a number of people to provide each type of support. If you have multiple people that you can rely on for each type of support, it is more likely that you will receive the support you need at any given time.

Your support needs are probably different at different times

Your own needs for support will vary over time. Recognizing that your support needs fluctuate can be helpful in combating unhelpful negative thoughts such as, "I will *always* need to depend on others."

Support when you do not want it

Often people offer support when it is unwanted or unneeded. A common show of support that may be unwanted is when a partner or friend offers advice. For example, if you just had an argument with a friend, a family member might give you advice on how to be a more patient or tolerant friend. Even if the advice is good, you might really just want emotional support – someone to listen, or just go out with. This is often difficult because the person offering the help is trying to be of assistance, but it is irritating to

you. In such instances, rather than asking the person to stop, it is usually helpful to acknowledge their good intentions and then direct them towards something that you need. For example, “I know you are offering this advice because you want to help but I’m not feeling up to discussing it. If you’d like to help, can we just go out to a movie instead of talking right now? That would help me get my mind off my problems and make me feel better.”

Dealing with people who do not provide support

Accepting when another person cannot or will not provide support is important. Often, people have negative thoughts - such as catastrophizing or mind reading - that lead to feeling rejected or criticized. Although it is hard not to personalize it when you don’t get the support you need, using the techniques you learned in *Chapter 4: Identifying your Thoughts* will help you maintain a more realistic appraisal. For example, when someone refuses or is unable to help, your automatic thoughts might lead you to feel rejected. However, using the techniques you learned to both 1) evaluate the type of distortion you’re making and 2) challenge these thoughts, can help you to make a more positive interpretation.

Example:

YOU ask a friend to go out for coffee with the hope of talking about your recent fight with your girlfriend.

YOUR FRIEND says he cannot go with you because he has a doctor’s appointment.

YOU automatically think, “I must sound like such a downer,” which leads you to feel like you don’t deserve the support you’re asking for.

In reality, YOUR FRIEND does have a doctor’s appointment and is stressed because he is also having trouble with his girlfriend and wonders what support he can possibly give you.

It is also important to acknowledge that you may have family or friends in your network who are disinterested in providing support, and possibly even critical and rejecting. If this is the case, you may wish to discuss the situation with your therapist, focusing on how you can limit your interactions with such people. If there are a number of people in your social network who are not supportive of you, another consideration to discuss with your therapist is how to expand your social or community network to include more individuals who are supportive (e.g., getting involved in community activities or renewing old friendships).

PROBLEMS WITH GETTING YOUR SUPPORT NEEDS MET

Asking for support is not easy. Asking for support can make you feel vulnerable because of the risk of being turned down or disappointed. People may take pride in feeling or appearing independent; asking for support can feel like one is “giving in” or losing dignity. The way



you think about asking for support will affect how you feel and your ability to accept support and/or help. It is important to examine any unhelpful thoughts that you might have about support.

What are some unhelpful thoughts you have about asking for support?

Many things can get in the way of a good support system. Your thoughts and attitudes about asking for help, your emotions, your own behavior (e.g., a tendency to be more passive than active), and environmental barriers (e.g., mobility problems, living far away from supportive friends and family members etc.) can all interfere with your ability to get and use your supports effectively. Run through the following skills practice exercise to evaluate how much you get in the way of your own support.

Skill Practice

There are lots of ways that you may be able to enhance your social support. Many people notice that there are two things that get in the way of receiving the support they need: 1) social isolations, and 2) difficulty asking for support. In this section, we will examine some ways of dealing with each of these difficulties.

If there are other difficulties that you feel significantly interfere with your ability to get the support you need, please discuss them with your therapist.

Decreasing Isolation

Isolation is one of the most difficult problems people face because having emotional and social support is so critical to our well-being. Without support, people can sink into depression. We lose our motivation to try to improve our world. We begin to see things as hopeless. People who feel anxious and/or depressed often feel isolated, and further isolate themselves because they feel they cannot, or do not deserve, support.

Decreasing isolation takes a concerted effort, and involves multiple strategies. Below are some examples:

1. Identify the reason for isolation or obstacles to interacting with others. Is your isolation caused by *negative assumptions* that discourage you from taking action to decrease your isolation (e.g., nobody will want to talk with me)? Or is your isolation due to *physical limitations* (e.g., my friends live so far away)?
2. If *negative assumptions* get in the way, evaluate your negative thinking using the tools you learned in Chapter 4. Try pulling out a blank Unhelpful Thought Diary to

examine your thoughts about initiating social contact or interacting with others in a social setting.

3. If your difficulty is due to *physical limitations*, a possible strategy for increasing your social interactions might involve identifying places where you can meet people. These can be old friends or new people to add to your network. It is best to choose an organization or activity that is *meaningful* or *enjoyable* to you.

It usually takes a while before you get to know people well enough to ask for their support. Finding enjoyable or meaningful social activities helps you to get something out of the activity even while you are taking the time to get to know others.

A short list of possible meaningful activities includes:

- Community or neighborhood associations
- Civic participation (for example, towns and cities usually have advisory panels for everything from architectural preservation to health services. These panels are made up of volunteering citizens)
- Advocacy or political activities (political parties, organizations that promote specific causes)
- Classes or lectures
- Church, synagogue, or other place of worship
- Labor Union
- Business or professional groups
- Support groups
- Book clubs
- _____
- _____
- _____

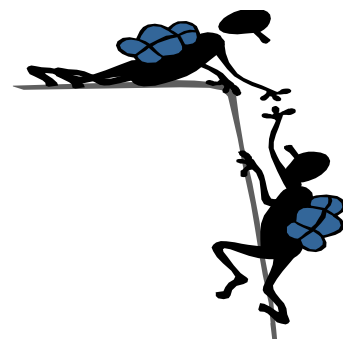
4. Using the “People in My Life List” worksheet, take a look to see if you have friends or acquaintances with whom you have not had much social contact lately.

5. If the problem is a lack of planning, it is important to schedule and implement social activities on a weekly basis. Plan some social activities and add them to your calendar.

6. Repeat efforts to maintain contact. Developing a social support network is not something you can do overnight. It takes time, care, and persistence.

Asking for support

If you find it challenging to ask for help, then it may be useful to recognize the barriers that are getting in your way. It will also help to practice how to get past these barriers. Below are some strategies for you to consider:



1. Evaluate your thoughts: Use an Unhelpful Thought Diary to monitor and reframe the thoughts that interfere with asking for support. Develop ways to challenge these persistent thought patterns.
2. Practice, practice, practice: Test out your thoughts by creating opportunities to practice asking others for support. Your therapist can help you think of specific opportunities that will help you, and develop your skills in this area.
3. Start small: Asking others for support can be difficult, especially if you are not in the habit or are uncomfortable with it. Start with something small, such as carrying your groceries from the store to the car. Spend time preparing to ask for the bigger supports, like a shoulder to cry on.
4. Track your thoughts and reactions: Record your thoughts and feelings before you ask for support or help. Notice your thoughts and feelings after you have practiced asking for support. Recognize how you respond when you are receiving help, both your verbal and non-verbal reactions. What do you notice?
5. Appreciate others: Talk often and openly with the people you rely on. Give people positive feedback. Let people know how much you appreciate the help, friendship, or care that they offer you. Do not forget to express your appreciation for the people closest to you, as it can be easy to take them for granted. As previously mentioned, most people really enjoy being helpful. Knowing that their care is appreciated will make everyone feel good.
6. Divide and conquer: Request time from friends and family for *both* help-related activities *and* pleasure-related activities.
7. Explore new supports: Find new avenues to express your feelings and receive support (e.g., support groups, therapy or counseling, keeping a journal, enjoying time with pets).

Your ability to provide care and support to others

One of the most effective ways to improve your own well-being and health is to help others. Research has shown that people who help others are happier themselves. Giving support to others is a critical aspect of the support network, as support is a reciprocal relationship. It helps you feel connected and gives you a sense of purpose in your social environment.

Support does not have to be returned in kind, however. For example, someone who has a physical disability may find it hard to provide practical support, like helping someone build a deck. But that person could easily provide emotional support. Try to support others in the ways you know best.

Your community

Supporting others on a grander scale could include finding ways to do things for people in your community. You could become involved in a church or synagogue, teach people to read through your local library, or volunteer in some other way with local charities. Even if you have a busy life, there are volunteer agencies that need an hour here and there. Giving to others helps people feel more connected, useful, and satisfied with their lives. This idea is an important one; keep it in mind not only when you are providing support, but also when others are providing support to you!

The following exercise is designed to help you examine how you provide support to those around you and in your community. The form looks very similar to one that you completed earlier examining the support that you receive. And, in fact the questions remain the same: to whom do you provide the various types of support, and how satisfying do you find that to be. Remember, while support may be a reciprocal relationship, it isn't necessarily "fair" or given in kind. The goal is to look at the support you provide because providing support is good for you.

Again, rate your level of satisfaction with the support you provide on the same 1 – 10 scale, with 1 meaning very little satisfaction and 10 meaning extreme satisfaction with the support you provide.

THE SUPPORT I PROVIDE

Emotional Support		
Name	Specific Support Provided	Satisfaction
Practical Support		
Name	Specific Support Provided	Satisfaction
Belonging Support		
Name	Specific Support Provided	Satisfaction

Summary and Review

Skills highlighted in this chapter:

Assignments that might help me practice skills learned in this chapter:

Additional thoughts:

Homework

1. Evaluation of Your Utilization of Your Support Network

Below you will find a form designed to really examine how well you utilize your support network. Please spend some time reviewing “The People in My Life” worksheet and completing the evaluation form below. This exercise is designed to help you evaluate and understand your social support network.

EVALUATING YOUR UTILIZATION OF YOUR SUPPORT NETWORK

For each of the people listed in the “People in My Life” worksheet, evaluate the following:

- Have you been getting the support and help you need or want from each person? If not, why not?

- Who on this list have you not contacted in the past week? Why not? Would you like to contact them?

- For each of the people identified above:
 - Are you willing to receive support? _____
 - Are you willing to ask for help? _____
 - Are you hesitant to ask for help or support _____
 - Do you feel you need to be strong and manage on your own? _____

- Has anyone refused to give you support? _____

- If so has this person been helpful in the past? Is this a case of asking this person for the wrong type of support at the wrong time, or is this person not capable of providing support?

2. Thought Diary

Keep an Unhelpful Thought Diary to see how your thoughts and feelings affect and are affected by your social interactions. Use the social interactions as the triggering events. Next week we will cover the first of two segments on communication, including assertiveness. We'd like to have you start this week by having you pay special attention to your reactions to dialogues, communications, and relationships in general. We will be going over these records in detail next week, so come prepared to talk about thought patterns you may have noticed.

Unhelpful Thoughts Diary

<i>Situation</i>	Emotions	<i>Automatic Thoughts</i>	Alternative/ Balanced Thought

3. Action Plan

Think about the overall goal you set for this session and what you learned in this chapter. Remember that a series of small steps can lead you to achieving your goal. What action plan would you like to set for this week?

On a scale of 0-10 (0 being impossible and 10 being guaranteed), how confident do you feel about achieving your weekly action plan?

I feel a _____ (0-10) that I can achieve my action plan.

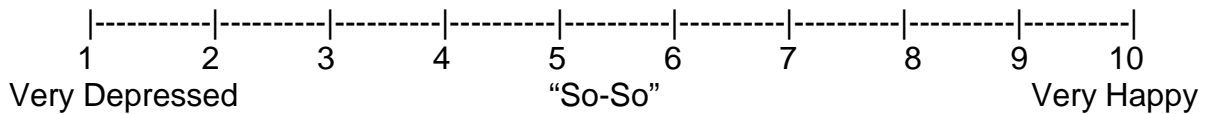
Chapter 7

MID-THERAPY REVIEW

Goals for this session

- Review homework
- Determine whether this program is helpful to you by evaluating the progress of your goals
- Consolidate the skills you have learned thus far
- Make some decisions about the rest of your therapy

My Weekly Mood Rating:



Why do we review goals midway through therapy?

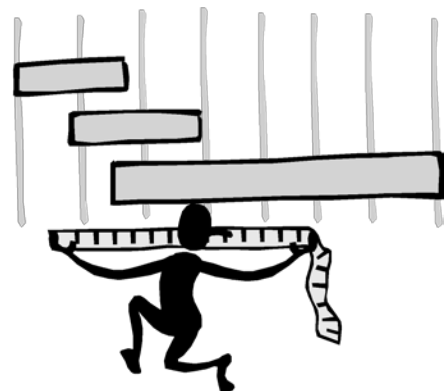
The mid-point of therapy is a crucial time to determine whether this program is helpful to you by evaluating your progress on goals. This process is an opportunity for you to consolidate the skills you have learned thus far and make some decisions about the rest of your therapy. This review covers-the following pieces of information:

- 1) How close are you to meeting your goals?
- 2) What parts of your goals have not yet been addressed?
- 3) Are there any new goals to add to the list? Do any of your original goals need to be modified at this point?

Your therapist will work to assist you in the discussion about therapy goals, helping you to consider the changes that have occurred since you established your original goals. At this time, it's important for you to review your original goals.

Go back to Chapter 2, and reread your original goals list. Let's also revisit Pamela, our example from Chapter 2.

Let's focus on Pamela's first goal:



Problem #1: I am unable to concentrate as well as I used to and don't get anything done during the day. I feel worthless at work and at home.

Goal # 1:

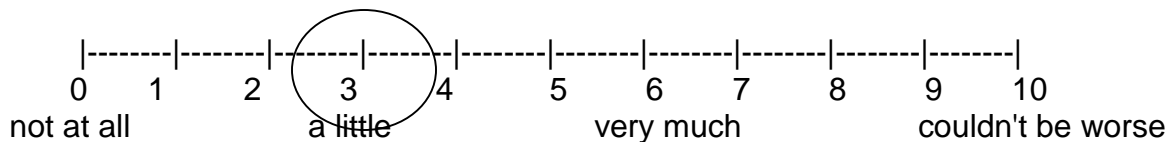
Each day I want to make a list of manageable activities to get done after work, so I don't feel so overwhelmed, like doing the dishes for 20 minutes and doing the laundry, or cleaning up the living room for 20 minutes.

During therapy, Pamela realized that unless she started by making a plan for when to accomplish her activities, it was hard to feel productive and energized. When she didn't feel productive or energized, she generalized these feelings to her ability to be a good mother to her daughter. Pamela was able to identify these cognitive distortions and unrealistic expectations through trial and error in trying to achieve her goal.

With guidance from her therapist, Pamela worked to establish a goal that was personally important, time-limited, realistic, and positive. She completed a Daily Mood Rating Form (from *Chapter 3*) and kept track of her automatic thoughts as she worked to translate her goal into action steps. At first, Pamela found it very difficult to motivate herself for housework at the end of long days. Pamela's therapist encouraged her to complete UTDs addressing the unhelpful thoughts she had about her ability to improve her daily routines...and also to improve her mood.

By the midpoint of her therapy, Pamela is able to spend time doing a house chore for 20 minutes at least two afternoons per week. She still feels overwhelmed by work and home responsibilities at times and has periods of self-doubt during which she engages in self-critical thinking, but she is usually able to attribute these automatic thoughts to the fact that she is so unhappy with herself when she is depressed.

2. How severe is the problem in this area now? Circle one number:



3. How much improvement has there been in this problem area since treatment began?

- 1 = Total improvement
- 2 = Very much improvement
- 3 = Much improvement
- 4 = Moderate improvement
- 5 = A little improvement
- 6 = No change
- 7 = Worse

4. Please indicate concrete behaviors and specific events on which the rating for item #3 is based.

I now feel more refreshed in the evening after I do some light housework. My sleep is better too. Work is still stressful but now I feel like I do get something completed every day. My perspective on life has improved now that I'm feeling like a responsible homeowner again.

5. How close are you to achieving this goal? Please circle the appropriate number.

1 = Have achieved it

2 = Very close

3 = Moderately close

4 = Fairly far from achieving it

5 = Quite far from achieving it

6. Which specific strategies were helpful or not helpful in achieving your goal?

The strategy to complete the housework immediately upon arriving home did not work. I put it off and then feel badly for not doing the chore right away, which isn't a realistic expectation for me. The strategy to get my daughter to help with chores worked really well!! We have actually been enjoying that time together.

7. Any obstacles so far that interfered with achieving this goal?

Ongoing conflicts with my ex-husband add to the level of stress in my life and affect my mood.

8. Is this still an active goal for you? YES NO

9. What else would you like to achieve in regards to this goal?

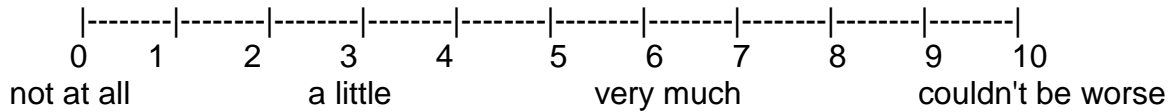
I would really like to increase the number of days I can complete light housework, so I can enjoy more downtime on the weekend.

Notice that Pamela still rates this goal as active. This means that she believes that this particular problem area, although currently improved, is still a challenge for her and will require attention both inside and outside of therapy.

Now, go back to YOUR goals: think about the changes that you have made by completing these questions for each of your goals.

Goal #1

2. How severe is the problem in this area now? Use the key below:



3. How much improvement has there been in this problem area since treatment began?

- 1 = Total improvement
- 2 = Very much improvement
- 3 = Much improvement
- 4 = Moderate improvement
- 5 = A little improvement
- 6 = No change
- 7 = Worse

4. Please indicate concrete behaviors and specific events on which the rating for item #3 is based.

5. How close are you to achieving this goal? Please circle the appropriate number.

- 1 = Have achieved it
- 2 = Very close
- 3 = Moderately close
- 4 = Fairly far from achieving it
- 5 = Quite far from achieving it

6. Which specific strategies were helpful or not helpful in achieving your goal?

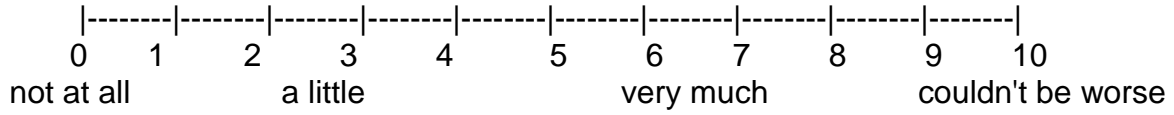
7. Any obstacles so far that interfered with achieving this goal?

8. Is this still an active goal for you? YES NO

9. What else would you like to achieve in regards to this goal?

Goal #2

2. How severe is the problem in this area now? Use the key below:



3. How much improvement has there been in this problem area since treatment began?

- 1 = Total improvement
- 2 = Very much improvement
- 3 = Much improvement
- 4 = Moderate improvement
- 5 = A little improvement
- 6 = No change
- 7 = Worse

4. Please indicate concrete behaviors and specific events on which the rating for item #3 is based.

5. How close are you to achieving this goal? Please circle the appropriate number.

- 1 = Have achieved it
- 2 = Very close
- 3 = Moderately close
- 4 = Fairly far from achieving it
- 5 = Quite far from achieving it

6. Which specific strategies were helpful or not helpful in achieving your goal?

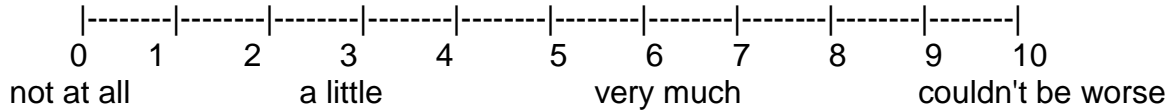
7. Any obstacles so far that interfered with achieving this goal?

8. Is this still an active goal for you? YES NO

9. What else would you like to achieve in regards to this goal?

Goal #3

2. How severe is the problem in this area now? Use the key below:



3. How much improvement has there been in this problem area since treatment began?

- 1 = Total improvement
- 2 = Very much improvement
- 3 = Much improvement
- 4 = Moderate improvement
- 5 = A little improvement
- 6 = No change
- 7 = Worse

4. Please indicate concrete behaviors and specific events on which the rating for item #3 is based.

5. How close are you to achieving this goal? Please circle the appropriate number.

- 1 = Have achieved it
- 2 = Very close
- 3 = Moderately close
- 4 = Fairly far from achieving it
- 5 = Quite far from achieving it

6. Which specific strategies were helpful or not helpful in achieving your goal?

7. Any obstacles so far that interfered with achieving this goal?

8. Is this still an active goal for you? YES NO

9. What else would you like to achieve in regards to this goal?

Additional Therapy Goals

As you progress in therapy, you can add new goals that you feel you'd like to achieve in the short- or long-term. Write anything you'd like to add here:

Additional Goal #1

1. Is your goal:

- Important to you?
- Time-limited?
- Specific?
- Realistic?
- Positive?
- Measurable?

2. How could you or someone else determine whether this goal has been met or not at the end of treatment? Please choose some concrete behaviors or concrete events, which might be used as measurement that the goal has been met.

a. If treatment is a success in regard to this goal, I will probably:

b. If treatment is partially successful, I will probably:

c. If the goal is not met at all, I will probably:

Additional Goal #2

1. Is your goal:

- Important to you?
- Time-limited?
- Specific?
- Realistic?
- Positive?
- Measurable?

2. How could you or someone else determine whether this goal has been met or not at the end of treatment? Please choose some concrete behaviors or concrete events, which might be used as measurement that the goal has been met.

a. If treatment is a success in regard to this goal, I will probably:

b. If treatment is partially successful, I will probably:

c. If the goal is not met at all, I will probably:

Additional Goal #3

1. Is your goal:

- Important to you?
- Time-limited?
- Specific?
- Realistic?
- Positive?
- Measurable?

2. How could you or someone else determine whether this goal has been met or not at the end of treatment? Please choose some concrete behaviors or concrete events, which might be used as measurement that the goal has been met.

a. If treatment is a success in regard to this goal, I will probably:

b. If treatment is partially successful, I will probably:

c. If the goal is not met at all, I will probably:

Summary and Review

Skills emphasized in this chapter:

Assignments that might help me practice skills learned in this chapter:

Additional thoughts:

CHAPTER 8

Ending Weekly Meetings: Maintaining Your Gains

Goals for this session

- Review Homework
- Discussion of transition to less frequent meetings
- Maintaining gains
 - Reviewing your gains
 - Developing a stress management plan

Homework Check-In

- 1) How did the homework go?
 - Problems with practice?
 - What went well?

- 2) How did you do with your action plans?
 - Did you run into problems? If so, what kind?

Maintaining Gains

We are now coming to the end of the weekly meetings. During these weekly meetings we have been talking about and practicing mood management skills, including identifying and challenging unhelpful ways of thinking, using relaxation to control the anxiety response, enhancing social support, planning and noticing positive things that happen, and other coping strategies.

As we move into the next phase of the mood management program, we will focus on maintaining the changes that you have made in your life. To do this, we will look back over what you have learned and what changes you have made up until now, and look forward to what you can do in the future. We will begin spacing out the visits to give you practice in applying your plan to maintain your gains.



This chapter is divided into two parts:

1. Looking Back: Reviewing What Has Been Learned.
2. Looking Forward: Developing a Mood Management Plan.

1. Looking Back: Reviewing What Has Been Learned.

Refer back to the goal sheet(s) you created in the first two weeks of the program. Review the goal sheet(s) with the following questions in mind:

- What was your goal(s) for the program? (Include both those for which you made a goal sheet, and those for which you did not.)

- To what degree do you think that you have met this goal(s)?
 - Was it a complete success?
 - Partial success?
 - No success at all?

- What got in the way of achieving this goal(s)? What could you do differently?

- What helped you make the changes you did make?

- What are some of the specific skills you have learned? Particularly focus on those skills you believe will be useful to you in the future for:

- ✓ Managing stress, anxiety and depression
- ✓ Transforming unhelpful thoughts into more helpful ones
- ✓ Turning negative moods into more positive moods

Use the space below to make notes about the behavioral, cognitive (thinking), and communication/relationship skills you have learned. When thinking about your gains, it might be useful to review the *cognitive behavioral model*—first introduced in Chapter 1—as a way of reminding you of the various skills you have learned in the last weeks. Note the skills in each of these areas:

Behavioral Skills (Doing things)

Cognitive Skills (Changing my thinking)

Communication/Relationship Skills

Common Reactions to Ending the Weekly Meetings (and ending overall)

People often experience a variety of reactions as weekly meetings end. Some people may feel relief at not having to talk with a therapist every week and/or look forward to having the extra time that has been devoted to the weekly meetings. Others may anticipate missing having a place to check in, or maybe even missing the regular meetings with the therapist. Others are worried about setbacks.

What kinds of reactions have you noticed as you anticipate our format changing to a less frequent therapy schedule? It is important to talk about any thoughts or concerns about ending with your therapist.

2. Looking Forward: Developing a Mood Management Plan

As you end the weekly meetings, our emphasis shifts toward maintaining your progress and gains in managing your mood. Your Mood Management Plan helps you develop skills and plans for staying on track, and coping with short-term setbacks.

6 helpful skills include:

- 1) Self-monitoring
- 2) Managing automatic thoughts
- 3) Focusing on short-term prevention
- 4) Managing stressful life events
- 5) Staying connected with other people
- 6) Having a booster plan

You can develop specific, detailed plans for each of these steps using the form “**My Mood Management Plan**” at the end of this chapter. Here, we go through developing this plan step by step.

Step 1: Develop a Self-Monitoring Schedule

Scheduling “Weekly Check-Ins”

Self-monitoring is a critical part of an ongoing mood management program. In the past weeks you have learned to monitor your thoughts, feelings and awareness so that you can recognize the causes of distress in your life. Having a self-monitoring plan is an important part of managing your depression.

A self-monitoring plan includes a plan for *what* to monitor (for example, signs of unhelpful thought patterns) and *when* these check-ins take place. It is usually best to make an appointment with yourself to check in – much like you’ve done over the past weeks with your therapist. Otherwise, it is easy to forget to monitor in day-to-day life. Having a “Weekly Check-In” time provides structure and a way to bring your attention to troublesome reactions in the past week, identify ways to handle them, and even set up an action plan for the following week.

At the end of the chapter are a number of sheets entitled “**My Weekly Check-Ins.**” These are provided as a way of helping you organize your check-ins.

- Rate your mood over the past week
- Notice any positive things that happened
- Review how you have managed negative feelings and thoughts
- Think about what stressful situations are coming up and how you might handle them
- Set an action plan for the coming week

Early Warning Signs



Often, before we are aware that we are depressed, we might experience some early warning signs that let us know we are not doing too well. Knowing your warning signs may help you prevent depression and maintain your well-being. Each person’s warning signs will likely be different. For example, a person might feel:

- Physical agitation – more muscle tension, restlessness, etc.
- More angry outbursts at little nuisances
- Less interest in doing things previously enjoyed
- Less interest or even avoidance of social situations, or

isolation from friends and family

Your main task is to identify *markers* or *warning signs* that can alert you that you’re feeling depressed...before you actually get there.

To identify your early warning signs, think back to recent episodes of depression and try to remember what the main warning signs were, indicating the increasing level of unhelpful thoughts and feelings.

**Personal Warning Signs:
Thoughts**

Behaviors

Emotions

Physical Symptoms

Place the most important warning signs under Step 1 of “**My Mood Management Plan**” and check in on these each week. By keeping track of your warning signs, you will know when to intervene before your depression gets worse.

Step 2: Managing my Automatic Thoughts

Over the past weeks, we have paid attention to the automatic thoughts that come up for you, as well as ways of responding to them. Many people find that certain types of thoughts tend to come up over and over again. Some examples of unhelpful thoughts common for people who experience depression are, “Things are terrible and will always be terrible,” or “If I lose my job, I will lose my house, and then my marriage and I will end up alone for the rest of my life,” and so on. List some of your most common unhelpful thoughts under Step 2. Also describe some of the ways you can counter these thoughts.

STEP 2: MANAGE MY AUTOMATIC THOUGHTS:

My most common (or most problematic) unhelpful thoughts:	Ways to respond that have been helpful:
1.	
2.	
3.	
4.	
5.	

Step 3: Short-term prevention

Daily hassles from employment, family, and relationships are often the main causes of the negative moods that trouble us. List the top strategies that you have found most helpful in dealing with these kinds of often-recurring stressful situations.

Even when we know the activities that help us most, sometimes it is hard to do them. On the right hand column of Step 3 you can put in ways to get yourself to do the things that help with your daily hassles. For example, many people find it hard to do relaxation exercises as consistently or often as they feel would be beneficial. Some people have put a relaxation CD they like next to their bed as a reminder to do this exercise before going to sleep.

STEP 3: FOCUS ON SHORT-TERM PREVENTION:

Things that have helped me deal with daily hassles and worries:	Ways to get myself to do these things:
1.	
2.	
3.	
4.	
5.	

Step 4: Prepare for Challenging Situations

Sometimes you can anticipate a stressor before it happens. For these situations, you can make plans beforehand to help you cope with the negative feelings that may come up. Step 4 asks you to list in the left-hand column the current and future challenges in your life. On the right side you can list possible strategies to cope with these challenges.

Here's an example:

Mark lives alone and recently separated from his girlfriend. He listed two big (potential) stressors that could lead to a negative spiral of thought and mood: 1) Dealing with the upcoming holidays and 2) Spending the holiday with his aging mother, whose health was declining rapidly. To cope with the first stressor, Mark had developed strategies for getting in touch with old friends and making holiday plans with them. He planned to remind himself of these strategies. To manage his mother's declining health, Mark decided to start talking to his sister about splitting caregiving responsibilities. He also decided to get in touch with a local agency with services for the elderly to get advice on what types of planning he and his sister should do.

STEP 4: PLAN FOR CHALLENGING SITUATIONS

Current and future challenges:	Strategies for coping with these challenges:
1.	
2.	
3.	
4.	
5.	

Step 5: Staying Connected to Others

Other people can help – and often they want to! On the left side column under Step 5 is space to write the names of people who can help you if you have specific needs. Think about those people who you can talk to when you're distressed or upset, people with whom you enjoy spending time, and people who can provide information.



There is also a place for you to write down what you can do for other people. Remember that doing things for others is often a way of increasing satisfaction in your life. These don't have to be big things – making a supportive phone call, remembering to offer a compliment or a thank you to a friend or colleague.

Sometimes people hesitate to contact others for support, or they find it easy to ask for help with one thing (such as emotional support) but difficult for something else (such as belonging support). Particularly for those areas or people to whom it is hard to reach out, list in the right hand column the things you can do or remind yourself to make it easier.

STEP 5: STAY CONNECTED

People who can provide:	Things I can remind myself when I'm hesitant to reach out:
Practical support (help doing things)	
Emotional support (talk to when I am distressed)	
Belonging support (just hang out with)	
Things I can do for other people	

Step 6: Having a Booster Plan

Back in *Chapter 2*, we talked about how progress can be gradual, and that sometimes you suffer from a setback and may start to feel depressed again. You may also return to unhelpful behaviors, thoughts, or beliefs after a period of improvement or decrease in symptoms. Setbacks are a normal part of progress. In fact, small to moderate setbacks are useful as possible learning experiences. While these setbacks are not what you wish for, they provide you with opportunities to revisit and practice the skills you have learned to manage the difficulty.

What might you do if you find yourself having such a setback? Brainstorm in the space provided under Step 6.

STEP 6: HAVE A BOOSTER PLAN:

What can I do if I find that my depression is returning?:

Important Resources

1. Your workbook!

You have worked very hard to make changes in the way you handle your mood. You now have a written record containing all the notes, exercises, handouts, and thoughts regarding your work. Keep this notebook in a place you can often refer to, so that you can review the tools that help you stay positive, and a great reminder of your new ability to work through problems.

2. Make use of the last meetings

Try working on maintaining your gains over the coming months. Note that if there are problems or setbacks, your therapist is still here to assist you.

3. Find substitutes

Start thinking about things you can do that will continue to support a good mood management program:

- *Are there activities you can begin or attend? Go back to Chapter 3 Pleasant Events to remind yourself of what kinds of activities help keep your mood positive.*
- *Are there people in your life you can rely for assistance? Go back to Chapter 6 Building Social Support to remind yourself who is most helpful.*
- *Other ideas?*



on

MY MOOD MANAGEMENT PLAN

STEP 1: SELF-MONITORING:

Weekly Check-In Schedule:

When: _____

Where: _____

Early Warning Signs are: _____

STEP 2: MANAGE MY AUTOMATIC THOUGHTS:

My most common (or most problematic) unhelpful thoughts:	Ways to respond that have been helpful:
1.	
2.	
3.	
4.	
5.	

STEP 3: FOCUS ON SHORT-TERM PREVENTION:

Things that have helped me deal with daily hassles and worries:	Ways to get myself to do these things:
1.	
2.	
3.	
4.	
5.	

STEP 4: PREPARE FOR CHALLENGING SITUATIONS

Current and future challenges:	Strategies for coping with these challenges:
1.	
2.	
3.	
4.	
5.	

STEP 5: STAYING CONNECTED

People who can provide:	Things I can remind myself when I'm hesitant to reach out:
Practical support (help doing things)	
Emotional support (talk to when I am distressed)	
Belonging support (just hang out with)	
Things I can do for other people	

STEP 6: HAVE A BOOSTER PLAN:

What can I do if I find that my depression is returning?:

Summary and Review

Skills highlighted in this chapter:

Assignments that might help me practice skills learned in this chapter:

Additional thoughts:

Homework

- 1. Schedule your Weekly Check-In and complete your Mood Management Plan**
- 2. Action Plan—for the Month**

What action plan would you like to set?

On a scale of 0-10 (0 being impossible and 10 being guaranteed), how confident do you feel about achieving your action plan?

I feel a _____ (0-10) that I can achieve my action plan.

Module 1:

Anxiety and Worry

Goals for this session

- Review homework
- Learn to monitor your anxiety.
- Learn techniques to stop or contain your worry

Remember Pamela from Chapter 2? Pamela is a recently divorced mother of two adolescents who has been feeling as though she is incompetent, both personally and professionally. Although she has been doing well in CBT, she has found that she still worries a lot. For example, after an exhausting day of juggling tasks at work, and a frustrating conversation with her daughter, Pamela begins worrying. She worries about her ability to finish things at work. She also worries about whether her daughter's behavior of cutting classes is going to cause her to not graduate with her class. Sometimes her worry leads to nervousness and tension headaches.

Pamela finds that once she begins worrying, it can go on for many hours. Her worry leads to a negative mood and makes it difficult for her to focus on tasks she is doing. In addition, Pamela feels tense and experiences headaches as a result of her worry.

Some people (like Pamela) find it difficult to control their worry and experience physical effects of anxiety. This chapter will introduce some new ways to deal with your worry by changing your physiology, thoughts, and behavior.

How can I tell if I am worrying too much?

Most of us worry about everyday problems; it is indeed a common response. However, you know you are worrying excessively when:



- It is time consuming or constantly on your mind.
- You notice that you worry about things that others don't worry about.
- It interferes with your activities and is upsetting.
- It feels uncontrollable.
- It causes you physical problems (headaches, fatigue)
- You worry a lot without coming up with a solution.

UNDERSTANDING ANXIETY, WORRY AND FEAR

Anxiety is our body's way of preparing for danger. It's often called the "fight or flight" response because when we're faced with a dangerous situation, the basic animal response is to fight back, freeze, or run away. Anxiety can be helpful, like an alarm bell, so we would not want to turn off our anxiety completely. On the other hand, we would be exhausted if our alarm bells were going off all the time with false alarms.

What happens when we worry too much, and how do we manage these feelings?

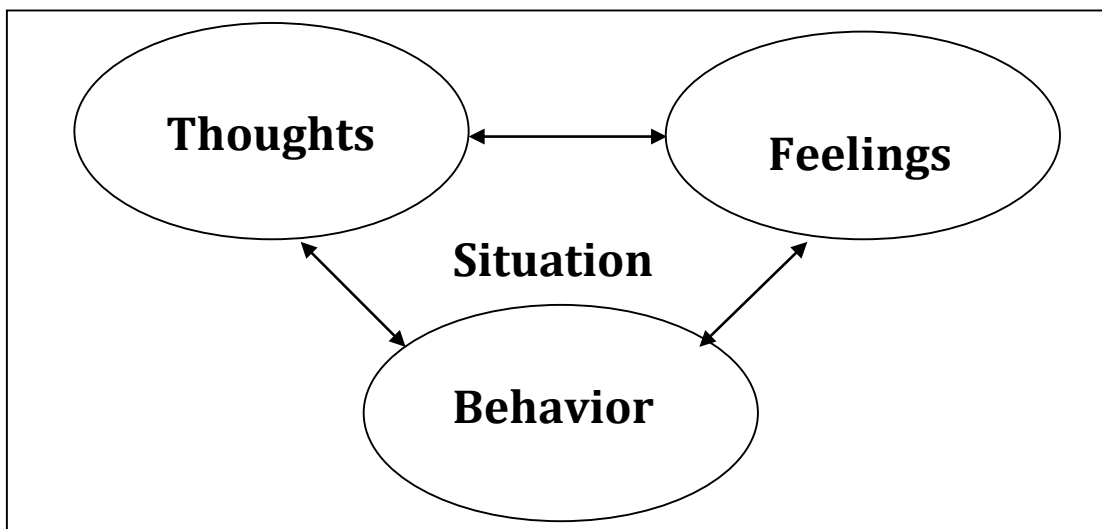
First, it is helpful to distinguish between anxiety, fear and worry, since for many of us, these may feel like similar emotions. But in fact they are different in important ways:

Anxiety involves our physiology (heart racing, sweaty palms, muscle tension), thoughts (worries, "what ifs"), and behavior (doing things to avoid bad things happening).

Worry is anxious thoughts and images we have, even when there is no immediate danger. It causes our alarm system to keep going off, even after the immediate danger is gone.

Fear is an intense form of anxiety we have when we believe we are in immediate danger.

Remember the cognitive/behavioral model from *Chapter 1*? When we are anxious, our thoughts, feelings, and behaviors link together the same way as when we feel depressed and down:



Evaluating risks versus our resources, the risk/resource ratio:

Just like depressed emotions often come with unhelpful thoughts, anxiety is also often linked to unhelpful thoughts. When we face a situation, we feel anxious when we think that:

- 1) The situation is threatening to us, or threatening something or someone important to us
- 2) We have no (or little) skills or resources to deal with the situation

These unhelpful thoughts cause our anxiety system to set off a false alarm - causing anxiety, worry and tension.

Here's an example of how a threatening situation can change depending on our resources:



Imagine you're living prehistoric times and you find yourself face to face with a saber tooth tiger – long claws, sharp teeth and a nasty temper. How scared would you be?

Now you have a big stick. How scared would you be?

Now you have a big stick and a torch. How scared would you be?

Now imagine you have a big stick, a torch and 15 friends who all have big sticks and torches. How scared would you be?

Has the tiger changed? No. Have your resources changed? Yes!!

Real Alarms vs. False Alarms

When dealing with a tiger, anxiety and fear are a helpful response because they get you ready to fight or run away. However, in most situations in modern life, the actual danger is not as clear-cut as a tiger staring into your cave. In every day situations like having problems at work, anxiety arises from situations that lack immediate danger but unhelpful thoughts make them feel more dangerous than they are. This causes us to set off a false alarm, which includes the feelings and thoughts you would need if you were faced with a real danger. In addition, when people feel anxious and perceive danger, they often underestimate the resources they have to cope with the problem. This leads also leads to a false alarm.

Here are some examples of how people tend to overestimate risk and underestimate their resources.

Risk	Resources	Alarm	Anxiety
Thinking that a problem is more likely to happen than is actually true	Not being aware of the resources that you have available	False Alarm	Unhelpful Anxiety
Seeing a situation as dangerous when it is actually not dangerous	Not taking into account the people (friends family and colleagues) who could be there to help you out	False Alarm	Unhelpful Anxiety
VS.			
Real danger	Genuine lack of resources	True Alarm	Helpful Anxiety

In this module, we will focus on techniques to help you manage anxiety and worry through accurate perceptions of risk and resources.

TECHNIQUES TO MANAGE ANXIETY AND WORRY

1. What’s the real risk?

Remember how you identified unhelpful thoughts in Chapter 4? The first step in managing anxiety is evaluating the real risk involved. If you conclude that there is no actual risk, then there is no need for a false alarm. However, if you do determine there is some degree of risk, then your goal is to determine the realistic level of risk and move to step 2, gathering resources to overcome that risk (e.g., gathering your torches and sharp sticks).

Here are some questions to ask yourself to help determine your risk

*Am I making a problem out of something that’s not an immediate problem?
 Is this situation actually risky or does it just feel that way?
 What’s the evidence that this situation is 100% dangerous?
 What does this say about me, my life, and my future?
 What am I afraid will happen and how likely is it?
 What is the worst thing that could happen?
 What is the best thing that could happen?
 Am I worrying over something I have no control over?*

Let's look at Pamela's Unhelpful Thought Diary to see how she evaluates her thoughts in the situations that are making her feel worried and anxious.

Pamela's Challenging Your Unhelpful Thoughts Diary

<i>Situation</i>	<i>Emotions</i>	<i>Automatic Worry Thoughts</i>	<i>Is this a false alarm? What is the true risk? (0-10)</i>
<i>Busy day at work. Dealing with multiple work demands.</i>	<i>Worried and anxious</i>	<i>I will not finish my work. I will lose my job, I will be embarrassed in front of my co-workers.</i>	<i>I may not get my project turned in before the deadline. My boss will not be happy about that but he is unlikely to fire me. (4). My co-workers would see that I didn't get my work done, but this is none of their business. (0)</i>
<i>Daughter skipping classes</i>	<i>Worried</i>	<i>My daughter's skipping classes will cause her to not graduate from high school</i>	<i>My daughter says she likes school and has only skipped a few classes. She has a C average. There is no evidence that she isn't going to graduate (0)</i>

Pamela worries that she will not be able to finish her work. This is “threatening” to her because her automatic unhelpful thoughts are that she is afraid she will make her boss angry, and maybe even lose her job. At the same time, her automatic thoughts about her own abilities are that she is not able to do all her work.

The other worry was about her daughter. The “threat” was Pamela's worry that her daughter's behavior will cause her to not graduate from high school. In looking at the evidence, her daughter is unlikely to get expelled from school for missing only a few days.

When Pamela evaluates the risk involved in these situations, she determines there is some degree of risk involved with her problems getting everything done at work but there is no risk involved with feeling embarrassed in front of her co-workers. She also determines that there is no risk that her daughter will not graduate.

2. What are my resources to cope?

In the example from Pamela, she was both overestimating the risk and underestimating her ability to cope. We face situations that have some degree of risk each day, but we only have anxiety when that level of risk outweighs our ability to cope. To reduce anxiety, it is helpful to determine all of your resources available to help you cope with the threatening situation.

Questions to ask yourself:

1. *What personal and professional skills do I have to help manage this problem?*
2. *What have I done to cope with problems like this in the past?*
3. *What other people do I have in my life to help me deal with this?*
4. *How would I cope with this if I wasn't feeling anxious?*
5. *How would someone else, who isn't anxious handle the situation?*

See what Pamela thought of below:

Situation	Emotions	Automatic Thoughts about Coping and Resources	Coping Resources
<i>Busy day at work. Dealing with multiple work demands.</i>	<i>Worried and anxious</i>	<i>I can't finish anything and there's nothing else that I can do about it. It's hopeless.</i>	<i>I have worked there 11 years. I'm a good employee. I have excellent typing skills. Other people come to me for help every day. I'm creative and a hard worker. I care about the company and my boss knows that. Even if I lose this job, I will be able to find another one.</i>
<i>Daughter skipping classes</i>	<i>Worried</i>	<i>My daughter is skipping classes and there's nothing I can do about it.</i>	<i>My daughter has good friends and is doing alright in school. She's on the soccer team and needs to stay in school to finish the season. I could meet with the principal to talk about the situation. My daughter knows how important graduating is to me and has said before that she won't drop out of school.</i>

In the next few pages, there will be some additional exercises that you can practice to help you evaluate the danger in anxiety-provoking situations and evaluate your resources. There are also some ways to manage the physical tension that comes with worry. At the end, we will put it all together in a risk/resource thought record.

3. Estimating Probability

Often when you are excessively worried about something bad happening, you overestimate how likely it is to happen. It can be helpful to focus on figuring out the realistic chance of it actually happening and then compare it to how much your emotions tell you that it will happen. Even when we strongly feel that something bad might very likely happen, when we start to evaluate the realistic chances, we see it is actually much smaller.

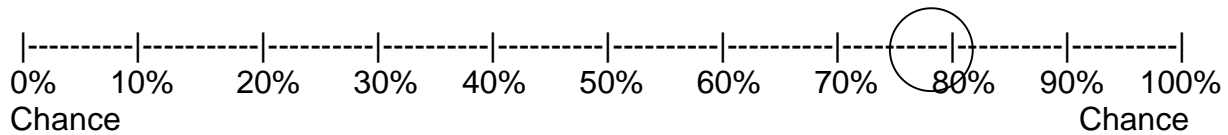
For example, Pamela's "worry thought" was "my boss will fire me." Pamela rated her emotional probability as 90% and realistic probability as 20% (although, realistically it was about 1%). Her high emotional probability rating was based on her concerns about her job performance, and was not based on actual evidence.

If Pamela had rated her realistic probability much higher than she did, she would need to implement some problem solving strategies to help her maintain her job.

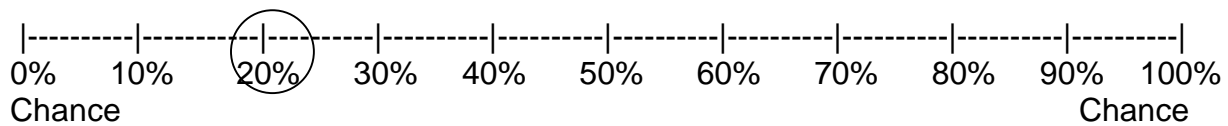
Write down a worry that you have, something negative that you fear would happen:

Didn't finish project at work

How likely do your emotions tell you this will happen? This is usually related to how distressing this worry is to you



Realistically, how likely (from 0 - 100%) will this catastrophic outcome actually happen?



Pamela also found it helpful to come up alternative explanations for her worry thoughts, such as “It’s not the end of the world if it takes an extra day to finish, I’ll just ask for more time.” She also wrote down some encouraging statements, such as “My boss complimented my work last week. I’ve been a good employee for over 5 years.”

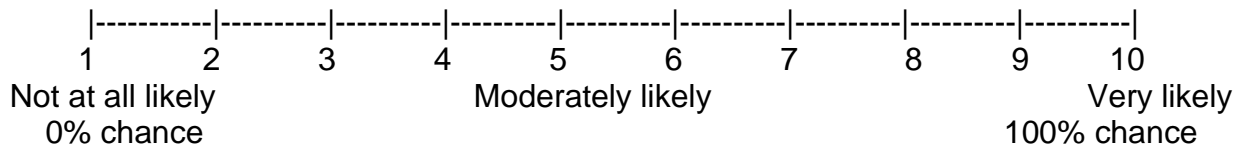
Alternative Possibilities/ Coping Statements:

It's not the end of the world if I don't get everything done each day. Lots of my co-workers ask for more time. My boss complimented my work last week. I've been a good employee for over 5 years.

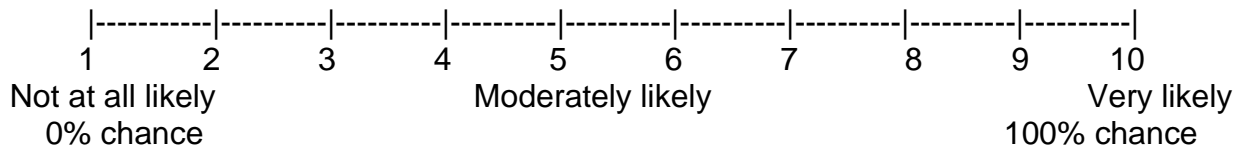
On the next page, you can try this with one of your worries.

Write down a worry that you have, something negative that you fear would happen:

How likely do your emotions tell you this will happen? This is usually related to how distressing this worry is to you



Realistically, how likely will this catastrophic outcome actually happen?



Alternative Possibilities/ Coping Statements:

4. Thinking Through the Worst-Case Scenario

Another strategy that helps with worrying is to identify and focus on the worst-case scenario that you are worried about. You may wonder how imagining a worst-case scenario is different from worrying. This strategy is different in a couple of important ways.



First, the nature of worry is such that you may be too afraid to even imagine the worst possible outcome. Your thoughts do a mental ping-pong: on one side of the table, you worry that a negative event will happen, on the other side of the table, you try to have a reassuring thought. However, these reassurances may not be entirely convincing and soon the ping-pong ball gets bounced back to the other side of the table where you worry some more.

For Pamela, her mental ping-pong included the following sequence:

“I will be too slow with my projects and my supervisor, Judy, will get upset with me.” → **“Maybe she will be more understanding of what I am going through.”** → **“She may not be that understanding. I remember how she yelled at Jim for not finishing work on time.”** → **“I will get more organized and finish my project tomorrow.”** → **“What if I feel even worse tomorrow?”**

Pamela has several more thoughts of this nature but she does not allow herself to picture the worst-case scenario of not getting her work done and getting fired.

Second, with this strategy, the assumption is if you focus on the feared consequence in a way that really lets you evaluate it and plan for it, you will begin to come up with strategies that will help you cope with it.

Pamela focused on identifying how she would cope if she got fired. She identified that she would initially be quite upset, but that she would get support from family and friends. She also indicated that by focusing and analyzing the feared consequence, she was able to realize that her job was not something she fully enjoyed, and was, in fact, a source of added stress for her. At this point, she began considering pursuing other options such as self-employment, changing companies, or supplementing her income by converting her basement into a rental unit. Mainly, the relief for Pamela came from identifying that getting fired was not the terrifying consequence she had imagined it to be.

Thinking about the Worst-Case Scenario

Think about a feared situation that you worry about and that produces intense, negative emotions. Briefly describe that event below:

Now sit back, placing your arms and legs in a comfortable position, and imagine yourself in that situation you described above. Try to picture all the components of the situation. For example, imagine the people, sights, sounds, colors, smells, etc... As you mentally put yourself in that difficult situation, try to focus on aspects of the situation that are likely to be problematic or troubling for you. Focus on your thoughts as part of the experience and record those thoughts in your **Testing Your Thoughts** exercise or on the lines below:

How would you cope with the worst-case scenario?

Can you replace your catastrophic predictions with more helpful predictions?

Do you notice any changes in your emotional experience when you make more helpful predictions about resolving the stressful situation? Record these changes below:

5. Reducing Physical Tension

Often the physical feelings of anxiety come before the worry thoughts. By working every day to decrease your tension, you can decrease your overall level of anxiety. Here are some suggestions for reducing physical tension:

- Take a few deep breaths and tell yourself “relax”
- Practice relaxation exercises (We cover this in Module 2)
- Exercise regularly
- Engage in pleasurable activities
- Take a warm bath
- Stand up and stretch during the day, especially if you work at a desk
- Get a massage or have ask a loved one to rub your back

Keeping track of the things you do to reduce tension will help you remember to do it even when you're not feeling tense. It will also help you figure out what are the most helpful relaxation strategies for you. Rate your level of tension before and after on a scale from 1 (no tension) to 10 (extreme tension).

Relaxation Log

<i>Day</i>	<i>Relaxation Activity</i>	<i>Tension Before (1-10)</i>	<i>Tension After (1-10)</i>
<i>Monday</i>	<i>Deep breathing (10 min)</i>	7	4
<i>Tuesday</i>			
<i>Wednesday</i>			
<i>Thursday</i>			
<i>Friday</i>			
<i>Saturday</i>			
<i>Sunday</i>			

6. Postpone Worry and Schedule Worry Time



Sometimes people worry about not worrying. Some people think that it is important to worry because if they don't, things may fall apart. There are also some people who notice they might feel better after they have worried about things a little. But worrying can also eat up valuable time that you'd rather spend on more useful things. "Worry time" is a scheduled time during the day when you are allowed and even encouraged to focus on your worrying. When worries come up during the day, write them down on a "worry list" and avoid thinking about them for the moment. Schedule some time every day to look at your list and really think about the worries you have placed on the list. Limit the time to a specific amount, and stick to this time limit by planning something to do at the end of your worry time. You may want to set a kitchen timer or alarm clock whose sound will mark the end of "worry time." It's also helpful to plan something to do afterwards so you don't go over your time limit.

For example, plan to worry for fifteen minutes in the evening, right before your favorite television show (you'd be surprised how hard it is to worry for fifteen minutes when you really put your mind to it!). Look at the items on your list and think about each one. **Make sure you stop as soon as your show starts.** Although it may feel strange at first, many people find this technique helpful. If you continue to use this technique, it will become more comfortable for you.

Next "Worry Time": Date: _____ Time: _____ to _____ What will help me stop when the time is up: _____ What I will be worrying about: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

7. Challenging Your Unhelpful Thoughts Diary

In the last exercise, you will put everything together in an unhelpful thought diary. This anxiety diary will focus on your unhelpful thoughts regarding the risk involved in the situation and underestimation of your resources to cope with it. The last 2 columns will help you balance the true risk involved and come up with resources you have to cope with the situation.

Situation	Anxious Emotions	Automatic Worry Thoughts (Risk vs. Resources)	Balanced Thoughts	
			Balanced Risk (is it dangerous?)	Resources (what do I have to cope?)
<i>Busy day at work. Dealing with multiple work demands</i>	<i>Worried and anxious</i>	<i>I will not finish my work. I will lose my job I will be embarrassed in front of my co-workers There's nothing I can do about it. It's hopeless.</i>	<i>It is true my boss isn't happy but I don't have evidence he is going to fire me if I get this project turned in late. My co-workers respect me and will understand if I am having trouble getting everything done each day.</i>	<i>I have worked there 11 years. I'm a good employee. I have excellent typing skills. Other people come to me for help every day. I'm creative and a hard worker. I care about the company and my boss knows that. Even if I lose this job, I will be able to find another one.</i>

Questions to generate Alternative Thoughts: 1) Is this situation actually dangerous or does it just feel that way? 2) What's the evidence that this thought is 100% true? 3) What am I afraid will happen and how likely is it? 4) What is the worst thing that could happen? 5) Is it really true that I have nothing to help me cope with this? 6) What personal and professional strengths do I have to cope with this? 7) Who do I have in my life that can help me out?

Summary and Review

Skills emphasized in this chapter:

Assignments that might help me practice skills learned in this chapter:

Additional thoughts:

Please do not skip ahead unless your therapist suggests it.

Module 2:

Relaxation

Goals for this session

- Review homework
- Learn relaxation exercises



In this chapter, we're going to go into a little more detail on the stress system and focus on physical ways to calm down your stress response. Stress is a common part of life. Some stresses are common among people in all societies, such as problems with relationships or with families. Other stresses stem from our modern world, such as dealing with traffic. Often, we react to stress with depression, anxiety, and physical problems, such as headaches.

Many of the skills in this workbook aim to reduce stress by helping you stop it before it starts. Relaxation skills can be used to manage many problems including stress, depression, anxiety, and sleep problems.

How the body creates and reduces the experience of stress

Our nervous system has two parts – the sympathetic nervous system and the parasympathetic nervous system. These two systems are controlled like an internal thermostat. The sympathetic nervous system is similar to a heating system. When you experience stress, you become aroused and stress hormones (such as cortisol) are produced. These stress hormones increase the physical reactions to stress like heart rate, breathing, muscle tension, blood pressure, and sweating.



This system of arousal was very helpful in ancient times. Imagine an early human walking through a jungle. She suddenly sees a huge poisonous snake in her path, and it's threatening to bite her. Her stress system kicks in, she becomes highly alert, her heart starts pumping blood to get oxygen to the muscles, the muscles become tense and ready for action, breathing increases to help oxygen flow – all of the body's symptoms are ready for fight or flight. Today those same stress systems get triggered when you are irritated by traffic, your partner, being put on hold for the third time in a row. In fact, you can even have a stress reaction just by remembering something stressful.

While the sympathetic nervous system heats your body up, the parasympathetic nervous system acts as a cooling system. The parasympathetic nervous system brings the body reactions back to normal by producing a relaxation response that slows down the heart rate and breathing, relaxes the muscles, and lowers blood pressure.

The stress thermostat function runs smoothly by gauging the heating and cooling, heats up a bit when you perceive a stressful situation and cools down when the situation has passed. This system works well when there is an occasional stressor. However, when someone experiences ongoing stress, regardless of the source, this system breaks down. If your body is constantly responding to stress, the thermostat heats up, cools down, heats up, and cools down – over and over. Eventually the thermostat breaks down. The heating system stays on but the cooling system does not get activated. When the thermostat breaks, it requires a manual setting of the cooling system. That is exactly what relaxation exercise can help you to do – it is the manual setting of the cooling system. Relaxation exercises reduce feelings of stress by slowing your heart rate, slowing your breathing, lowering your blood pressure, and relaxing your muscles. Relaxation can also help by distracting yourself and thus turning on the cooling response. In this chapter, you will learn how to manage feelings of stress through the use of relaxation skills.

How do I learn to relax?

In this section, we will present three different relaxation exercises. Not every person will be comfortable with every relaxation method. We will introduce three different exercises in this chapter but there are many more out there for you to try so that you can find one or two that works best for you. We also have some relaxation CDs that we can mail to you.

The three different exercises are:

1. Deep Breathing
2. Progressive Muscle Relaxation
3. Relaxation while walking



Before you try out these exercises, we would like you to remember two things:

1. Practice makes perfect

Learning relaxation skills is just like learning other skills, such as typing or playing a musical instrument: in order to improve your skills, you have to practice. Through practice, you will become more skillful at eliciting your “relaxation response,” and controlling both physical and psychological stress. You will learn how to turn on your body’s cooling system so to deal with the stresses you face every day. In addition to practicing these skills during your therapy sessions with your therapist, you will need to make some time each day to practice on your own. Setting aside a special time and place will better help you to practice on a regular basis. We will return to scheduling your practice later.

2. Test out if it works

You can monitor your response to the different relaxation exercises by keeping a log. Doing this will help you monitor your progress and see how relaxation can reduce your tension. To keep a convenient record of how you feel before and after your relaxation exercises, use the following record of general tension. Each time you practice one of these forms of relaxation, you should rate your tension before the exercise and after the exercise. You will find copies of the relaxation log at the end of this chapter. Rate yourself on this 10-point scale before and after you do your relaxation exercise:



Week of _____	Tension before session	Tension after session	Comments
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			



Please note that some people find that practicing relaxation exercises can actually make them feel more stressed or anxious, especially when they first begin practicing. If this happens to you, discuss it with your therapist.

1. RELAXATION EXERCISES

Breathing to Release Tension

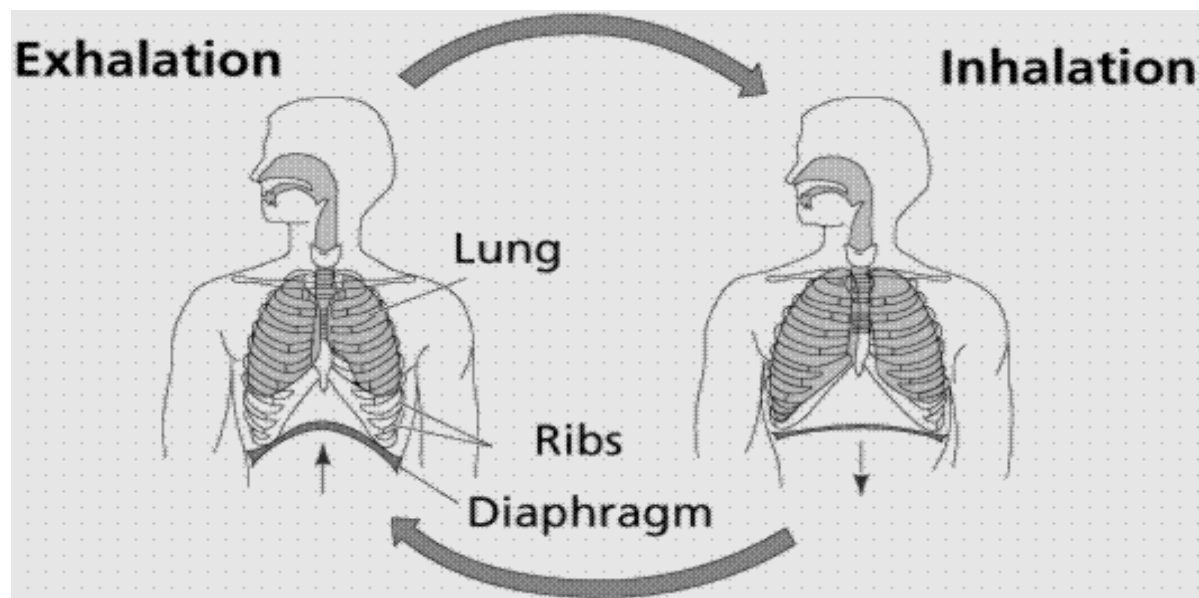
Deep breathing is one of the easiest, most effective ways to reduce tension in the body. Learning to be aware of and control your breathing is the first step toward controlling the physical and mental effects of stress. There are two types of breathing: chest and abdominal.

Chest Breathing

Most people are chest breathers. Chest breathing is shallow. The shoulders often rise with each breath and only the chest expands. This results in poor exchange of stale air for fresh air. This also contributes to fatigue, because the body's cells aren't able to receive the oxygen necessary for effective functioning. People tend to increase shallow chest breathing when stressed. However, shallow breathing can also contribute to feelings of stress.

Abdominal Breathing

Abdominal breathing involves slow, deep breaths. To do this you need to use your diaphragm. The diaphragm is a large sheet of muscle, like a piece of rubber balloon, stretched over the bottom of the lungs. When breathing is relaxed, the diaphragm expands down on the in-breath, creating a negative pressure that pulls air into the lungs. On the out breath, the diaphragm relaxes back into its original position, pushing air out of the lungs. When the diaphragm moves down on the in-breath, the contents of the abdomen are naturally moved forward so that the abdomen expands. If you place your hand on your abdomen, you will feel it bulge out on the in-breath and flatten back on the out-breath.



Learning to breathe with your diaphragm will help your body automatically shift from the stress mode to the relaxed mode. Use deep breathing whenever you begin to feel yourself in a situation that has triggered stressful feelings or thoughts (it only takes a minute or two to reverse the process).

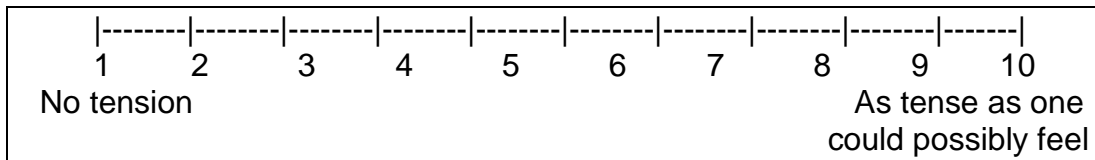
When you are ready to try deep breathing, follow the steps below. You may want to read all the way through the instructions at least once so that you will have a better sense of what to expect.

Deep Breathing Exercise

1. Before you begin, take out a relaxation log and rate your level of tension on the scale from 1-10.
2. Make yourself comfortable. If you choose to sit, sit comfortably with your feet flat, and your arms supported by the chair as much as possible. Your back should be straight but not rigid. If you prefer to lie down, you can do so. It may be better for your back to place some pillows under your knees to prevent your lower back from arching. Some people find that they fall asleep if they lie down. If that happens to you, try sitting.
3. Now, close your eyes. Note that while you are learning this exercise, you will not be able to close your eyes for the whole exercise until you have practiced it a few times, but experiment with closing your eyes and opening as necessary to remind yourself of the steps. Get as comfortable as possible. Put one hand flat on your chest and one hand on your abdomen between your navel and your breastbone. Allow your belly to become soft. Take a deep breath, noticing the movement of your hands as you inhale and exhale.
4. Next, breathe in slowly and deeply through your nose, bringing your breath all the way down into your belly so that it pushes up your hand as much as feels comfortable. Your chest should move only slightly and only as your belly rises.
5. Continue this slow, deep breathing in through your nose and down into your belly. Then gently let your breath go out again at a pace that is comfortable for you. Let your mouth, tongue, jaw, and throat relax as you continue to take long slow breaths in through your nose, deep into your belly and breathe out of your mouth with a whooshing sound. Focus on the sound and feeling of your breathing as your belly rises and lowers, and as you become more and more relaxed.
6. As you breathe deeply into your abdomen, say to yourself, "*Breathe in relaxation.*" Let yourself pause before you exhale.
7. As you breathe out from your abdomen, say to yourself, "*Breathe out tension.*" Pause before you inhale.

8. Use each inhalation as a moment to become aware of any tension in your body, and each exhalation as an opportunity to let go of tension.
9. You will probably notice your mind wandering from time to time. You can gently bring your attention back to your breathing. And you might just notice the type of thought you are having. For example, you might just say to yourself, “*Oh, that’s worry,*” or planning, or remembering, or wishing, etc.
10. Continue for 10-15 minutes, deeply inhaling through your nose and exhaling through your mouth. In the beginning some people may want to try starting with 5 minutes, and build up to 10-15 minutes slowly. It is better to practice regularly for a shorter amount of time than to practice for a longer period of time more infrequently.
11. When you feel ready, open your eyes, and re-orient yourself to your surroundings.
12. Compare the tension you feel now with the tension you felt at the beginning of the exercise.

Rate your level of tension on a scale from 1-10.



How did your level of tension change? Did your rating change from before to after?

How could you incorporate deep breathing into your daily life (e.g., when experiencing stress — a traffic jam; problems with family members; before an event that you anticipate might be stressful)?

What are some problems you might have with practicing deep breathing at home (e.g., trouble finding a quiet place, difficulty fitting it into your schedule)? How might you address these difficulties in order to be successful at practicing these exercises regularly?

PROGRESSIVE MUSCLE RELAXATION (PMR)

Now you are going to learn to relax your body using progressive muscle relaxation (PMR). You will learn to release tension throughout your body by incorporating deep breathing and focusing on one part of the body at a time, from your toes all the way to your head.

You will need to practice PMR a few times before you can enjoy its full benefits. You may prefer to have your therapist guide you through the exercise and then when you're on your own, listen to a CD that takes you through the exercise step by step. With practice, you can learn to achieve deep relaxation rapidly, calming your body and your mind.

The basic idea behind PMR is to bring your awareness, breathing, and relaxation to each part of your body successively. You can either start at the top of your head and move down, or start with your feet and move up.

You can relax each muscle group either by squeezing and releasing the muscles or by just focusing on relaxing each muscle group. When you squeeze a muscle group, it will initially feel tight, but when you release it, it will feel more relaxed. Whether you physically squeeze your muscles or just think about relaxing, it works either way. If you have pain or stiffness, it may feel better to just focus on the muscle group, rather than squeezing it.

Progressive Muscle Relaxation Guide

1. Before you begin, rate your tension on a scale from 1-10.
2. Get into as comfortable a position as possible.
3. Begin by thinking about slow, regular, deep, easy breathing. As noted above, breathe from your abdomen.
4. Go through each muscle group, either squeezing and releasing (holding for about 10 seconds) or just focusing on relaxing that area.
5. Take your time to focus on each area. In your mind,

- Feet- curl your toes
- Calves- point and flex your feet
- Upper legs- pull knees together and bend knees
- Lower body- squeeze feet, calves, and knees
- Stomach- pull in toward your spine
- Chest- fill up with air



mind,

- Shoulders- pull up toward your ears
 - Arms- curl up, bending at elbow
 - Hands and fingers- clench
 - Upper body- squeeze stomach, chest, arms, hands, and shoulders
 - Neck- pull chin toward chest
 - Jaw- clench
 - Eyes- squeeze
 - Lower forehead- wrinkle eyebrows, like you're mad
 - Upper forehead- pull eyebrows up, like you're surprised
 - Head and neck- squeeze jaw, eyes, forehead, with chin toward neck
6. When you are finished squeezing and releasing or focusing on relaxing each muscle group, scan over your body again and notice where you still feel tension. Go back to these areas and focus on relaxing your muscles.
7. Continue to relax until you are ready to get up. Then slowly stretch your fingers, toes, arms, and legs, and gradually open your eyes.

When you finish, rate your tension on a scale from 1-10.



How did your level of tension change? Did your rating change from before to after?

How could you incorporate PMR into your daily life (e.g., when experiencing stress — problems with family members; before an event that you anticipate might be stressful)?

What are some problems you might have with practicing PMR at home (e.g., trouble finding a quiet place, difficulty fitting it into your schedule)? How might you address these difficulties in order to be successful at practicing these exercises regularly?

After you've practiced PMR regularly, for 1-2 weeks, you can start streamlining your relaxation practice. You will be able to achieve the same relaxation response with only focusing on 8 muscle groups:

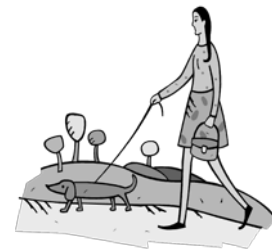
1. Legs
2. Stomach
3. Chest
4. Arms
5. Shoulders
6. Neck
7. Eyes
8. Forehead

After 1-2 more weeks, you can streamline your relaxation practice even more by focusing on only 4 muscle groups. You can use this as a mini-relaxation session to combat tension wherever you are.

1. Lower body
2. Abdomen
3. Arms
4. Head and neck

WALKING AND RELAXATION

Some people find that sitting still makes them more nervous. If that is the case, then you can also learn to relax while you are walking. But instead of walking and allowing your mind to wander, focus on your breathing.



1. Walk slowly in a yard, along a sidewalk, or on a path.
2. Breathe easily using your abdomen. Pay attention to your breath, both the exhalation and the inhalation. Determine the length of your exhalation and inhalation by the number of your footsteps.
3. After a few minutes, begin to lengthen your exhalation by one step. Do not speed up your walking. Do not force yourself to inhale longer. Let it be natural. Watch your inhalation to see if there is a desire to lengthen that. Continue for 10 breaths.
4. Next, lengthen the exhalation by one more footstep. Watch to see whether the inhalation also lengthens by one step or not. Only lengthen the inhalation when you feel it would contribute to feeling better or calmer.
5. After 20 breaths, return to normal. Continue walking for four or five minutes. Then start lengthening your breath again. When you feel the

least bit tired, return to normal. Do not practice long breaths for more than 10 or 20 breaths before returning to normal.

Other Forms of Relaxation

As you can see from these three exercises, relaxation comes in many forms. What they have in common is focused attention and controlled breathing. As stated at the beginning of this chapter, the most important parts of relaxation are finding out what method works best for you and using it regularly. Other forms of relaxation that may be helpful for you are mindfulness meditation, yoga, exercise, and prayer, such as focusing on a particular religious passage that provides you with comfort.

Summary and Review

Skills emphasized in this chapter:

Assignments that might help me practice skills learned in this chapter:

Additional thoughts:

Module 3:

Improving Communication Skills

Goals for this session

- Review homework
- Learn about different communication styles
- Learn how to communicate effectively
- Learn how to effectively make requests and deal with requests from others

Human beings are social creatures. While we want, crave, and even *need* contact with others, relationships can also be a major source of stress in our lives. We want many things from other people--help, attention, affection, acknowledgement, time, and so on. We often do not receive all that we desire from others. In addition, interpersonal relationships can be stressful because others also want things from us. Sometimes it seems like others ask more of us than we can or want to give. Although interpersonal relationships can be deeply satisfying and a source of meaning in our lives, they can also be disappointing or painful. Negotiating our wants, desires, and needs, as well as our affections and frustrations, requires effective communication. If you find that others don't understand you, you don't understand others, or that your relationships are not satisfying or are conflictual, you are not alone. Some of these kinds of difficulties may be related to difficulties in communication skills. Most people could benefit from better communication skills.



Good communication skills can help you cope better with daily stresses and improve your quality of life. Working on your communication skills may help you to improve your:

- Awareness and understanding of your own reactions and those of others
- Ability to assert yourself effectively
- Emotional closeness with your partner, family, or friends
- Available social support
- Mood and/or ability to manage your emotions
- Short- or long-term planning and problem-solving abilities

Let's look at an example of how communication problems can contribute to stress:

Isabel works full time and is pursuing a part-time graduate degree. Her mother, Maria, and younger siblings live nearby so she also helps take care of her younger siblings in the evenings. Because of that, she is always

busy and doesn't get out much. For the past two months, Isabel has been talking with her mother about taking a Saturday off to visit her best friend who lives out of state. Unfortunately, for three times now, her mother had asked Isabel to cancel her plans at the last minute in order to help with her siblings. Isabel is unable to express her displeasure with the situation, and instead tells her mother that it is no big deal. She later is frustrated and criticizes herself for not speaking up, and is stressed by having so many responsibilities.

She feels angry about not being able to focus on her schoolwork and enjoy a social life because of family responsibilities. Over time, she begins to resent having so much responsibility, and feels angry that her mother relies on her so much.

Let's look at another example:

Daniel is a 58-year-old divorced man. He is employed as a customer service representative for a local bank, where he has worked for three years. He has held this position longer than any other, though has recently begun experiencing problems at the workplace. More specifically, Daniel has felt a great deal of anger towards his supervisor, and has "lashed out" on several occasions. The most recent incident occurred when his supervisor requested that Daniel make an effort to arrive at work on time, and not his usual five to ten minutes late. Daniel responded to this request by screaming at and insulting his supervisor, shouting, "Why don't you mind your own business and leave me alone?" This response resulted in his being placed on probation within the company. Daniel feels that he is constantly given the short end of the stick, and that he takes it until he can't take it anymore.

Often Daniel feels guilty, depressed, or out of control after these bouts of anger.

Does either of these situations sound familiar to you? Like many individuals, Isabel is having difficulty asking for what she needs from important people in her life; and, at the other extreme, Daniel has a hard time controlling his angry feelings. It can often be difficult for people to be assertive about their needs, especially if they are depressed, anxious, or worried about being a burden. Perhaps you do not have the energy to talk to others about your needs, or you may not believe that you deserve to get what you want, or may have difficulty staying focused when you do initiate a conversation. It can also be daunting to tell people (especially people in power) you are feeling put upon before you get to the explosion point. Despite these obstacles, however, it is possible to improve your communication and get your needs met.

There are certain skills you can learn to become more assertive and cope with daily challenges. In this section, you will learn to:

1. Identify the different types of communication behaviors, including your own.
2. Identify beliefs you hold that maintain your unhelpful communication behaviors and/or barriers that interfere with effective communication.
3. Practice specific communication skills.

COMPONENTS OF COMMUNICATION: ACTIVE LISTENING AND EXPRESSING

Active listening and expressing yourself are the two main components of effective communication. If one person in a conversation or discussion is not listening or speaking clearly, it is like static on a telephone line – the communication breaks down. Listening and speaking are equally important for effective communication.



Active Listening

Active listening involves focusing on understanding what the other person is saying, and communicating your understanding with verbal and nonverbal responses. Most people do not actively listen during conversations. Instead of intently focusing on hearing and understanding the other person, we think about what we want to say or try to anticipate what the other person will say next. When we do these things, it is like mental static that interferes with our listening. When others perceive that we are not really listening and hearing their concerns, they often feel frustrated, resentful, and dissatisfied with the interaction; they may withdraw or complain. On the other hand, when others feel really listened to and understood, they feel cared for and are more likely to actively listen to us.

Expressing

Listening is only one side of the communication equation. Effective communication also requires effective expression. What is the goal of expressing or talking? Many people think the goal of talking is “to say what I need to say,” or “to tell someone something.” Notice that this goal does not involve the listener. Communication is, by definition, a two-way street—the goal of expressing is to help others understand and respond to our needs. When you focus on helping others understand and respond to your needs, communication is more satisfying.



There are three styles of expressing:

Monologue: Some people tend to dominate a conversation and give others little airtime. To improve expression skills in this case, the challenge will involve talking less and listening more. Being concise helps a listener to listen better.

Too shy to speak: Some people tend to hesitate before expressing themselves because they consider their thoughts or needs to be unimportant, or because they fear being criticized by others. To improve expression skills in this case, the challenge will be to speak up and worry less about how they might be perceived.

Dialogue: Some people are good at balancing their expressing with listening, which allows for a verbal exchange. In this case, communication is more effective because you express your ideas and are willing to listen to the ideas of others.

Take a moment to think about which style of expression you use **most of the time**. You probably have more than one style, depending on your degree of comfort and familiarity with the person you are interacting with, but try to choose the style you use most.

STYLES OF COMMUNICATION

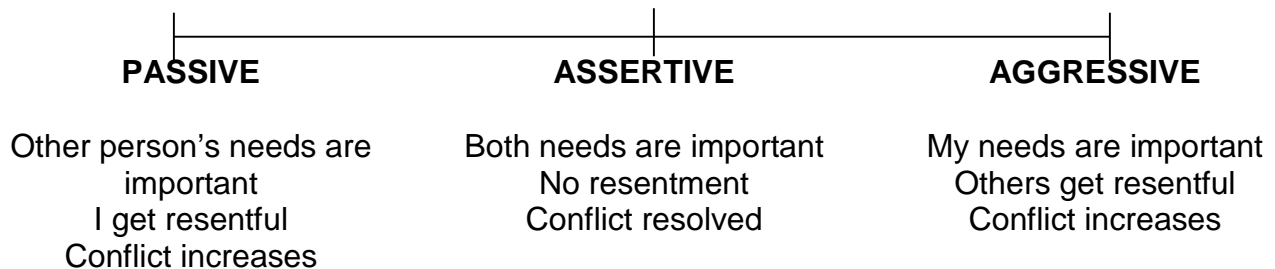
Communication can be especially difficult when some form of conflict or disagreement is present or anticipated. For example, talking to your partner about where you will spend your winter vacation will be more difficult if you know that he or she would like to go sightseeing in Europe while you would like to relax on the beach. You can approach these kinds of interactions with one of three different communication styles: passive, aggressive, or assertive.

Passive communication puts the respect for the rights and needs of others above your own. Passive communication means that you tend to keep your thoughts and opinions to yourself and may not say anything when something bothers you; you may have difficulty identifying and saying what you need or want. In our example, if you communicated passively with your partner about where to vacation, you would probably not fully explain your desire to go to the beach but would instead simply agree to go sightseeing.

At the other extreme is **aggressive** communication. Aggressive communication puts your rights above those of the listener. It means you tend to focus on “getting your way” or “having your say” rather than respecting the concerns of the other person or helping them to understand your concerns. In our example, if you communicated aggressively with your partner about where to go on vacation, you would probably focus on your desire to go to the beach, without helping your partner to understand why you would like to do so, or trying to understand your partner’s desire to go to the mountains.

A more balanced and adaptive way of communicating involves being **assertive**. Assertive communication balances respect for both yourself and the listener, and considers both your needs and the needs of the other person. Assertive communication allows you to express your needs or wants, but acknowledges that the other person’s needs or wants may be different. In our example, if you communicated assertively with your partner about where to vacation, you would come to understand why he or she would like to go to Europe and either strike a compromise of some sort (e.g., choose a third location that fulfills your desire for rest and relaxation as well as your partner’s desire for adventure) or agree to go to one place this year and the other place the following year.

Communication styles exist on a continuum from passive to aggressive, with assertive communication falling in the middle. The main characteristics of each style are summarized below:



People may use different styles of communication depending on the situation or other people involved (e.g., communicate aggressively with partner, but passively with employer). Which style(s) of communication do you tend to use most of the time? Let’s look at passive, aggressive, and assertive communication more closely.

Passive Communication

In short, when we communicate passively, we do not express our feelings and thoughts honestly. Communicating passively allows others to violate our rights; we either don’t speak or speak in an apologetic manner that results in others disregarding our statements. This can lead to resentment in the long run and create distance in a relationship because the person in the passive role may feel victimized. This creates distance and conflict in relationships. Passive communication also shows a lack of respect for others’ abilities to handle our feelings, concerns, or problems. People tend to use passive communication because they want to please others and avoid conflict.

Remember Isabel, whose mother kept making her change plans that she had made with her friend? As you may recall, whenever her mother called to ask Isabel to change her plans, Isabel always told her mom that she can

do it, and that it is no big deal. Because of these last minute cancellations, Isabel has been unable to visit her best friend who lives out of state.

How might Isabel feel after this interaction with her mother? How might her mother feel?

What kind of message do you think Isabel's passivity sends to her mother?

How does Isabel's response fail to show respect for her rights and feelings?

Aggressive Communication

Aggressive communication involves making statements that disregard the rights, thoughts, or feelings of others. The goal of aggressive communication is to dominate others—to win and thus make the other person lose. Aggressive communication conveys the attitude that, “This is what I want, and what you want is not important.” With aggressive communication, it is difficult to listen to what others have to say, and expressing is done without regard for how the other person will be affected. This creates resentment and anger in the other person and they may respond with aggressive communication in kind. Despite your demands, aggressive communication may not get you what you want, and even if it does, you may later regret your behavior. Overall, as we saw with the example of Daniel, an aggressive communication style can often result in feelings of frustration or guilt, and may not prove effective in getting your needs met.



Before we move on, it is important to note that many people resort to aggressive communication with their families and significant others. This may be due to long-standing conflicts that trigger anger. Or, it may be due to feeling that since we know the other person so well, we know what they are going to say and therefore we do not give them a chance to express their concerns or feelings. Although aggressive communication is common, typically it is not helpful.

Let's return to our example:

If Isabel would have responded aggressively to her mother's requests, she might have said something like, "I am so sick and tired of doing this for you! You don't understand, do you? I need a life too! Now my best friend is going to hate me for cancelling on her all the time! Forget it, I am not doing this for you."

If Isabel responded in this manner, what might have happened?

How might she feel after this interaction with her mother?

How might this interaction affect their relationship?

What kind of message do you think Isabel's aggressive response would send to her mother?

How does Isabel's response fail to show respect for her mother's rights?

Assertive Communication



In contrast to passive and aggressive communication, communicating assertively involves expressing yourself clearly and honestly while listening to and really hearing what others have to say. When communicating assertively, you respect your rights and needs as well as the rights and needs of others. Assertive statements are expressed without humiliating, dominating, or insulting the other person. Assertive

statements usually leave us and others feeling better about our communication, our interaction, and ourselves. They often result in making compromises that both sides can accept.

Returning to our example:

When Isabel's mother calls to ask Isabel to cancel her plans, Isabel responds by stating, "It is very important to me that I get out and visit with my friend. I understand that you want me to take care of my brothers now. Let's find a way to work this out."

If Isabel had responded in this manner, what might have happened? How might she have felt? How might her mother have felt?

How does Isabel's response show respect for her own rights as well as her mother's rights?

What kind of message do you think this gives Isabel's mother? _____

There may be times when passive or aggressive communication is appropriate. For example, in an emergency situation, aggressive communication might be most efficient. Nine times out of ten, however, you will probably find that assertiveness is your best option.

The style of communication we choose is usually a result of our beliefs about the importance of our needs compared to the needs of others. If you believe your needs are as important as the needs of others, you will be likely to express them while respecting other people's needs and feelings (i.e., assertive communication). If you believe your needs are less important than the needs of others, you will be more likely to hold them back (i.e., passive communication) due to fears of being rejected, criticized, abandoned or ignored. If you believe your needs are more important than others' needs, you will stop listening and push to have your needs met while disregarding what the other person is saying (i.e., aggressive communication). It would be useful to examine your beliefs about yourself and others in order to improve your communication.

Let's go back to the example of Daniel from the beginning of the chapter. In Daniel's case, his thoughts were "*I am shouldering an unfair burden at work. It's not fair; it's my supervisor that is incompetent!*" These beliefs led Daniel to value his need for acknowledgement as more important than his supervisor's need for timeliness. In this case, Daniel did not assert himself until he felt irate, at which point he responded aggressively, explosively shouting at and insulting his supervisor. There were benefits and costs to this decision.

For Daniel, the benefits of being aggressive included:

- Telling his supervisor he was angry and resentful
- Releasing feelings he'd kept contained for a long time

For Daniel, the costs of being aggressive included:

- Being placed on probation
- Feeling guilty for yelling at his supervisor
- Additional feelings of resentment that his supervisor still didn't understand him
- His supervisor's feelings of confusion, fear, anger, and hurt resulting from Daniel's angry tirade

Think about the last time that you acted aggressively. What was the situation?

Now, complete an **Unhelpful Thoughts Diary** (UTD) about this situation to learn about your thoughts and feelings after you acted **aggressively** (refer to Chapter 4: Identifying Thoughts to refresh your memory on how to complete a UTD).

SITUATION	EMOTIONS	AUTOMATIC THOUGHTS

Look over your UTD. What might be some of the costs and benefits of choosing aggressive communication in this situation?

Costs?

Benefits?

Next, think about the last time you acted **passively**. What was the situation? Complete a UTD about this situation to learn about your thoughts and feelings regarding choosing to act aggressively.

SITUATION	EMOTIONS	AUTOMATIC THOUGHTS

Look over your UTD. What might be some of the costs and benefits of choosing passive communication in this situation?

Costs?

Benefits?

Now, think about the last time you acted **assertively**. What was the situation?

Complete a UTD about this situation to learn about your thoughts and feelings regarding choosing to act assertively.

SITUATION	EMOTIONS	AUTOMATIC THOUGHTS

Look over your UTD. What might be some of the costs and benefits of choosing assertive communication in this situation?

Costs?

Benefits?

DEALING WITH REQUESTS

Communication depends both on expressing your thoughts and feelings in a way that helps the other person understand you and your position, and on your ability to listen effectively. Up to this point, we have been focusing on describing the different types of communication, and helping you understand any automatic thoughts you might have that keep you from communicating as effectively as you can. In this next section, we will focus on giving you specific skills to help you improve your general expressiveness and assertiveness. First, we will describe a strategy for how you can make requests of others. After that, we will discuss techniques for how to deal with requests that others make of you, including *how* to say “no.”

Making requests

Using the “DESC” Method

It is often helpful to have a strategy for making requests. It can feel intimidating or scary when you are figuring out how to ask for what you want, especially in challenging situations. Some people find it hard to ask for anything (the passive mode). Others speak too quickly and may later regret some of what they asked for (the aggressive mode). Using the “DESC” method described below can help you to think through making requests.

- D: DESCRIBE**
- E: EXPRESS FEELINGS**
- S: SPECIFY NEEDS AND CHANGES**
- C: CONSEQUENCES OF THE REQUEST**



DESCRIBE your request. Think carefully about what you want. You can help decide what you want by reflecting on your thoughts, feelings, and behaviors. Describe your thinking about the request in a direct and nonjudgmental manner. If you find this difficult, you may want to use a UTD to help you understand why it is hard for you to make requests.

EXPRESS your needs, and how you feel. Look over the list of specific communication skills we reviewed in this chapter to help you think about how you will express how you feel. For example, be direct, open, and use “I” statements: “*I feel angry about...*,” or “*I felt frustrated when I forget to...*,” or “*I feel hurt when...*” It is also important to express what you need, such as, “*I would like you to...*”

SPECIFY NEEDS/CHANGES that you want to ask for. Here is where you want to review the skills for making an assertive statement. The more specific and clear you can be about what you want, the more likely you are to be satisfied with the outcome.

CONSEQUENCES of your request. Think through the positive and negative consequences of making your request. It is also helpful to consider what will happen if you do get what you want, and, conversely, if you don't get what you want. Again, your answer will probably depend on your thoughts, feelings, behaviors, and physical reactions. Further, you should consider how you think the person to whom you are making the request will react. Will it be positive, negative, or somewhere in-between?

Let's focus on Daniel and how he uses the "DESC" Method to help him to make a request of his supervisor.

DESCRIBE: I want my supervisor to acknowledge that I am doing a good job, and working harder than any of my co-workers. I also want her to stop increasing my responsibilities.

EXPRESS: I will express my concerns to my supervisor by telling her, *"I feel disregarded when you don't acknowledge my hard work. I also feel overwhelmed by all the additional responsibilities you have given me, and find I don't have enough time in the day to finish all my work. So, I stay late, and then I sometimes have a hard time getting up in the morning to get here on time."*

SPECIFIC NEEDS/CHANGES: I will plan to ask her, *"I would really appreciate it if you could reassign some of these projects that you have given me. If you are able to do that and acknowledge my hard work and long hours, I will feel like you are listening to me and that you value me as an employee. I will also feel much less stressed about work."*

CONSEQUENCES: The consequences of getting what I want are that I will feel heard. I will feel like my life has more balance, and is not only about work. It's possible that my supervisor will be annoyed by my request because she has gotten used to me picking up all the slack, but it's also possible that she will respond positively to my request.

Think of two to three situations where you needed to make a request but had difficulty doing so. Using the **DESC** method, analyze how you could have made your request differently. For requests you anticipate making in the future, you may want to practice the **DESC** method during one of your sessions with your therapist.

DESCRIBE:

EXPRESS:

SPECIFY NEEDS/CHANGES:

CONSEQUENCES:

Responding to requests from others can feel challenging when what others are asking of you conflicts with your needs. This can be uncomfortable for most of us. Below you will find a few tips that might help you in situations with some conflict or potential for conflict.

- Even if you think you won't be able to honor the request, acknowledging that you heard the other person's request is an important first step.
- Let the person know what your wishes are. Sometimes we are tempted to postpone an awkward situation. While in some situations, this might be the best thing to do; in most cases postponing a difficult conversation just makes it worse. Speak up!
- Explain why you feel or think the way you do in a non-judgmental manner. Sometimes people are hesitant to explain their reasons. Sometimes people feel they should not have to explain themselves, while at other times they may feel like they are making excuses for themselves. However, all this is information that helps the other person understand your point of view, which in turn may help reduce the potential for conflict.
- Let the other person talk. Let them say how they feel. It may be uncomfortable to listen to someone who is expressing strong, negative emotions, but letting them get it out will more likely help diffuse any potential difficulty.
- Let the other person know you understand what they are saying. You can do this by paraphrasing back what they said, asking for clarification, and using nonverbal communication such as a smile or a nod. Paraphrasing or "reflecting back" also lets the other person know that you are listening. Additionally, paraphrasing is a way for you to ask the other person if your understanding is accurate. Practice reflecting back or paraphrasing such as "*I heard you say...*" or "*Are you saying...?*" or "*Are you feeling...?*" etc. Remember, letting the person know you understand is *not* the same as agreeing with them.
- Next, making an empathic statement that acknowledges the other person's needs will help him or her to feel understood. A great deal of conflict comes from people feeling misunderstood. In addition, try to be genuine when you are making empathic statements. When people feel heard and cared about, it makes it easier for them to hear "no" to their request.

Let's look at an example to examine some of the key components of responding to other's requests:

Isabel's mother, Maria's car is in the shop. Maria asks her if she can borrow her car. She has several errands that she needs to run. However, Isabel needs her car to visit a friend in the next town.

Isabel first acknowledges that she has heard Maria's request: "OK, so it looks like you really need to find a way to get around tomorrow since your car will be in the shop."

Next, she makes an empathic statement: "I know that you feel stuck without your car and you would like to borrow my car."

She then explains why she won't be able to honor the request: "But I have plans to meet my friend at 10 am. I'm sorry I won't be able to lend you my car today."

Now, think back to the last time you had to (or wanted to, but could not) say "no" to a request.

What was the request made of you?

What did you say to this request?

What difficulties did you have in responding to this request? For example, did you have trouble saying "no," or did you respond aggressively? Did you have any negative feelings come up, like anger or guilt?

If you were not satisfied with your response to this request, how would you handle this situation in the future? Think about the skills reviewed in this section, such as paraphrasing, making an emphatic statement, and being assertive about saying “no.”

Summary and Review

Skills emphasized in this chapter:

Assignments that might help me practice skills learned in this chapter:

Additional thoughts:

Please do not skip ahead unless your therapist suggests it.

Module 4:

Anger Management

Goals for this session

- Review homework
- Learn to understand your anger
- Learn how to monitor your anger

**PART I: UNDERSTANDING YOUR ANGER**

Anger is a normal emotion that can vary in intensity, from mild irritation to intense fury and rage. Anger is a natural response to situations in which we feel threatened, we believe harm will come to us, or we believe another person has unnecessarily wronged us. Anger also can occur when we believe another person, like a child or someone close to us, is being threatened, harmed, or injured. And anger sometimes results from frustration when our needs, desires or goals are not being met.

There are many ways we can respond to our anger. One way that can result in problems is using aggression. Aggression is when one intends to cause harm or injury to another person, or damage to property or objects. Aggressive behavior can include verbal abuse, threats, or violence. While many people often confuse anger with aggression, in reality anger does not always lead to aggression. It is important to distinguish between your feelings of anger and aggressive behaviors. This chapter will help you identify your anger, and prevent responses that are too destructive or result in troublesome consequences.

1. Consequences of Anger

Anger can become a problem when it is felt too intensely, too frequently, or is expressed inappropriately through aggressive behavior. In such cases, anger can have negative consequences for your health and for your relationship with other people.

Health consequences

Anger can have a substantial impact on your health. Feeling angry too intensely or too frequently places extreme physical strain on your body. Intense and frequent episodes of anger can increase blood pressure and heart rate for long periods of time. This can result in hypertension and heart disease. Intense and frequent episodes of anger can also decrease your immune system's ability to fight off diseases.

Social Consequences

The social consequences of anger arise when we are unable to control the anger and end up expressing it inappropriately, usually through aggressive verbal or physical behavior. At the extreme, violent aggression can result in arrests, jail, physical injuries, retaliation, and loss of loved ones. Even when anger does not lead to violence or physical aggression, inappropriate expressions of anger such as verbal abuse or intimidating, threatening behavior often results in negative consequences. Other people will develop fear, resentment or a lack of trust when they are subject to angry outbursts. Friends, family, and coworkers begin to distance themselves and may break off relations altogether.

Psychological consequences

Often our reactions to anger feel out of our control. After behaving in an emotionally or physically aggressive manner, it is common to feel guilt, shame, or regret. As the social consequences build, and relationships deteriorate, depression can often set in.

2. Payoffs

The inappropriate expression of anger initially has many apparent payoffs. For example, through aggression and intimidation we can manipulate and control others. Often we feel a release of tension after an angry outburst, although everyone else will feel worse. In the long-term, however, these payoffs give way to negative consequences. It is for this reason that we call them “apparent” payoffs, because the long-term negative consequences far outweigh the short-term gains.

For example, consider a father who persuades his children to comply with his demands by using an angry tone of voice and threatening gestures. The children will be afraid that they will receive physical harm if they are not obedient. The short-term payoff is that the children comply with the father’s commands. But the long-term consequence is that the children will learn to fear and possibly dislike him, and they will become detached from him emotionally. As they grow older, they will likely distance themselves from him or refuse to see him altogether.

List some payoffs you get from using anger:

List the negative consequences that you have experienced as a result of expressing your anger inappropriately:

3. Myths about Anger

Myth #1: Anger is inherited

One misconception about anger is that the way we express anger is inherited and cannot be changed. Evidence from research studies, however, indicates that people are not born with set and specific ways of expressing anger. Rather, these studies show that the expression of anger is a learned behavior, and that a person can learn more appropriate ways of expressing anger later in life.

Myth #2: Anger automatically leads to aggression

A related myth involves the misconception that the only effective way to express anger is through aggression. There are other more constructive and assertive ways, however, to express anger. Effective anger management involves controlling the escalation of anger by learning assertiveness skills, changing negative and hostile self-talk, challenging irrational beliefs, and employing a variety of behavioral strategies. These skills, techniques, and strategies will be discussed later in the chapter.



Myth #3: We must be aggressive to get what we want

Many people confuse assertiveness with aggression. The goal of aggression is to dominate, intimidate, harm, or injure another person, to win at any cost. Conversely, the goal of assertiveness is to express our feelings of anger in a way that is respectful of other people. Expressing ourselves in an assertive manner does not blame or threaten other people, and minimizes the chance of emotional harm. We discuss the topic of assertiveness skills in *Module 3: Improving Communication Skills*.

Myth #4: Venting anger is always desirable

For many years, a popular belief was that the aggressive expression of anger, such as screaming or beating on pillows, was therapeutic and healthy. Research studies have found, however, that people who vent their anger aggressively simply get better at being angry. In other words, venting anger in an aggressive manner reinforces aggressive behavior.

Before reading about these myths, did you believe any of them to be true?

4. Anger and the Family

For many of us, the interactions we have had with our parents have strongly influenced our behaviors, thoughts, feelings, and attitudes as adults. We may have learned some of the ways we express anger from our parents or parental figures when we were younger. Remember, though, that the expression of anger is not inherited, but is a learned behavior. This means that you can learn new ways to express anger!

The following series of questions concerns the interactions you had with your parents and the families that you grew up in. Thinking about family issues can sometimes bring up upsetting or uncomfortable feelings. Be sure to discuss these feelings with your therapist.

- Describe your family. Where did you grow up? Did you live with both parents? Do you have any brothers or sisters?

- How was anger expressed in your family while you were growing up? How did your father express his anger? How did your mother express her anger? Were you ever threatened with physical violence or had to deal with verbal aggression?

- How were other emotions, such as happiness and sadness, expressed in your family? Was emotional expression limited to feelings of anger and frustration, or were many different kinds of emotions expressed?

- How were you disciplined and by whom? Was physical punishment involved (e.g., being hit with hands, belts, switches, or other objects)? How did you respond to this discipline?

- What role did you take in the family? For example, were you a peacekeeper, or a rescuer, or a scapegoat, etc.?

- What messages did you receive about what it means to be a father or a man in general? What messages did you receive about what it means to be a mother, or a woman in general?

- What feelings, thoughts, and behaviors carry over into your relationships today? What purpose do these behaviors serve today? What would happen if you gave up these behaviors?

You may notice that you have adopted your family's way of handling anger and angry feelings. It might be important to look at how your way of dealing with anger is or is not effective at this point in your life. Strategies that served you well when you were young may no longer be the best for you as an adult.

5. Anger is a Habit

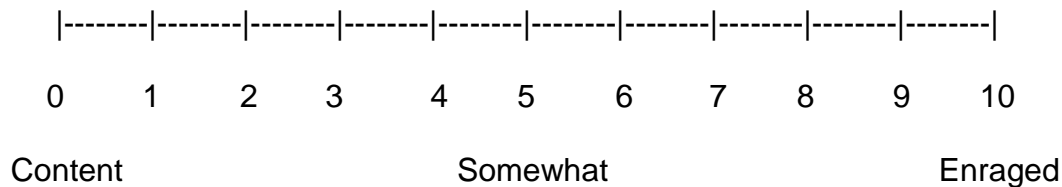
A habit, by definition, means performing behaviors automatically, over and over again, without thinking. Anger can become a routine, familiar, and predictable response to a variety of situations. When our anger is displayed frequently and aggressively, it can become a maladaptive habit. The frequent and aggressive expression of anger can be viewed as a maladaptive habit because it results in negative consequences.

Has anger become a habit for you? If yes, how so?

In what ways has it been maladaptive?

PART II: MONITORING YOUR ANGER

As with feelings of depression or any other emotion, you may find that the level of your anger fluctuates throughout the day, depending on the situation. You are now familiar with the feelings scale below; this can also be used for you to keep track of how angry you are. Lower numbers indicate that you did not have strong feelings of anger, and higher numbers mean that you experienced strong feeling of anger.



1. Events That Trigger Anger

When we get angry, it is because we have encountered an event in our lives that has provoked our anger. Many times, specific events touch on sensitive areas in our lives. These sensitive areas usually refer to long-standing issues that we may have, and that can easily lead to anger. In addition to events that we experience in the here and now, we may also recall an event from our past that made us angry. Just thinking about these past events may make us angry in the present.

Below are some events and situations that may trigger anger for you, please check the boxes that apply to you:

- Being disrespected
- Being insulted
- Losing power
- Losing status
- Not having things turn out the way you expected
- Experiencing physical pain
- Experiencing emotional pain
- Being threatened with physical or emotional pain by someone or something
- Having an important or pleasurable activity interrupted, postponed, or stopped
- Not obtaining something you want (which another person has)
- Other (please specify): _____

2. Cues to Anger

A second important aspect for monitoring anger is to identify the cues that occur in response to the anger-provoking event. Although it may seem that bouts of anger come on instantly, if we pay close attention, there are often cues that can serve as warning signs that we have become angry and that our anger is continuing to escalate. By

recognizing these cues early on, it may be possible to change the way you react in potentially explosive situations. Cues can be broken down into four categories: physical, behavioral, emotional, and cognitive (or thought) cues. Below you will find each category briefly described. Please list the cues that you have noticed when you get angry.

1) **Physical Cues** (how our body responds; e.g., increased heart rate, feeling out of control, feeling flushed or hot, tightness in chest, muscles tightening, teeth clenching, wanting to lash out physically). Below please list physical cues that you have noticed in your own reactions to anger. These can be the same or different from those listed above.



2) **Behavioral Cues** (what we do; e.g., clench fists, raise voice, unpleasant facial expression, physically or verbally attack, walking heavily or stomping, slamming doors, withdrawing from others, making aggressive or threatening gestures). Below please list behavioral cues that you have noticed in your own reactions to anger. These can be the same or different from those listed above.



3) **Emotional Cues** (other feelings that might occur along with our anger; e.g., disrespect, jealousy, hurt, fear). Below please list emotional cues that you have noticed in your own reactions to anger. These can be the same or different from those listed above.



4) **Cognitive Cues** (what we think about in response to the event; e.g., hostile self-talk, rigidly thinking “I’m right”, judging the situation to be unfair, images of aggression and revenge). Below please list cognitive cues that you have noticed in your own reactions to anger. These can be the same or different from those listed above.



Let's look at an example:

Remember Daniel from *Module 3: Improving Communication Skills*? Daniel tends to bottle up his angry feelings until they are intolerable, at which point he explodes. In the example given, he lashed out at his supervisor and was placed on probation at work. Let's look at Daniel's **Unhelpful Thoughts Diary** (UTD).

Daniel's Unhelpful Thoughts Diary

SITUATION	EMOTIONS	AUTOMATIC THOUGHTS
<i>Supervisor reprimanded me for arriving late to work again. I ended up yelling at supervisor</i>	<i>Anger (9)</i>	<i>I am shouldering an unfair burden at work, and it's not fair. My supervisor is incompetent.</i>

What cues did you notice were associated with the anger-provoking event?

Physical Cues: *My teeth clenched, my heart raced, and I was so mad I couldn't see straight anymore.*

Behavioral Cues: *I clenched my fists, yelled, and leaned very close to her.*

Emotional Cues: *I felt disrespected.*

Cognitive Cues: *I thought she was being really unfair, especially since I do so much work around here. I really wanted to break something.*

3. The Aggression Cycle

As you may have seen in the example of Daniel, anger often occurs in a cycle. An episode of anger can be viewed as consisting of three phases: 1) the escalation phase; 2) the explosion phase; and 3) the post-explosion phase. Together, these three phases comprise the Aggression Cycle. The escalation phase is characterized by cues or warning signs that indicate anger is building. If the escalation phase is allowed to continue, the explosion phase will follow. The explosion phase is marked by an uncontrollable discharge of anger that is displayed as verbal and/or physical aggression. The post-explosion phase is characterized by the negative consequences that result from the verbal and/or physical aggression displayed during the explosion phase. These consequences may include jail, restitution, termination from a job, discharge from a drug treatment or social service program, loss of family and loved ones, or feelings of guilt, shame, and regret.

4. Anger Control Plan

Now we are going to look at some strategies that you can use to prevent your anger from escalating like it did for Daniel. We will refer to this set of strategies as your **Anger Control Plan**. You could also think of it as a toolbox, and the specific strategies as the tools inside your toolbox.

An effective set of strategies for controlling our anger should include both immediate and preventive strategies. Examples of immediate strategies include time-out, deep-breathing exercises, thought-stopping, and counting to ten. Some examples of preventive strategies include developing an exercise program and changing irrational beliefs. Some of these strategies may sound familiar from earlier chapters. Now we are going to look at these strategies in more detail.

Time-Out

Time-out is a basic anger management strategy that should be on everyone's **Anger Control Plan**. Time out can be used formally or informally. In its simplest form, time-out means taking a few deep breaths, and thinking versus reacting. It may also mean leaving the situation that is causing your escalation, or simply stopping the discussion that is provoking your anger.



The more formal use of time-out involves our relationships with other people. These relationships may involve family members, friends, and co-workers. The formal use of time-out involves an agreement, or a prearranged plan, where any of the parties involved can call a time-out, and where all the parties have agreed upon the rules in advance. The person calling the time-out can leave the situation, if necessary. It is agreed, however, that he or she will return to either finish the discussion or postpone it, depending on whether the parties involved feel they can successfully resolve the issue.

Time-out is important because it can be used effectively in the heat of the moment. Even if our anger is quickly escalating, we can prevent reaching a “10” in our anger by taking a time-out from the situation.

Time out can also be used with other strategies. You may want to think about activities that would best suit you and your needs. Some ideas for how to use your time-out are listed below:

- Go for a walk or jog
- Call a trusted friend or family member
- Write in a journal
- Listen to music or read a book for pleasure



Another strategy that many people have found to be helpful is counting to ten. This may sound like advice from a grandmother. Nevertheless, though it seems simplistic, counting to ten is a good way to focus your attention and energy on something outside of your anger, and in that way reduce your anger’s strength. Often people find that at the end of the count, the anger is reduced to a more controllable level. If the anger is not reduced, you can always choose to take a time-out.

The next time you take a time-out, what are some ways you can make use of you time to cool down?

Can you think of some situations where you would use the time-out strategy?

Thought Stopping

Thought stopping is reviewed more thoroughly in *Module 1: Anxiety and Worry*. As you may remember, Thought Stopping and Thought Substitution can be helpful techniques for people who find it hard to “get rid of” a particular negative thought. The goal is to catch yourself when you are repeating the thought over and over again, and firmly tell yourself to “**STOP!**” Then replace the negative thought with a more helpful thought. For example, instead of continuing to think “*I am shouldering an unfair burden at work and my supervisor is incompetent,*” Daniel could say, “*STOP! I know I am a good employee, and my supervisor has a hard job. Being in charge of such a large department must be stressful. I will talk with her about how I find I have more responsibilities than my co-workers.*”

Relaxation Techniques

Relaxation is reviewed in more detail in *Module 2: Relaxation*. There are several methods of relaxation, including deep breathing and progressive muscle relaxation. You may have already found the method that best suits you. It may be a good idea to review the exercises, and practice the techniques in situations where you feel that your anger is escalating.

Returning to our example, what are some ways that Daniel could have prevented his angry outburst? It can be a good idea to figure out which strategies work best for you before you are in another situation where your anger is triggered.

Here's what Daniel found:

- Can you think of specific strategies that you might use to control your anger?

I could do the deep breathing exercise where I focus on my breathing as I walk. I could also count to ten, if I was at work and there wasn't as much time. It might also be good for me to talk with my supervisor about how I am working on better controlling my anger, and see if she would be open to supporting me when I need to take a time-out, even at work.

5. Communicating your Anger

As we discussed earlier in this chapter, a behavior is aggressive when it is intended to cause harm or injury to another person, or to damage property or objects. This behavior can include verbal abuse, threats, or violent acts. Often, our first reaction when another person has violated our rights is to fight back or retaliate. When we react aggressively, we are basically saying: "My feelings, thoughts, and beliefs are very important, and that *your* feelings, thoughts, and beliefs are not important."

One alternative to aggressive behavior is to act passively or in a non-assertive manner. Acting in a passive or non-assertive way is undesirable because we allow our rights to be violated. We may hold resentments for the person who violated our rights, and we may also be angry with ourselves for not standing up for our rights. With passivity, the basic message is that "*Your* feeling, thoughts, and beliefs are very important, but *my* feelings, thoughts, and beliefs are not."

From an anger management perspective, the best way to deal with a person who has violated our rights is to act assertively. Acting assertively involves standing up for our rights in such a way that is respectful of other people. The basic message with assertiveness is that: "My feelings, thoughts, and beliefs equally as important as *your* feelings, thoughts, and beliefs." By acting assertively we can express our feelings, thoughts, and beliefs to the person who violated our rights, without suffering the

negative consequences associated with aggression, or the devaluation of ourselves associated with passivity or non-assertion. Please see *Module 3: Improving Communication Skills* for a more complete discussion of these different communication styles.

Summary and Review

Skills emphasized in this chapter:

Assignments that might help me practice skills learned in this chapter:

Additional thoughts:

Please do not skip ahead unless your therapist suggests it.

Module 5:

Sleep Problems

Goals for this session

- Review homework
- Learn sleep basics and causes of sleep problems
- Learn how to improve your sleep

Problems with sleep are common when people are dealing with depression or anxiety. While some people find themselves sleeping more, many find they do not sleep as well. Some people have difficulty falling asleep. Others wake up frequently, or way too early in the morning. Some people sleep all night but don't feel rested and refreshed. Not surprisingly, sleep problems lead to feeling tired during the day and interfere with work and time with family and friends. Sleep problems can also lead to health problems, such as increased risk of heart problems or increased risk of infections (like colds, flu, etc.).



In this chapter we will learn a little about sleep and try to understand what is contributing to your sleep problems. Then we will develop a strategy to improve your sleep. It may take a little time, but the strategies described in this chapter have been very well researched and are known to be very effective.

Sleep Basics

Sleep is a complicated process! It involves lots of factors, including your natural biological rhythm, what you did during the day, your habits at night, thoughts, emotions, even medications and other health problems. Treatment for sleep problems makes more sense when you understand a little about the things in your brain that control sleep.

1) Sleep drive: Most people need about 8 hours of sleep per night. If you stay up late, you are often more sleepy the next night. If you sleep in, you are often less sleepy at your usual bedtime.

2) Circadian rhythm: This is our body's natural timing of alertness and sleepiness. Lots of other things in your body also go up and down on a 24-hour clock, such as temperature and different hormones. Most people are most awake mid morning, feel a little sleepy after lunch, feel more alert after dinner, then are most sleepy in the early morning hours. This is why a lot of people who work night shift have sleepiness at night, even if they sleep during the day.

Your sleep drive and circadian rhythm work together to help you stay awake during the day and sleep through the night.

Causes of sleep problems

1. Medical Problems

- Some medical problems, such as heartburn or sleep apnea can cause sleep problems. You should check with your doctor if these are occurring for you.
- Some medications (including some antidepressants) can affect sleep. You should talk with your doctor if you think a medication is affecting your sleep.

2. People with sleep problems often have **traits** that make them more likely to have insomnia, such as:

- People with the tendency to worry often have trouble falling asleep. They feel like they can't turn their mind off.
- Some people feel wound up and jittery for no known reason at night. This gets in the way of sleeping.
- Some people are just more likely to have sleep problems; it's in their genes.

3. **Events** that triggers sleep disruptions:

- Stressful situations, both good and bad, can interfere with sleep.
- After the loss of a loved one, most people have trouble sleeping for a while.
- Episodes of depression and anxiety can set off sleep problems.

4. **Behaviors** that interfere with sleep:

Once their sleep is disturbed, people often do things that seem to help, but make the sleep problem worse in the long run. It's a negative cycle that is difficult to break.

- Caffeine can make it difficult to sleep, even several hours after you've drunk it. The effects on sleep may increase with age. Caffeine is not just in coffee – it is also in many sodas, tea, chocolate, and some foods and medications. Check food labels for ingredients.



- Alcohol disrupts sleep. Sometimes it can make it easier to fall asleep, but it increases arousal a few hours later, leaving you jittery, tired, and unable to sleep.
- Sometimes sleep medications, used over a long period of time, can cause sleep problems. You build up tolerance to many of these medications, which means you need more and more to get sleep. Also, some people get stressed just by making the decision if they should take it or not.
- Napping during the day brings down your body's drive for sleep, and takes away your natural "hunger" for sleep, that helps you fall asleep when you want to.

5. **Thoughts** that interfere with sleep:

- *"I will have a terrible day if I don't get 8 hours of sleep per night."*
- *"I won't be able to function at work following a bad night of sleep."*
- *"I will never be able to sleep well again."*
- *"I must be able to sleep at the same time as my spouse/partner."*

As you can see, the things we do in the short term often make it harder to get our sleep back to normal. For example, when you are tired, you might drink more coffee, or take a nap. This might make you feel more awake for a short time, but when bedtime comes you may have a hard time falling asleep and may end up getting a drink or a sleeping pill to help you. Often, attempts to get sleep might have short-term success (you might get to sleep), but in the long term, they are making the problem worse.

Sleep Diary

The first thing to do is to take a look at your habits and how they relate to your sleep. Before going to bed, record how you felt during the past day, any medications you took, how much caffeine you ingested, and other important factors that affect sleep. Each morning, when you wake up, record what happened during the night.

We encourage you to spend one week simply monitoring your sleep and your habits. We often find that a lot can be learned from monitoring your sleep and habits.

Day Fatigue Level

When completing the **Sleep Diary**, use the following scale to rate your level of fatigue for the day:

1	2	3	4	5	6	7	8	9	10
Awake & Alert				Somewhat Tired					Extremely Fatigued

Type of Sleep

Use the following scale to rate how sound or restless your sleep was:

1	2	3	4	5	6	7	8	9	10
Very Sound				So-So					Very Restless

Rest Score

Use the following scale to rate how you feel upon awakening in the morning:

1	2	3	4	5	6	7	8	9	10
Very Refreshed					Groggy				Exhausted

Sleep Diary

Day and Pre-Sleep Information

Day	Day Fatigue	Caffeine/Alcohol Medications	Day Fatigue	Bedtime	Minutes to fall asleep	# of awakenings and time	Wake time	Type of Sleep	Rest Score
Example	2:00p.m. 20 min	2 cups of coffee at 7:30am; 1 beer at 7pm; Unisom 9pm	5	10:00pm	20	12:00 am: 5 min 4:00 am: 30 min	7:00am	7	6
1									
2									
3									
4									
5									
6									
7									

What to do:

After you have monitored your sleep, you and your therapist can go over the information and see if there are any patterns that stand out. You will work together to come up with a plan. You should be aware a new sleep plan might initially cut down your time in bed. This is often necessary to readjust your sleep cycle, patterns, and habits. Improving your sleep may take some time. We encourage you to keep at it! When you are sleeping most of the night you are in bed, you can start increasing your time in bed 15 minutes at a time (such as going to bed 15 minutes earlier or waking up 15 minutes later).

Your New Sleep Plan:

Pre-bed activities: _____

Bedtime: _____

Wake time: _____

Your New Sleep Habits:

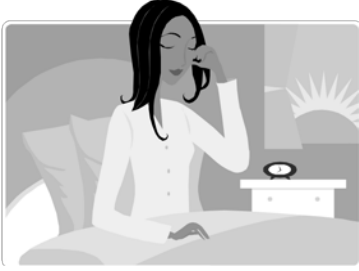
Below is a list of things that are almost always considered part of good sleep habits. If you practice these, your sleep will improve over time. However, these must be practiced regularly. Slipping up once or twice can set you back quite a bit.

Training your body:

By the time that you have developed a sleep problem, often not sleeping becomes another thing to be stressed and worried about. Basically, your body has learned to be stressed out in bed and needs to re-learn how to be relaxed and sleepy in bed. Here are some steps to follow to help teach your body how to sleep again.



1. **Go to bed only when sleepy.** By this point you know, you cannot “try” to sleep. If you are not ready to fall asleep, stay out of bed and do something relaxing.



2. **Set a consistent bedtime and wake time.**

Most importantly, get up at the same time even if you did not sleep well or went to bed late the night before. You may be a little sleepier the next day, but you will save up that tired feeling to use to help you sleep the next night. In addition, getting up in the morning, especially when you get sunlight, can help keep your biological rhythm in synch.

Sleeping in is a short-term fix that leads to longer term problems with sleep. The only time you should sleep in is if you got less than 4 hours of sleep or if you are feeling dangerously sleepy (such as falling asleep while driving).

3. **Do not do anything in bed but sleep.** Do not read, do not watch television, and do not work. If you do these other things, you teach your body to be awake in bed. You want to train your body to become sleepy when you get in bed. The one exception to this rule is sex, which is OK in bed, since usually people feel more relaxed afterwards.
4. **If you do not fall asleep in the first 20 or 30 minutes after getting in bed, get up and do something relaxing.** Go to a comfortable chair and read, for example. Do not stay in bed, or you will only increase your frustration about not sleeping.

Other habits that help sleep:

5. **Avoid caffeine or other stimulants.** (e.g., coffee, colas or other sodas with caffeine) after noon. Cut down on the amount of caffeine you drink in the morning and avoid caffeine after noon.
6. **Avoid alcohol and cigarettes.** A lot of people start drinking to make themselves fall asleep. This works at first, but as the alcohol starts wearing off a few hours later, your nervous system goes into overdrive. You will find yourself tired and agitated – and unable to sleep. Cigarettes are stimulants, and will make it more difficult for your body to get rest.
7. **Avoid napping.** Napping will take away your body's natural feeling of sleepiness at night. If you absolutely cannot stay awake during the day, take a short nap (20-30 min) before 5 pm.
8. **Exercise.** This is extremely helpful for improving sleep. However, exercising too late in the evening (i.e., within 3 hours of bedtime) can make it difficult to fall asleep. Experiment with your exercise schedule to find a routine that works best for you and your sleep.



9. **Do relaxation exercises**, meditation, or self-hypnosis before going to bed (see *Module 2: Relaxation*).
10. Make sure your **sleeping environment** is conducive to sleep. Most people find that a cool, dark and quiet room is best. Consider what environmental conditions help you feel calm and safe.
11. Eat your **last meal** 3 or more hours before bed. A heavy meal too close to bedtime can interfere with restful sleep but light snack before bed is fine.
12. People often find that having a **bedtime ritual** helps. Go through your evening program slowly (e.g., brushing teeth, going to the bathroom, washing up), and in the same way each night. This type of familiar regularity can be very soothing.

Keep in mind that the above suggestions are general guidelines for good sleep. These suggestions tend to help most people sleep better, but everyone is different. It is important to listen to your own body and observe your own sleep patterns in adopting and modifying the above suggestions for your own use. Think of it as an experiment, and your sleep diaries will tell you the results.

Summary and Review

Skills emphasized in this chapter:

Assignments that might help me practice skills learned in this chapter:

Additional thoughts:

Please do not skip ahead unless your therapist suggests it.