



Conventional Cognitive Behavioral Therapy
10-Session Treatment Manual for Depression
in Clients with Chronic Physical Illness

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This workbook is a variant of the treatment protocol
originally designed by A. T. Beck, M.D.

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PART I: THERAPIST TRAINING

Session Length and Time

Each session is 50 minutes long. You may find that you run 5-10 minutes longer on the first session depending on how long it takes to gather the assessment information. I have indicated how long you should spend on each section in the session. If you stay within these guidelines your session should be 50 minutes long. That said, there is a lot of information in the manual and at times, depending on what the client brings to the session, you may find that you are unable to cover all of the material in the allotted time for the session. You can add a few minutes to the session, if necessary, and if you have time. But please to not add more than 10 minutes. The material that is not covered in one session should be covered after the homework review in the following session.

Session Format

Each session follows the same format:

1. Goals of session
2. To do before the session begins
3. Materials needed in client workbook
4. Set the agenda
5. Review of Home Practice Activities
6. Introduction to topic(s) for that session
7. Exercises to be completed in session
8. Home Practice Activities
9. Terminate session

Scheduling Sessions

It will be easiest for the client if you are able to choose the same meeting time each week. Please emphasize in the first session (and throughout treatment, if necessary) how important it is that the client complete all ten sessions. Discuss with the client how he can contact you should he be unable to make one of the sessions. If this happens, please reschedule the session as soon as possible.

Client Information

You can decide on the best way to keep track of the information you collect from your clients as you progress through treatment. It will be helpful for you to have detailed notes for each session that you can refer back to in later sessions. This is what the Therapist Workbook for each client is for. This way you can track exactly what the client is following and completing. Suggest a separate Therapist Workbook for each client for notes purposes.

CBT intervention

As early as possible in treatment, the goal is to socialize clients into the treatment model in order to facilitate communication between counselor and client. When a client discusses symptoms and reactions to symptoms, counselors will want to frame this material in terms of traditional CBT models. Many examples will be given throughout the manual, the worksheets, and training.

Workbook/Home Practice Activities

Your clients will each be given a copy of the Participant Workbook that has been written to complement this manual. Therapists should familiarize themselves with the Therapist Workbook, which is an almost identical copy of the Participant Workbook. For each of the ten sessions, there is a home practice activities instruction page. This is the same as the Home Practice Activities section in this manual. Therapists should review the assignments with clients at the end of each session. Have them follow along in their workbook as the therapist reviews the assignments for that week. The client should complete the pages that follow the instruction sheet in the Workbook during the week. For example, in the earlier sessions, clients will complete a daily thought log. Sometimes therapists will complete a worksheet, or part of a worksheet, with clients during a session. This is clearly indicated in the manual.

The home practice activities are critical for the effectiveness of the treatment. (Note: we are calling them home practice activities because that is a more inviting term to clients than is homework, although in the manual the word ‘homework’ may be used. Therapists should try to refer to this as home practice activities when speaking with clients). It is very important that clients understand from day one that they are expected to complete the Home Practice Activities. The more they put into treatment, the more they will get out of it. At the same time, we need to remember that we are working with a depressed population who will also be limited in some degree by their medical illness. Therefore, when clients do not complete their homework, praise them for what they did do (e.g., think about the assignment) so that they do not become discouraged. Focus the conversation on what barriers they faced and problem solve with them so that they will be more likely to complete the homework that week. It is much better for therapists to take responsibility for the incomplete assignment (i.e., not explaining it well enough or helping the client to anticipate barriers) rather than to let the client feel discouraged about their inability to do yet another thing in their life.

It is also very important that clients have their completed home practice activities with them when they meet with their therapist (i.e., they need their workbook with them during each session, as does the therapist). Therapists should emphasize this point at the end of each session.

Adherence to the Manual

It is important that therapists closely adhere to the manual throughout treatment. Sessions will vary between clients based on the specific problems, beliefs, and behaviors of the

individual clients. However, the information therapists teach, the order in which therapists teach it, and the way in which therapists teach it should be similar across clients.

Suggested counselor dialogue in the Manual is provided in italics throughout. Counselors do not have to use the exact wording given; however, it is important that the same information is conveyed to the client. The manual specifically includes much of the counselor dialogue so as to make the delivery of treatment as easy and efficient as possible for the counselors. If therapists are conducting the therapy by telephone, they can read the dialogue (without sounding like the therapist is reading!). If the therapist is using Skype or seeing the client in-person, the therapist can have the manual with them and refer to it frequently as the treatment is delivered.

Handling a crisis

Patients will be given emergency contact numbers before they begin treatment. They are instructed to immediately alert the study physician in case of an acute crisis in which there might be imminent danger to themselves or to others. Nevertheless, if an emergency situation arises in the session, the therapist should take the necessary measures to stabilize the patient and to ensure the safety of those in danger.

Religious Issues [*for randomized clinical trials that compare conventional CBT with religious CBT*]

In the conventional form of CBT, therapists are encouraged not to address religious or spiritual issues as part of the treatment (i.e., issues related to God, faith, prayer, the Bible, faith community, etc.). Clients will likely bring up these issues at one point or another. So what does the therapist do in such cases? In general, therapists should respectfully listen and then gently redirect patients to address the issues using a conventional CBT model.

Part II: Individual Sessions CCBT Manual

SESSION 1: Assessment and Introduction

Goals of Session:

There is a lot packed into this session. You will likely need 60 minutes instead of 50 minutes. You need to allow time for subject to respond; this is critical, even if time runs out and session goes over 60 min (just record how much time it takes in Therapist Workbook). Be careful that this session does not turn into a lecture by the therapist.

- 1) To introduce clients to the basic format of the program
- 2) To begin to establish rapport by allowing the client to discuss his/her basic problem, life circumstances with the therapist
- 3) To present the basic rationale for the treatment
- 4) To teach clients how to monitor their activities and mood.

Notes:

- Key sections and suggested counselor dialogue are highlighted in yellow
- Some of the material in the Manual is repeated in the Workbook. We have highlighted in blue some of this overlap. Note that there may be other sections that are the same in both, including the Home Practice Activities that are not highlighted
- Suggested counselor dialogue in this Manual will be provided in italics throughout. Counselors can adapt according to their own needs.
- Use the Therapist Workbook to keep track of your client's responses and comments for each of the ten sessions. It will be helpful for you to have detailed notes for each session that you can refer back to in later sessions. It is essential to keep therapist workbook for each client in a locked cabinet.
- The use of he/his and she/her are alternated throughout the Manual.

Materials Needed in Client Workbook

- Homework Assignment Worksheet
- Thinking and Depression Overview
- Activity and Mood Monitor

Rapport Building and Introduction of Basic Format (15 mins)

1. Counselors introduce themselves and invite the client to do the same.

**Remind the client that they have been assigned to the CBT treatment group that will utilize their social and psychological resources in treatment]

Before we get into the program itself, I want to take some time for us to get to know each other briefly. I will start by saying a few things about myself.

Introduce yourself and provide the client with your professional credentials and perhaps share where you received your training.

2. Counselors review with client the purpose of the study, its intentions, and its goals.

As you know, this treatment is designed to help people who are suffering from depression and who are also dealing with a medical illness or disability. Having a medical illness or disability is challenging and can be very stressful. We also know that your challenges go far beyond just your physical body. Many people facing a medical illness notice changes in their mood, thoughts, and relationships. Some question their identity and the meaning and purpose of their illness.

[for randomized clinical trial only]

3. **Remind clients** that sessions have two areas of focus: a) a treatment focus, whereby we hope to help them cope more effectively with their depression and; b) a research focus, whereby we hope to gain more information regarding effective treatments for depression. Remind clients therefore that we would also like their cooperation in filling out the many forms that help us evaluate the program. Remind them again that all the transcripts of the therapy sessions will be retained without specific identifying information for research purposes.

4. **Reassure clients** again that we will do everything possible to ensure that all information will be confidential. Ask for questions.

5. Counselors inquire about the client's expectations and hopes regarding the treatment.

6. Counselors invite clients to ask any questions they have about treatment, and clarify any misunderstandings that may have cropped up when asking about client expectations.

7. **The completion of *all* ten sessions is very important**. Clients should be informed that each of the ten sessions offers different information. They should also be told that while the treatment is effective for depression it can only help them if they make an active commitment to participate fully in therapy. Emphasize that this is a partnership. If they cannot make a session, they should contact you, the therapist, as soon as they know that they will not be able to make the session and schedule an alternative time for that session.

Introduce Mood Rating Scale (5 mins)

**This should be BRIEF each week. Only allot 2-3 minutes at the most each week for this check in.

Each week we will ask you before we begin to rate what your mood was during the week. Using a scale ranging from 0 to 10, where 0 is the worst that you've ever felt in your life and 10 is the best you've ever felt, what was your mood like on average this week?

*Note: Usually you will then ask what made their week negative or positive. This is not necessary this week because you will be assessing the reasons for their participation in treatment in a few minutes

Assessment of Study-Related Problems (15 mins)

After the initial introductions, ask the client what problems led them to decide to participate in the current treatment program. It will be helpful for you to have already read through the client's assessment materials so that you are somewhat familiar with the reason he is seeking treatment and his medical issue(s). Ask the client to state the three to four reasons they are seeking treatment. Or, ask them to say in a sentence or two why they are seeking treatment. These prompts will help to keep this section brief. Paraphrase back to the client to make sure that you understand him. Do not spend more than 15 minutes on this assessment.

Try to empathize at least once with each problem that is presented. For example, "It sounds like you are feeling _____?"

To gain rapport with the client, summarize through reflective listening the major struggles you have heard and any personal or environmental strengths/resources you have noticed.

It is also not too early to ask the client to identify which aspects of their emotional distress and environmental problems they might like to work on during the treatment:

Of all the different things you've mentioned, which ones stand out for you as creating the most difficulty, and which you want to work on together during the sessions?

Presentation of Rationale for Treatment (15 mins)

As early as possible in treatment, the goal is to socialize clients into the treatment model in order to facilitate communication between counselor and client. The framing of each aspect of treatment reinforces traditional CBT. When a client discusses symptoms and reactions to symptoms, counselors will want to frame this material in terms of traditional

CBT models. Many examples will be given throughout the manual, the worksheets, and training.

CBT Model Overview

Our goal is to provide the most up-to-date treatment available to help you with your difficulties with depression and your medical condition. Recent research has identified a number of treatments that are called "evidence-based". This means that a sufficient amount of research has determined that a specific treatment is effective in reducing certain symptoms. We have selected one of the most well researched evidence-based treatments for depression known as cognitive behavior therapy (or CBT). This treatment is based on the idea that emotional distress is in many ways associated with how we view a situation, and that we can obtain emotional relief by changing our views about the events in our life.

The most effective way of employing the model is to use material the client has given you from this early assessment. Ideally, pick some emotional reaction that appears connected to how the client is viewing the situation. Potentially good examples include getting angry at those who do not anticipate their needs, getting depressed because they imagine people are viewing them in certain negative ways, giving up on activities because they don't believe they have sufficient support or the proper skills, etc. The idea here is not to prove anything to the client, but simply show how things tend to go together. Never argue with the client. Remember the adage, "Win an argument and lose a client".

If you do not get any material from the client you can share a commonly used example: Let me share an example from the workbook that can help illustrate my point. Please feel free to follow along with me. It says: Imagine that you have a flat tire on a deserted highway and do not have anything to change the tire with, including a car jack. As you are standing there stranded, your next-door neighbor drives by and looks up briefly but keeps going. How would you feel about the fact that your neighbor kept driving? What would you most likely be telling yourself about the situation?

Now let's imagine, further, that you see your neighbor the next day and he comes over to you and apologizes for driving by you. "I'm so sorry I couldn't stop; my son fell and was bleeding from his head and I was rushing him to the emergency room." How might you be feeling now? What changed? What are you now telling yourself about the situation that is different from when you were standing on the road?

NOTE: When sharing material from the workbook, it is helpful to find out whether the patient has already read the material. If the sections have already been read, the therapist or patient can summarize and discuss the illustration. If the section hasn't been read, a helpful alternative may be to ask the patient to read the section and share reflections.

Having some discussion around this idea will get across what you will be looking for in treatment. (You can have the patient turn to page 3 in the Workbook: “Thinking and Depression” for a description and pictorial model)

The main point is how we view a situation and interpret it often drives how we end up feeling and what we do. Research has shown that the perceptions and interpretations of depressed individuals are usually not accurate. They have a greater tendency to jump to conclusions and see only the negative side of an issue. The way you look at a situation in turn will influence your behaviors, and thus a vicious cycle is set up. Together you and I will attempt to identify the ways of looking at situations that make negative emotions worse, with the idea of changing the situation or the way it is being interpreted.

Again at this point it is important to pause so as to ascertain the extent to which the client has understood and agrees with these points. At this point, complete agreement with this framework by the client is not necessary. However, this process should have been initiated. Ask for questions.

Also underline the fact that these points will be emphasized again and again in the remaining therapy sessions. In addition, an explanation and diagram of this model is provided for clients in their workbook. You can tell clients about this resource and have them read it on their own this week. In other words, if this session feels like a lot of information at once, it is! As such, a summary of this information in the session is provided in the workbook so that they can refer back to it during the week.

Introduction to role of behavior to change mood

One of the ways we can change our thinking is by changing what we are doing. Some activities or behaviors give us a sense of reward, satisfaction, or pleasure. These positive activities produce positive or good moods. For example, if you talk to a friend or did a job well, you will feel good. However, if you failed at something or got a parking ticket, you will tend to feel in a bad mood. Therefore, in this treatment we will focus not only upon changing our thoughts and perspectives but also upon changing some of our behaviors and activities so that we will feel better about that aspect of our lives as well.

Introduction to Mindfulness Practice (this section is also in their workbook)

One of the ways in which we can work on changing how our negative thoughts affect us is to become more aware, or mindful, of them, and view them simply as events, rather than facts. Mindfulness means “paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally”. (Jon Kabat-Zinn)

In a car, we can sometimes drive for miles "on automatic pilot;" without really being aware of what we are doing. In the same way, we may not be really "present" moment-by-moment, for much of our lives: We can often be "miles away" without knowing it. On automatic pilot, we are more likely to have our "buttons pressed": Events around us and thoughts, feelings, and sensations in the mind (of which we may be only dimly aware) can trigger old habits of thinking that are often unhelpful and may lead to worsening mood. By becoming more aware of our thoughts, feelings, and body sensations, from

moment to moment, we give ourselves the possibility of greater freedom and choice; we do not have to go into the same old "mental ruts" that may have caused problems in the past.

[elicit feedback from client]

One aim of this treatment program is to increase awareness so that we can respond to situations with choice rather than react automatically. We do that by practicing to become more aware of where our attention is, and deliberately changing the focus of attention, over and over again. Each week, I will ask you to practice mindful awareness. We will begin this week with mindfulness of ordinary everyday activities that you are doing, so this involves no extra time. Later, I will be asking you to set aside about 20 minutes per day to practice and develop your ability to be mindful, using attention to the breath as a focus to anchor your awareness in the moment.

Homework Assignments (10 mins)

Please open your Workbook to Session 1, page 2.

We are just about out of time for today. The last thing we will do in each session is go over your homework assignments, which are found in your workbook. Each session after this one will begin by reviewing your homework assignments. It's very important that you complete all of your assignments. This treatment will only be effective if you are spending the week putting what you learned in your session into practice. I only have you for 50-60 minutes each week. Therefore, most of the change you will experience in your life will occur outside of these sessions. The more you put into this treatment over the next ten weeks, the more you will get out of it!

1. Mindfulness of Daily Activities

Choose one routine activity in your daily life and make a deliberate effort to bring moment-to-moment awareness to that activity each time you do it. Possibilities include waking up in the morning, brushing your teeth, showering, drying your body, getting dressed, eating, driving, taking out the garbage, shopping, and so on. Simply zero in on *knowing what you are doing as you are actually doing it.*

2. Activity and Mood Monitor

Explain to the client that part of the active nature of the treatment is to try out different approaches between sessions to see what works best.

The goal of the first session's homework assignment is begin developing skills in self-monitoring negative emotions. The goal at this stage is not to change any regular habits. Rather, clients are merely to complete the self-monitoring log as follows:

The second part of your first homework assignment will be to record your daily activities and mood. The self-monitoring logs in your workbook have a place to record your activities and mood every two hours. Please complete this log daily. It may be easiest to fill out the activity log twice during the day. For example, you could record all of your morning activities when you eat lunch and all of your afternoon and evening activities just before you go to bed. I would like you to do this until our next appointment.

This record will give us some information as to which activities may lead to better moods and which activities may lead to worsened moods. I will show you how to do it by helping you fill in the spaces for the present time period. For example, right now the time is _____. What types of activities have you been doing the last two hours, especially the last half hour or so? _____ Finally, what is your mood right now? _____ Generally, you should record your mood and activity as they exist at the end of the time period.

[Or, you can the client fill in her activities and mood so far that day, rather than just the last two hours.]

The following principles should be communicated to the client regarding self-monitoring. These instructions are included in the client's workbook.

[Ask the client to turn to the first page of her workbook and have her follow along with you as you review these principles.]

a. *Keep the self-monitoring log with you throughout the day and record your activities as close as possible to the end of the time periods.*

b. *Record the activity in a very few words. For example, you could record "went out to dinner" or "washed my clothes" or "read a book" or even "watched TV."*

c. *Immediately after recording your activities, record your mood.*

d. *Purchase a notebook to put the logs in, so that you will have a record of your activities. We will make use of them later.*

e. *Make sure you have your logs with you during each session. They are necessary for the rest of the program*

f. *Be sure and include even trivial events on your chart, such as missed the bus or read the newspaper.*

3. *Solicit feedback on how the session went today.*

Terminate the Session

1. End the session by making sure you are both clear on your next meeting time, as well as the homework assignments.
2. Be sure that the client understands that he needs to have his completed homework assignment worksheets readily accessible next week so you can review them together.
3. Thank the client again for the courage he has demonstrated through his willingness to work on these difficult issues.

SESSION 2: Behavioral Activation

Goals of Session:

- 1) To reinforce the client's basic understanding of the treatment rationale;
- 2) To further refine the client's ability to self-monitor mood and activities;
- 3) To contract with the client to add more positive activities to their daily schedule.

Materials Needed in Client Workbook

- Homework Assignment Worksheet
- Pleasant Activities to Consider
- Planning Pleasant Activities Instructions
- Planning Pleasant Activities Worksheet
- Unhelpful Thinking Styles

Set the Agenda

Our session today is called “Behavioral Activation.” We will be examining how our behavior directly impacts our mood and ways we can engage in more positive behaviors to improve our moods. At the end, I will give you a homework assignment based on what we sent over today.

[elicit feedback from client at this point]

Before we begin, I'd like to review your mood this week and homework assignments.

Complete Mood Rating Scale (5 mins)

Using a scale ranging from 0 to 10, where 0 is the worst that you've ever felt in your life and 10 is the best you've ever felt, what was your mood like on average this week?

- a. To keep this section brief, you may find it best to only ask what the client's mood was like on average, but not why. You can then cover the 'why' aspect as you review the thought logs.
- b. Indicate that today you will be discussing alternative ways of coping that may be more effective.

Review of Home Practices Activities (10 mins)

It is important to begin each session with a review of the previous week's homework assignments, as this reinforces their efforts and feeds their motivation to complete future assignments. It also represents an ongoing socialization of the CBT model.

1. **Mindfulness Home Practice Review:** Ask the client how it went practicing being mindful of daily activities. Did they notice things they had not previously noted (respond with curiosity and interest, but don't evaluate their experience as good or bad)

2. **Go over the home practices activities log** with the client, correcting any errors and suggesting that she either write more or less when describing activities, if necessary. Be brief!
3. It is important to **give the client positive reinforcement** for completing the homework at least two or three times during the discussion.
4. **Review with the client any negative emotional experience**, which they tracked by writing it down, or, if they didn't write it down, what they can recall from memory.

Tips and Problem-Shooting

Remember for some depressed individuals it is often difficult to do any activity. If the client collected no data at all, complete the log for one or two events with them.

Clients frequently do not get the hang of this the first time, so it is useful to praise anything that they accomplished and fix things that were not completed correctly in a nonjudgmental manner. The main point of the exercise is to see if they understand the mood-behavior-sequence or saw a pattern emerging.

The counselor uses information from the client's experiences during the week to further socialize the client into the CBT model. The counselor points out how our beliefs, expectations, or thoughts are closely connected to the way we end up feeling and to what we end up doing.

Practice: Alternative Ways to View Situations from the Week

The counselor invites the clients to consider alternative ways they could have viewed one situation. Clients are then invited to consider other ways they may have ended up feeling and what other behaviors they might have tried had they viewed the situation in this different way. When client and counselor together work their way through one simple example, the counselor can point out that, in essence, this is the heart of what they will be attempting to do over the course of treatment. Even though they will need to develop skills in doing this "on the spot" so-to-speak, the main point of the therapy is really not more complicated than what they have just accomplished.

Behavioral Activation: Positive Activities (15 mins)

Point out from the client's chart how it is indeed that certain activities lead him to have a more negative mood (this may be a reiteration of above). Indicate also, if this is the case, (which it usually is) that there do not seem to be too many positive activities in his daily schedule. As such, one of the first things we want to do is change that. Introduce the exercises with the following rationale. You can break up this lengthy dialogue by asking questions or providing other prompts.

Our main idea today is quite simple: one of the most effective ways to change our mood is to engage in pleasant activities. One of the first steps in changing our perceptions and negative thoughts is to begin to see the good things in our environment and to make some of them a part of our daily activity.

We cannot always remove the source of the negative events -- in your case, for example, your medical condition -- but things can be improved by increasing the number of positive events. .

Can you recall any time that you have been feeling badly but forced yourself to attend some pleasant social or physical event and it picked up your mood?

[Review with the client any examples given and analyze in detail what precisely the client did, what was going on at the time, and how, in the client's opinion, this picked up his or her mood].

Later we will see how inactivity is often a form of avoidance. Avoidance has a snowball effect. We're tired and don't go out. By staying home it seems like we get even more tired, and now we want to go out even less. So on and so on until we barely can do anything to help ourselves.

To break this vicious cycle we need to ---

- (1) Identify the link between doing nothing and bad moods and feelings.*
- (2) Identify activities that are likely to pick us up.*
- (3) Plan which activities can happen at what time in our schedule.*
- (4) Identify and obtain commitments from others who will be part of these plans.*

To help with this work we have a simple Record sheet to identify which events give us a sense of enjoyment and accomplishment as well as a Planning Worksheet to help us follow through on fun activities.*

Choose Pleasant Activities for Homework Assignment (10 mins)

Assist the client in identifying both mundane events (doing dishes, making beds, cleaning the garage, driving a child to school, a special project at work, etc.), as well as less common ones that might be considered recreational (taking visitors out to dinner, a visit to a museum, going to the movies, etc.).

Comment on any item that seems to have potential mood benefit, even though on the surface it would not; e.g., cleaning out kitchen drawers. Some items may be high in pleasure, low in mastery or vice versa. Some may be high in both.

Ask her to decide on two activities that she would like to do between now and the next appointment. Stress that the activities need only be small activities and often it is the small things that make a difference in their lives. These activities should be ones that take more than 10 to 15 minutes to perform yet that can be accomplished in one day.

After she has made a decision on two activities, refer her to the Planning Pleasant Activities Worksheet* (pp 12-13) and complete it (items #1 to #3) with her. The following rules are important:

1. The activity should be specified exactly. For example, if it is to browse in a bookstore, have her specify the bookstore that they will visit. Likewise if she is to visit some setting she should exactly specify that and how she will get there. This is important to insure that the activity will be carried out.
2. All information regarding date and time should also be noted.
3. The chart should be completed before the end of the session. Indicate she can note on the chart when she has completed the activity.
4. She should also be careful to note on her logs when the activity is carried out, also being careful to note her mood.

Note: **Both activities should be planned and written down before the end of the session.

The Power of People for Improving Mood (5 mins)

For most people, associating with others gives our reward and pleasure centers a big boost. When considering Pleasant Activities keep in mind activities that involve being with others. People are usually great distractions from our own troubles. Similarly people will generally be empathic about our struggles and we naturally shift topics to more pleasant conversation over time.*

A great way to engage in more than one pleasant event at once is to identify supportive persons from among your friends. Such people can be there for you, and you for them. It also helps to choose someone who is suffering, too. That way you can get your mind off of your problems by listening to and caring for them, and it helps you to be grateful for what is going well in your life.

Therefore, we can use today and the coming week to try to identify such persons if they already exist, and if not, figure out how we might discover them in your community. Once this is accomplished the next task is to make contact with them and find out whether they could be ongoing contact persons and supportive resources in the future. Are there such persons in your life now? How often are you able to be with them?

This leads to a problem solving discussion of how to identify and make contact with such persons. The homework assignment will be to at least identify several possible support partners, and to begin to make contact, if not during the week, after discussion with you after the next session.

Homework Assignment (8 mins)

1. Mindfulness Practices

Continue to bring mindful awareness to your ordinary daily activities. In addition, practice what we call the 3-minute breathing space daily.

3-minute Breathing Space Instructions

The breathing space provides a way to step out of automatic pilot mode and reconnect with the present moment. There are 3 steps:

a. AWARENESS. Bring yourself into the present moment by deliberately adopting an erect and dignified posture. If possible, close your eyes. Then ask: "What is my experience right now ... in thoughts ..., in feelings ... and in bodily sensations?" Acknowledge and register your experience, even if it is unwanted.

b. GATHERING. Then, gently redirect full attention to breathing, to each in-breath and to each out-breath as they follow, one after the other. Your breath can function as an anchor to bring you into the present and help you tune into a state of awareness and stillness.

c. EXPANDING. Expand the field of your awareness around your breathing, so that it includes a sense of the body as a whole, your posture, and facial expression.

Practice this several times each day for about 3 minutes each time.

2. Plan Pleasant Events

Complete the two pleasant events you selected with your therapist between now and our next session. When you are finished the activity, complete the Planning Pleasant Activities Worksheet (pp 12-13). Remember to complete the worksheets for both activities.

3. Identify and Contact a Supportive Friend

When you reach out to people, especially those who are in a worse situation than yourself, it helps to get your mind off of your problems, helps you realize that things could be worse, and helps you to feel grateful for what you do have.

This week, identify several possible support partners and make contact with at least one of them. You might say something like this to the person you reach out to: "I'm having a pretty difficult time now. Maybe we could talk on the phone or go out for coffee once a week or every other week."

4. Reading

*Emphasize: Please read the pages in your workbook titled, “The Categories of Unhelpful Thinking” to prepare for next week’s session. This is somewhat lengthy and to make the most of the limited time in session it very important that you have already reviewed this material.

*There are seven pages in this reading; you can suggest that she read one page a day to make it seem less overwhelming.

5. Review with the client any questions about the assignments, and brainstorm any potential problems that could get in the way of carrying them out: e.g., the client is going on vacation this week.
6. Ask for feedback on how the session went today.

Terminate Session

Terminate the session, following the instructions listed in Session 1.

SESSION 3: Identifying Unhelpful Thoughts

Goals for Session:

1. Introduce cognitive processing: Teach client to identify mood and thoughts accompanying changes in mood
2. Introduce categories of unhelpful thinking
3. Introduce Mindfulness Based Practices

Materials Needed in Client Workbook

- Homework Assignment Worksheet
- Unhelpful Thinking Styles
- ABC Method for Challenging Beliefs Leading to Negative Emotions
- Planning Pleasant Events

Set the Agenda

Our session today is called “Identifying unhelpful thoughts.” We will learn how to identify the thoughts you have that lead to negative emotions. We’ll examine a number of unhelpful thinking styles and explore why these types of thinking styles are unhelpful. We will also discuss some mindfulness-based practices that will help to calm your emotions. As always, at the end, I will give you a homework assignment based on what we discuss today.

[elicit feedback from client at this point]

Before we begin, I’d like to review your homework assignments and mood this week.

Review Home practice Assignments (10 mins)

1. Review daily practice of the 3-minute breathing space and mindfulness of one or more daily activities. Discuss any obstacles to practicing as well as the content/process of their practice.

2. Review with the client the Weekly Mood Scale to get an overall sense of the level of depression recently.

a. *Using a scale ranging from 0 to 10, where 0 is the worst that you’ve ever felt in your life and 10 is the best you’ve ever felt, what was your mood like on average this week?*

b. Empathize with her response and state that you will review why this was the case as you go through the session.

3. Review the client’s success in making contact with a support partner

4. Review the client's two Scheduled Pleasant Activities. Discuss with the client any difficulties he may have had with the assignment.

Do not spend too much time attending to the problems and complaints.

- Praise the client for his efforts in carrying out the assignment, specifying what he did well; even if the assignment was not completed.
- Note very carefully whether there was any change in mood while the activities were being done.
- Reflect on whether or not this exercise brought home the idea that he might not be paying attention to how ordinary aspects of daily living give him some sense of control and pleasure.
 - Did the sheets help him plan for more activities that bring him feelings of control and pleasure?
 - What immediate and long-term effects did planning and carrying out these activities have on his mood?
 - What assignment does he want to give himself for next session?

Didactic: Identify Thoughts Accompanying Changes in Mood

If Mood Changed Following Activity:

If the individual's mood was improved, the Therapist should reinforce the rationale, pointing out:

Indeed, as had been discussed, changing one's activities, leads to a change in mood. This is because one is led to pay more attention to the positive aspects of one's environment that were there all the time.

If Mood Did Not Change Following Activity:

If the individual's mood did not improve because of the increased positive activities, he will most likely be puzzled and a bit discouraged. This puzzlement will present the perfect opportunity to present him again with the cognitive model.

If changing your activities did not result in a more positive mood, it probably is because you were not paying attention to the positive aspects of the situation and instead were saying something negative to yourself about the situation. However, since I did not ask you to monitor your thoughts, you do not know what those thoughts were. In a few moments we will do that, but first I want to say a few things about the examination of our thoughts.

Thought Monitoring Rationale (5 mins)

As I said before, our thoughts are closely related to our emotions and the behaviors we do. A decrease in a certain activity may result, for example, because we have told ourselves that 'I won't be able to do it,' or 'if I do this I will only feel worse.' Likewise, if an individual tells herself that, 'I am stupid,' she is not likely to feel very good. These thoughts, however, are not something that we are readily aware of. Often the depressed individual has become so use to saying negative things to herself, that she is completely unaware of them. The purpose of the program then is to teach you to become aware of what you are saying to yourself. This will take some time and effort on your part. Patterns that have become so deeply engrained over the years are hard to become aware of and remove. For example, if you drive a car, you have ceased to become aware of all the behaviors you do while driving a car. The same is true of thoughts. However, I will work with you to make you aware of them.

Do you have any questions about this?

ABC Method of Identifying Thoughts (15 mins)

*This is the meat of the cognitive component of the intervention. Be sure the client has a good understanding of this by the end of the session. We will continue this in Session 3, adding the next steps for challenging their thoughts.

Now I'd like to teach you the ABC method to identify your thoughts. This method will help you see how your thoughts, feelings, and behaviors are all linked. You will learn to be like a scientist, examining your thoughts carefully and objectively, before automatically accepting them as truth.

The first step, "A," stand for the Activating Event. When you notice that you are feeling a negative emotion, I would like you to stop and ask yourself, what just happened? What did I do? What did others do? This step is used to describe the situation. It can be helpful to use the 'who, what, where, when' questions to complete Step A.

The second step, "B," stands for Beliefs. You are going to identify the thoughts that went through your mind as a result of the activating event. You will ask yourself questions such as, What do I believe about the activating event? What just went through my mind? What am I telling myself about this situation? What is my interpretation of what just happened?

The third step, "C," stands for Consequences. There are two kinds of consequences I want you to identify. The first is the emotional consequences. You will ask yourself, what am I feeling right now as a result of the automatic thoughts I identified in Step B? (e.g., anger, depression, frustration, self-pity, etc.). You will then rate how intense those feelings were using a scale from '0' indicating the worst you have ever felt to '10' indicating the best you have ever felt.

[Here it might be good to ask the client what he / she thinks about this, before proceeding]

The second consequence is behavioral. You will ask yourself, What am I doing as a result of believing these thoughts and having this interpretation of the activation event? Am I behaving in a way that is unhelpful or destructive? (e.g., drinking, attacking, moping, avoiding, etc.).

Note that usually the best way to know that we have just had some sort of negative thought or interpretation is the negative emotion we are feeling. So, although emotional consequence isn't recorded until step 3 (Step C), you may find yourself using your negative emotions as the first clue that you have been thinking negative or unhelpful thoughts.

Does this ABC method for identifying your thoughts and their consequences make sense to you? Do you have any questions?

[Encourage feedback here]

Next week will add another two steps to this method, but for this week we are going to practice these first three steps.

Put Steps into Practice

Let's try this method together using the ABC Worksheet in your workbook. Let's choose an example from this week and work through it together. I'd like you to write down your answers on the worksheet as we go. This way you will have an example to refer back to this week when you are completing this on your own this week*

*Work with the client to come up with a suitable situation to work through together. It may be something that came up earlier in the session or in previous session.

What is Step A, our activating event? What are we doing right now?

Have the client write this down on the worksheet.

What will you write down for Step B? What are you thinking about or have you been thinking about as I've been explaining how to identify your thoughts?

Allow the client to answer and then sum up the answer with the following:

"It sounds like you are telling yourself _____" (Have the client record this on their worksheet in the appropriate row.)

Step C is the emotional and behavioral consequences. How depressed are you right now? Now rate how intense those feelings were using a scale from '0' indicating the worst you have ever felt to '10' indicating the best you have ever felt.

Provide feedback for the client about how they used the ABC method and be sure to praise their efforts.

Introduce Categories of Unhelpful Thinking (10 mins)

Last week I asked you to read over the pages in your workbook on the Categories of Unhelpful Thinking. Did you have a chance to do that to prepare for this week's session?

Whether or not the client has read these sheets, review each category of thought with them by sharing with them 1) the name of the category, 2) the definition, and 3) the example. You can skip the section on why these thoughts are unhelpful.

After you have provided the client with these three pieces of information, have her theological reflect to herself. One at a time, go through all ten categories in this manner.

If she did not read these sheets last week, ask her to do so this week. You can have her read one page a day, as there are seven pages, to make the task seem less overwhelming.

We all have our "favorite" categories of unhelpful thinking, myself included. As you read through all of the different types, which kinds of unhelpful thinking categories do you find yourself using often?

Complete ABC Thought Log

Now, return to the ABC log you filled out together earlier in this session and ask him to categorize his beliefs, indicating the appropriate abbreviation on the log. Ask him why he thinks each thought thus categorized belongs in the chosen category. This way, not only are you applying the information, but you can also be teaching it as you go through each thought on the thought log.

**Note: The following are included for the therapist's convenience. The client should have already read these in her workbook. You do not have time in this session to go through each of these with the client. If she has not read them yet, give her a few minutes to do so now.

1. All-or-Nothing Thinking (AN):

You see things in black-and-white categories. If your performance falls short of perfect, you see yourself as a total failure.

Example: An example would be a straight-A student who received a B on an exam and concluded, "Now I'm a total failure."

Why is this thinking incorrect?

This type of thinking causes one to fear any mistake or imperfection because that is taken as an indication of being worthless. This way of evaluating things is unrealistic because life is rarely completely either one way or the other. For example, no one is absolutely brilliant or totally stupid. Nothing on earth is totally one way or the other. Rarely, does everyone always like us, or rarely do we always find the perfect solution.

2. Overgeneralization (OG):

You see a single negative event as a never-ending pattern of defeat.

Example: An example of this type of thinking would occur when a shy young man, who is self-conscious of his artificial leg, mustered up his courage to ask a woman for a date. When she politely declined because of a previous engagement, he said to himself, "I'm never going to get a date. No one wants to date a guy with only one leg." He believed that all women will turn him down just because one declined his offer. And, he erroneously assumed it was because of his artificial leg. The pain of rejection is generated almost entirely from overgeneralization.

Why is this thinking incorrect?

It is logically incorrect to conclude that one thing that happened to you once will occur over and over again. It is also incorrect to assume that all situations are similar; or that all individuals are similar.

3. Mental Filter (MF):

You pick out a single negative detail and dwell on it exclusively so that your vision of all reality becomes darkened, like a drop of ink that discolors an entire beaker of water.

Example: A woman with severe arthritis failed to complete one task that she had hoped to complete. She became more depressed and angry at herself for not completing that task. She overlooked the fact that there had been many tasks that she had, in fact, completed.

Why is this thinking incorrect?

It is more sensible to clearly view one's environment and be aware of the positive things one has done in addition to negative occurrences. It is not adaptive to filter out anything positive. It is irrational to say, "I should preoccupy myself with dangerous or negative ideas." Nothing is gained by dwelling on them.

4. Disqualifying the Positive (DP):

You disqualify positive experiences by insisting they "don't count" for some reason or other. In this way you can maintain a negative belief that is contradicted by your everyday experiences. You don't just ignore positive experiences as in the Mental Filter, but you clearly and swiftly turn them into their very opposite.

Example: An example would occur when someone praises your appearance or your work and you automatically tell yourself, "They're just being nice."

Why is this thinking incorrect?

Again, it is maladaptive not to pay attention to feedback you get from your environment. We should take that feedback at face value and incorporate it into our understanding of ourselves. If we disbelieved everything everyone told us, we might still believe the world was flat. An adjusted person is one who pays attention to everything in their environment.

5. Jumping to Conclusions (JC):

You make a negative interpretation even though there are no definite facts that convincingly support your conclusions. There are two areas in which depressed individuals jump to conclusions.

Mind Reading (MR):

This is one area in which depressed individuals jump to conclusions. You arbitrarily conclude that someone is reacting negatively to you, and you do not bother to check this out.

Example: Suppose a friend says she does not have time to have a conversation with you on the telephone at a certain point. The depressed individual may conclude, "She is ignoring me and does not want to talk with me, because she does not like me anymore."

Why is this thinking incorrect?

One should never make an assumption about what someone is thinking without asking them because it is usually impossible to know what another person is thinking, no matter how sure we are we know. Jumping to conclusions about what the other is thinking is also maladaptive because our negative reactions to their imagined thoughts may set up a self-fulfilling prophecy. That is, we may react negatively to them when we suspect they do not like us, when in fact they do. However, our negative reactions will soon turn them off.

The Fortune Telling Error (FT):

The second way in which depressed individuals jump to conclusions is they anticipate that things will turn out badly. They feel convinced that their predictions are an already established fact.

Example: Depressed individuals will tell themselves that they are never going to recover, "I will feel miserable forever."

Why is this thinking incorrect?

No one has ever successfully predicted the future; there are so many factors that could have an impact upon the future. Furthermore, our predictions are likely to be even more off base if we predict only negative events because probability suggests that both positive and negative events will occur.

6. Magnification (Catastrophizing) or Minimization (MM):

You exaggerate the importance of things (such as your goof-up or someone else's achievement), or you inappropriately shrink things until they appear tiny (your own desirable qualities or the other fellow's imperfections). This is also called the "binocular trick".

Example: A depressed individual accidentally misfiled some papers while working at his job. He concluded, "I made a mistake. How horrible! Everyone will think I am incompetent." An example of minimization would occur when the same employee was told by one of his or her colleagues that he had done a good job on a report. His reaction was to think, "Oh well, doing the report was very simple and anyone could do a good job on it."

Why is this thinking incorrect?

It is important to have an accurate perception of ourselves and our performance. It is also important to realize that everyone makes mistakes and that they are to be expected. It is impossible for anyone to be perfect.

7. Emotional Reasoning (ER):

You assume that your negative emotions necessarily reflect the way things really are: "I feel it, therefore, it must be true."

Example: A depressed individual may tell himself, "I feel overwhelmed and hopeless, therefore, my problems must be impossible to solve, or I'll feel inadequate, therefore, I must be a worthless person."

Why is this thinking incorrect?

One cannot assume that one's emotions are a reflection of the true state of things. Our emotions are a reflection of our thoughts and beliefs, which as we have seen are a product of our past and may be distorted. Emotions may also be a reflection of our physiology and how tired we are, but they are not necessarily a reflection of the true state of affairs.

8. Should Statements (SS):

You try to motivate yourself with shoulds and shouldn'ts, as if you had to be whipped and punished before you could be expected to do anything. "Musts" and "oughts" are also offenders. The emotional consequence is guilt. When you direct should statements towards others, you feel anger, frustration, and resentment.

Example: One example is the depressed housewife who says to herself, "I should keep

my house cleaner, and I shouldn't complain," or, "I should be able to get my work done during the day."

Why is this thinking incorrect?

"Should" statements generate a lot of unnecessary emotional turmoil in your daily life, and, paradoxically, usually do not motivate you to change your behavior. Usually, you resent the source of the "shoulds." Saying, "I should do this", or "I must do this," usually causes one to feel pressured and resentful.

9. Labeling and Mislabeled (L or ML):

This is an extreme form of overgeneralization. Instead of describing your error, you attach a negative label to yourself: "I'm a loser." When someone else's behavior rubs you the wrong way, you attach a negative label to him or her: "You are an idiot." Mislabeled involves describing an event with language that is highly colored and emotionally loaded.

Example: An individual fails to get a job which they applied for and they call themselves a "failure."

Why is this thinking incorrect?

We are not our behavior. Labeling yourself is not only self-defeating, it is irrational. You cannot be equated with any one thing you do. Your life is made up of many events, thoughts, actions, and emotions. For example, you do not call yourself a "Breather" just because you breathe. Likewise, you do not call yourself a "failure" because you made a mistake.

10. Personalization (P):

You see yourself as the cause of some negative external event for which you were not primarily responsible.

Example: One example is the child who misbehaves or is rude. The depressed mother says, "I am a failure or a bad mother," (as if she could control everything her child did).

Why is this thinking incorrect?

Essentially, the person with this problem has confused influence with control. While we obviously have some influence over people, especially our children, we cannot control everything they do. What another individual does is ultimately their responsibility and decision, not yours. We are not omnipotent.

[end of categories]

Introduce Mindfulness Meditation Practice (Sitting Mindfulness) (10 mins)

One of our aims in this program is to help you be more aware, more often. A powerful influence taking us away from being "fully present" in each moment is our automatic tendency to judge our experience as being not quite right in some way - that it is not what should be happening, not good enough, or not what we expected or wanted. These judgments can lead to sequences of thoughts about blame, what needs to be changed, or how things could or should be different. Often, these thoughts will take us, quite automatically, down some fairly well-worn paths in our minds. In this way, we may lose awareness of the moment, and also the freedom to choose what, if any, action needs to be taken.

We can regain our freedom if, as a first step, we simply acknowledge the actuality of our situation, without immediately being hooked into automatic tendencies to judge, fix, or want things to be other than they are. The "mindfulness of the breath" exercise provides an opportunity to practice simply bringing an interested and friendly awareness to the way things are in each moment, without having to do anything to change things. There is no goal to be achieved other than to bring awareness to bear as the instructions suggest - specifically, achieving some special state of relaxation is not a goal of the exercise.

[Get feedback from client on this]

Note that this exercise is an extension of the 3-minute breathing space to a more extended period, which gives you the opportunity to repeatedly practice noticing when your mind has wandered and to bring it back, thus developing more capacity for attention.

[Also emphasize the importance of not judging the thoughts that might arise or judging their own "performance" of the exercise – there is no right or wrong to it.]

The Method: Sitting Mindfulness of the Breath (These instructions are also in the client's workbook). At this point, read the instructions and ask the client to follow them. However, at #10, where the instruction is for them to practice for 20 min, instead just ask them to practice for 2 minutes now, and then address any questions they have, then move on to going over the list of home practice assignments. If clients have many questions about the mindfulness practice, you may suggest that they try it for one week and then you'll discuss further questions later (they are likely to arise later anyway).

1. Settle into a comfortable sitting position, either on a straight-backed chair or on a soft surface on the floor, with your buttocks supported by cushions or a low stool. If you use a chair; it is very helpful to sit away from the back of the chair, so that your spine is self supporting. If you sit on the floor, it is helpful if your knees actually touch the floor; experiment with the height of the cushions or stool until you feel comfortably and firmly supported.

2. Allow your back to adopt an erect, dignified, and comfortable posture. If sitting on a chair, place your feet flat on the floor, with your legs uncrossed. Gently close your eyes.

3. Bring your awareness to the level of physical sensations by focusing your attention on the sensations of touch and pressure in your body where it makes contact with the floor and whatever you are sitting on. Spend a minute or two exploring these sensations.

4. Now bring your awareness to the changing patterns of physical sensations in the lower abdomen as the breath moves in and out of your body. (When you first try this practice, it may be helpful to place your hand on your lower abdomen and become aware of the changing pattern of sensations where your hand makes contact with your abdomen. Having "tuned in" to the physical sensations in this area in this way, you can remove your hand and continue to focus on the sensations in the abdominal wall.)

5. Focus your awareness on the sensations of slight stretching as the abdominal wall rises with each in-breath, and of gentle deflation as it falls with each out-breath. As best you can, follow with your awareness the changing physical sensations in the lower abdomen all the way through as the breath enters your body on the in-breath and all the way through as the breath leaves your body on the out-breath, perhaps noticing the slight pauses between one in-breath and the following out-breath, and between one out-breath and the following in-breath.

6. There is no need to try to control the breathing in any way - simply let the breath breathe itself. As best you can, also bring this attitude of allowing to the rest of your experience. There is nothing to be fixed, no particular state to be achieved. As best you can, simply allow your experience to be your experience, without needing it to be other than it is.

7. Sooner or later (usually sooner), your mind will wander away from the focus on the breath in the lower abdomen to thoughts, planning, daydreams, drifting along - whatever. This is perfectly OK - it's simply what minds do. It is not a mistake or a failure. When you notice that your awareness is no longer on the breath, gently congratulate yourself - you have come back and are once more aware of your experience! You may want to acknowledge briefly where the mind has been ("Ah, there's thinking"). Then, gently escort the awareness back to a focus on the changing pattern of physical sensations in the lower abdomen, renewing the intention to pay attention to the ongoing in-breath or out-breath, whichever you find.

8. However often you notice that the mind has wandered (and this will quite likely happen over and over and over again), as best you can, congratulate yourself each time on reconnecting with your experience in the moment, gently escorting the attention back to the breath, and simply resume following in awareness the changing pattern of physical sensations that come with each in-breath and out-breath.

9. As best you can, bring a quality of kindness to your awareness, perhaps seeing the repeated wanderings of the mind as opportunities to bring patience and gentle curiosity to your experience.

10. Continue with the practice for 20 minutes, or longer if you wish, perhaps reminding yourself from time to time that the intention is simply to be aware of your experience in each moment, as best you can, using the breath as an anchor to gently reconnect with the here and now each time you notice that your mind has wandered and is no longer down in the abdomen, following the breath.

Home Practice Assignments (5 mins)

1. Mindfulness While Doing Activities

Continue to practice mindful awareness of one or more daily activities, and to practice the 3-minute breathing space daily.

2. Sitting Mindfulness

In addition, set aside 20 minutes a day for a formal period of practice of mindfulness of the breath, using the detailed instructions given in the workbook.

3. Thought Log

Please write down your thoughts once a day using the ABC method. Be sure to fill out all of the sections and categorize each thought into one of the unhelpful thought categories. If you have more than one stream of ideas in one time period, you can indicate several categories. There are seven thought logs included in the manual this week so that you can fill one out each day.

Remember that this is a learning experience; you should not worry about completing the logs perfectly.

4. Positive Activity

Add another positive activity to your week. Follow the same procedure for scheduling this activity as we used in Session 2.

5. Contact a Support Partner

Be sure to contact a friend to serve as a support partner or agree to partner with them in their difficult situation. If you are having trouble doing this, be sure you bring it up when the therapist asks about this.

6. Solicit feedback on how the session went today.

Terminate the Session

Follow the instructions listed in Session 1.

SESSION 4: Challenging Unhelpful Thoughts

Goals of Session

- 1) To reinforce and refine the client's ability to monitor her thoughts, and to clarify her understanding of the thought distortion categories
- 2) Introduce how one's interpretation leads to change in mood
- 3) Develop alternative ways of responding to negative automatic thoughts, beliefs, and expectations in light of the client's personal goals.

Materials Needed in Client Workbook

- Homework Assignment Worksheet
- Disputing Questions
- ABCDE Method for Challenging Beliefs Leading to Negative Emotions

Set Agenda

Our session today is called "Challenging unhelpful thoughts." We will learn how one's interpretation of situations leads to changes in one's mood. I will also give you tools to respond differently to your automatic thoughts. We will examine how your beliefs can help you look at situations in a more positive manner. We will also look at how you can mobilize coping resources to deal with negative or unpleasant events. As always, at the end, I will give you a homework assignment based on what we discuss today.

[elicit feedback from client at this point]

Before we begin, I'd like to review your homework assignments and mood this week.

Review Homework Assignment (10 mins)

1. Review Mood Scale

a. *Using a scale ranging from 0 to 10, where 0 is the worst that you've ever felt in your life and 10 is the best you've ever felt, what was your mood like on average this week?*

b. Empathize with response and say that you hope to learn why as you review the thought log.

2. Review Mindfulness Based Practices:

Did the client spend 20 minutes a day practicing mindfulness of the breath? Did she also practice awareness of everyday activity(ies) and practice the 3-minute breathing space? Address obstacles to practice.

3. ABC Thought Log or Worksheet:

Review the client's efforts at thought monitoring. Ask them if she had any particular difficulties. Attempt to clarify her understanding. Examine thought rows to ensure that actual thoughts were recorded.

Examine the entries to insure relative specificity of thoughts. That is, does the client list each thought separately, or does she blend a number of thoughts together?

Correct at least one entry, if necessary. Be careful to praise the client for her efforts. Remember that while you are hoping to correct them, it is important to keep the relative amount of praise and reinforcement greater than the amount of focus on problems and complaints.

4. **Review unhelpful thought categories with the client.** Ask her if there are any she does not understand. Ask the client why she placed a particular thought in a particular unhelpful thought category. Do this with 2-3 thoughts. Positively reinforce them for their answers.

If you suspect that one is improperly labeled, ask the client to explain why she placed the thought in that category. If the explanation is sufficient, suggest why you think it may belong in an alternative category. This is to be offered only as a suggestion, however, as clients are usually the best judge of their thoughts.

5. Review whether or not the client added a positive activity.

Didactic: Interpretation of Events leads to Emotion (10 mins)

Many people believe that the events in our lives cause us to feel certain ways. For example, if you had plans to go for a walk outside and it starts to rain, some people would then feel disappointed or angry that they can no longer go for a walk. They think the rain caused them to feel this way. But other people who saw that it was raining would feel happy instead of feeling upset because they like the rain and think the walk will be even more fun in the rain. Others might have a neutral emotional response, shrug their shoulders, and simply take an umbrella on their walk.

The point is that it was not the rain that caused each of these individuals to feel a certain way. We know that because the situation was the same for all, but each had a different emotional response. Rather than the event (in this case the rain), it is our interpretation of the events that happen in our lives that determine how we feel and how we then behave (e.g., either going for a walk in the rain or staying inside feeling glum). This is important to remember when you are dealing with a physical illness. We need to remember that our quality of life doesn't just depend on current health status, but largely on attitude we have towards the illness and the meaning we give to it. Two people can have the exact same diagnosis, but one is content and the other is miserable.

[elicit some feedback from the client here]

Mindfulness of Thoughts: Thoughts Are Not Facts

Our thoughts can have very powerful effects on how we feel and what we do. Often those thoughts are triggered and run off quite automatically. By becoming aware, over and over again, of the thoughts and images passing through the mind and letting go of them as we return our attention to the breath and the moment, it is possible to get some distance and perspective on them. This can allow us to see that there may be other ways to think about situations, freeing us from the tyranny of the old thought patterns that automatically "pop into mind." Most importantly, we may eventually come to realize deep "in our bones" that all thoughts are only mental events (including the thoughts that say they are not), that thoughts are not facts, and that we are not our thoughts.

Thoughts and images can often provide us with an indication of what is going on deeper in the mind; we can "get hold of them;" so that we can look them over from a number of different perspectives, and by becoming very familiar with our own "top ten" habitual, automatic, unhelpful thinking patterns, we can more easily become aware of (and change) the processes that may lead us into downward mood spirals.

It is particularly important to become aware of thoughts that may block or undermine practice, such as "There's no point in doing this" or "It's not going to work, so why bother?" Such pessimistic, hopeless thought patterns are one of the most characteristic features of depressed mood states, and one of the main factors that stop us taking actions that would help us get out of those states. It follows that it is particularly important to recognize such thoughts as "negative thinking" and not automatically give up on efforts to apply skillful means to change the way we feel.

Ask the client if she has any thoughts or questions about these ideas.

The ABCDE Method of Identifying and Challenging Thoughts (10 mins)

Last week we learned how our emotions are directly linked to what we are thinking and to how we behave. We used the ABC method (Activating event, Beliefs, Consequences) to examine these relationships. We also learned about a number of categories of unhelpful thoughts. This week we are going to take the ABC model a little further; we're going to add steps D and E.

D stands for Disputing. This is the step we use to challenge our unhelpful and negative thinking. We will ask ourselves a number of questions to dispute our original belief, such as "What evidence do we have that this belief is true? What evidence do I have that the opposite is true?" Sometimes the situation can't change. In this case, we need to look for evidence that you can manage it. Evidence can be found in such things as your talents, your past experience, your support persons, and resources. The answers we derive from these disputing questions, such as about evidence, will result in step E: an Effective new belief and new Emotional and behavioral consequences.

[elicit some feedback from the client here]

Let's practice steps D and E using the examples from your thought log this past week. We can also use the Disputing Questions worksheet to help us challenge our beliefs.*

Challenging Dysfunctional Thoughts (10 mins)

Go through several examples from last week's thought log with the client to practice disputing their negative thoughts and coming up with effective new beliefs. Be sure to discuss the new emotional and behavioral consequences of these new beliefs. Have her write her answers down on the ABCDE Worksheet*. Continue practicing until the client can complete steps D and E without your assistance. The thought log is included below for your convenience.

Therapist Information:

**The following are a few things for therapists to keep in mind as they proceed with steps D and E with the client.

Activating Event: Describe the situation around the time the negative emotion(s) began.

Beliefs: What negative beliefs or expectations automatically went through you mind when you were in that situation?

Consequent Feelings and Behavior: What painful feelings did these beliefs or expectations lead to? Rate each feeling using a scale of 1-10, where 10 is very painful. What behavior did these beliefs and feelings lead to?

Dispute the Beliefs and Deal with the Situation: Is there any evidence that those beliefs or expectations are not totally accurate or true? Describe the contrary evidence. Specify the unhelpful thought category that best describes the error in the belief. Even if the situation can't change, what evidence do you have that you could manage it (based on your talents, past experience, support persons, and/or resources)?

Effective New Belief and Consequence: What is a different way to now look at the situation? How did your feelings change after you looked at the situation differently? Rate each feeling using a scale of 1-10, where 10 is very painful.

Homework Assignments (10 mins)

1. Mindfulness Based Practices

Continue to set aside 20 minutes a day for a formal period of practice of mindfulness of the breath, using the detailed instructions given in the workbook. Also continue to practice mindful awareness of one or more daily activities, and to practice the 3-minute breathing space daily.

2. Thought Log Monitor

Complete the ABCDE thought monitor at least once a day.

Be on the outlook for automatic negative thoughts that trigger emotional upset and negative behaviors such as avoidance. The goal is to improve on the ability to spot these negative patterns at the time they occur, and to attempt to develop alternative ways of responding through the use of more effective beliefs and expectations.

When you become aware of negative thoughts and images in your mind, use the mindfulness skills you are beginning to develop to hold them in awareness, with an attitude of gentle interest and curiosity, perhaps expanding awareness to include one or more of the following (go back to the breath after each one):

Perhaps I am confusing a thought with a fact?

Perhaps I am jumping to conclusions?

Perhaps I am thinking in black-and-white terms?

Perhaps I am condemning myself totally because of one thing?

Perhaps I am concentrating on my weaknesses and forgetting my strengths?

Perhaps I am blaming myself for something that isn't my fault?

Perhaps I am judging myself?

Perhaps I am setting unrealistically high standards for myself, so that I will fail?

Perhaps I am mind reading/crystal ball gazing?

Perhaps I am expecting perfection?

Perhaps I am overestimating disaster?

The key attitude to take with your thoughts is gentle interest and curiosity

3. **Elicit feedback from the client about how the session went today**

Terminate the Session

SESSION 5: Dealing with Loss

Goals of Session:

1. Identify losses in client's life as a result of illness
2. Teach tools for dealing with loss

To Do Before the Session Begins:

1. Execute preliminary procedures prior to the start of the session.

Materials Needed in Client Workbook

- Homework Assignment Worksheet
- ABCDE Method for Challenging Beliefs Leading to Negative Emotions

Set Agenda

Our session today is called "Dealing with loss." We will identify the losses you have suffered as a result of your illness. I will then provide you with some tools to help you deal with your losses. In particular, we will examine ways to help you better understand your losses and deal with them in healthy ways. As always, at the end, I will give you a homework assignment based on what we discuss today.

[elicit feedback from client at this point]

Before we begin, I'd like to review your homework assignments and mood this week.

Review Home practice Assignments (10 mins)

1. **Review Mindfulness Based Practices:**
Did the client spend 20 minutes a day practicing mindfulness of the breath? Did she also practice awareness of everyday activity(ies) and practice the 3-minute breathing space? Address obstacles to practice.
2. **Review a few of the client's ABCDE Thought Logs.**

The goal of this review is to determine whether clients understand the full model and, in particular, if they understand how to gather evidence to challenge negative beliefs and to use this to derive alternative beliefs and expectations (Steps D and E). Make sure clients understand how to complete these steps correctly since this is at the heart of cognitive processing.

3. **Examine Weekly Mood Rating:**

Using a scale ranging from 0 to 10, where 0 is the worst that you've ever felt in your life and 10 is the best you've ever felt, what was your mood like on average this week?

Discuss any significant events relating to the client's depression and medical illness. Encourage discussion around how CBT strategies helped in any way to interrupt the negative feelings. Also, examine any situations that resulted in significant depressive feelings with discussion focused on what he might have done differently or how he could use this event as a learning experience in case it re-occurs in the future.

Once again the purpose is to determine if the client understands how to implement cognitive processing or behavioral experiments either to combat worldviews which are depression-inducing, or self defeating ways of behaving that keep the person stuck in a downward depressive spiral.

Issues Pertaining to Loss in the Client's Life (15 mins)

How to Introduce this Theme

We see essentially three issues related to loss: 1) loss of identity, 2) loss of capacities, and 3) loss of relationships. Many more certainly could be chosen and counselors are free to take the theme in any direction relevant to the client's existential situation.

Counselors should review all the assessment material gathered to this point and identify whatever relates to the themes of loss in the three areas noted here (or other areas). Counselors may begin in any way that seems suitable to introduce the topic. The following is one example:

Dealing with chronic medical illness is in many ways similar to dealing with grief. Grief results from significant losses in our life whether it is the death of a loved one, loss of friendships or other significant relationships, loss of a job that was meaningful, loss of an environment or routine that one had gotten used to, or loss of the sense of who one is as a person outside of the medical illness. From our discussion, I have noticed some areas that possibly could be seen as losses to you and wanted to check that out to see how significant these losses are to you in terms of living a satisfied life.

[Here the counselor invites the client to review the topics the counselor has noticed up to this point related to loss].

I also have a few questions about your current losses to help fill in the picture regarding how bothersome they are to you.

As a result of your illness or depression have you experienced any of the following?

[For each positive response the counselor asks as a follow-up, "On a scale of zero to 10 with zero being no problem at all and 10 being about as bad as it could get, where would you place that loss?"]

1. *Have you lost one or more important or meaningful relationships?*
2. *Have you had to reduce the amount of time you spend with friends and family?*
3. *Have you lost any capacity for recreation or fun that you miss?*
4. *Has your work capacity been reduced in a way that is bothersome?*
5. *Has your illness led you to question who you are as a person or whether or not you will be able to reach the goals that make for a satisfying life?*
6. *Has your illness led to not being able to participate in social activities that you once enjoyed? What are they, if any?*
7. *What is the most important thing you have had to give up as a result of your illness?*

Identification of Specific Losses to Target (10 mins)

Now return to the information you gathered about all the losses the client has suffered, and using reflective listening flesh out in more detail which aspects of the loss(es) are most troublesome.

When this has been completed, counselor and client collaboratively target one or two areas of loss that will be the focus of the treatment in this session and the next one.

The assignment should be quite concrete, and the counselor brainstorms with the client any potential barriers that may interfere with attempting these strategies.

Counselors should assess which of the loss topics are more amenable to cognitive restructuring and which are more amenable to behavioral experiments. A rough rule of thumb to use is that losses which seem related to clients' views of themselves can proceed initially with cognitive restructuring (i.e., thought log using ABCED method) until it is determined that changing what the client actually does behaviorally (i.e., behavioral activation, behavior experiments) will have more impact. Active surrender is another tool that the client can use, which will be explained in the next section.

For example, if the client's social life is quite weak and appears to be related to seeing oneself as unattractive or having nothing to offer in a relationship, cognitive restructuring would probably be a useful place to start. However, if the medical illness has depleted the client's environment of fun things to do, then working on behavioral activation of pleasant events would seem to be more fruitful.

Home Practice Assignment (10 mins)

1. Mindfulness Based Practices

Continue to set aside 20 minutes a day for a formal period of practice of mindfulness of the breath, using the detailed instructions given in the workbook, and to use the 3-minute breathing space and be mindful of daily activities.

2. Thought Log

Use the ABCDE thought log to actively address one or two losses you have experienced as a result of your illness. You and your therapist should have come up with a concrete plan to do so in session.

3. Elicit feedback from the client about how today's session went.

Terminate the Session

SESSION 6: Coping with Negative Emotions

Goals of Session

1. Discussion of coping with negative emotions
2. Explore core experiences that may have contributed to negative emotions
3. Discussion of forgiveness, both receiving and giving

Materials Needed in Client Workbook

- Homework Assignment Worksheet
- ABCDE Method for Challenging Beliefs Leading to Negative Emotions

Set Agenda

Our session today is called “Dealing with negative emotions.” We will identify the negative emotions that you may have experienced as a result of your illness. We will discuss the meaning of receiving and giving forgiveness and other resources you have available to you. As always, at the end, I will give you a homework assignment based on what we discuss today.

[elicit feedback from client at this point]

Before we begin, I'd like to review your homework assignments and mood this week.

Homework Assignment Review (10 mins)

1. **Inquire about the client's use of mindfulness based practices.** (Note: You may need to remind the client about how to engage in mindfulness based practices during each session and ask about problems he is running into if he fails to follow through).

2. **Examine Weekly Mood Rating**

Using a scale ranging from 0 to 10, where 0 is the worst that you've ever felt in your life and 10 is the best you've ever felt, what was your mood like on average this week?

3. **Review client's Thought Log** that she used to address one or two of the losses in her life.

Note about the use of Cognitive versus Behavioral Strategies

The basic point of the assignment review is to consolidate the clients' strategies that seem to be having the most impact on their depression at this point. We want to ensure that the client is using the strategies properly and suggest additional strategies from the repertoire provided in this manual. Normally clients resonate with one or two strategies that they find work for them. Counselors should note whether the strategies are more along the lines of shifting perspective or taking action, as that may be the pathway for encapsulating the major thrust of what works for them.

This is a good time to review with clients the distinction between changing perspective and changing behavior. Both are able to combat depression, but people seem to have preferences for one or the other. Clients should be made aware that they do not have to choose between one or the other and can choose both depending on the current problem. That being the case, when a client uses a strategy successfully counselors should point out what seemed to have made a strategy work. That is, was it a change of perspective that encouraged them to change their behavior, or a change of behavior that altered their perception of the situation?

In this way clients are introduced to what we technically refer to as reciprocal determinism -- the idea that thinking, behaving, and the environment often influence each other and that one is not more causal than the other.

Dealing with Negative Emotions (10 min)

Discussion:

Here are some questions to guide the discussion. Do not ask all of these questions. Just ask those that are relevant to the type of answers the client provides. Use your clinical judgment. Remember, there is only 10 minutes allotted for this section.

1. *Has your relationship with others changed because of your illness or depression?*
 2. *What kinds of questions do you find yourself asking?*
- OR:
3. *Have you ever felt abandoned? Describe. How did you cope with this?*
 4. *Have you ever felt angry over your situation? Describe. What did you do to cope?*
 5. *Additional questions about negative emotions (e.g., resentments, bitterness, shame, guilt) as deemed appropriate to this particular client*

Clients can answer these questions in an infinite number of ways. Counselors need to use a lot of reflective listening.

Reflective Listening

The basic goal of the reflective listening portion is simply to have clients hear themselves express these often unacceptable feelings out loud. Give the client about 10 minutes to express her feelings. There is a lot to cover in this session so if you have to cut this part short, reassure the client that you will return to these issues later in the session and in subsequent session.

Only after the client has spent about ten minutes or so expressing these negative feelings and understood them in some way from her own perspective should counselors normalize her feelings in some way.

Giving and Receiving Forgiveness (15 mins)

****This is a critical component not only of this session, but of the entire treatment. Give yourself enough time so that you are not rushing through this section.****

Negative emotions often involve resentment and unforgiveness. Forgiveness can be a powerful antidote for some negative emotions (e.g., resentment, anger, bitterness) and an integral part of the process of healing. Indeed, research has shown strong relationships between emotions such as anger and resentment and physical health problems and compromised immune functioning.

This can be a sensitive topic for some people. And, it has the potential to come across in a self-righteous and inconsiderate manner. We want to avoid this at all costs. One way to introduce this topic is by asking the client about her definition of forgiveness before presenting these as resources. This allows you the chance to discuss any misperceptions or concerns about these topics and the reason you would like to discuss them as part of treatment.

What does forgiving others mean to you?

What does receiving forgiveness mean to you?

Continue this discussion until you feel you have a clear understanding of how the client defines forgiveness and whether or not this is a difficult and/or sensitive topic for the client.

Some of the most common negative emotions people face include resentment, anger, and bitterness.

If you have not already discussed these above, ask the client now if she has experienced any of these emotions as a result of her medical illness and/or depression:

Have you experienced any of these emotions as a result of your medical illness and/or depression?

Do you think giving and receiving forgiveness would be helpful tools for helping you to overcome your feelings of (insert specific feelings here)?

Is there anyone you would like to forgive? That could include others or yourself.

Is there anything you would like to ask forgiveness for, either from others or yourself?

Forgiveness List (10 mins)

****Note:** You may not have time to generate with the client a list things to forgive and to ask forgiveness for in this session. There are worksheets for both of these activities in the client workbook (see p 43). You can direct the client's attention to these worksheets and review the instructions so that the client can complete this exercise on her own this week.**

If there is time, and if the client answered positively to either or both of these questions, ask the client if she'd like to make a list of those she needs to forgive or the things for which she needs forgiveness.

Do not push the client to engage in anything she does not wish to do. If there is no one she needs to or wants to forgive, or anything she wants to seek forgiveness for, let her know that this is okay and move on. Let this didactic be food for thought and leave it at that. It may be that in time the client may want to revisit this topic with you. As you end this section on forgiveness, give her permission to discuss it with you again should she so desire in the future.

Forgiveness Imagery Exercise

If time allows, lead the client through the following imagery exercise:

Instruct the client to close her eyes and to imagine herself standing before the person she wishes to forgive or receive forgiveness from. Then instruct her to list the wrongs that the other person has done to her that she needs to forgive them for or a list of the wrongs she has done to that person that she needs to receive forgiveness for. Then have her imagine forgiving that person, or receiving forgiveness from that person (or forgiving herself, if the other person does not forgive her).

Be sure to process this experience with her.

ABCDE Method and Forgiveness

It is often very helpful for the client to use the ABCDE method to help see the situation from the other's perspective, causing the development of empathy, and allowing the client's feelings to come into alignment with their decision to forgive. The ABCDE method used in previous weeks may have already brought some issues to the client's attention that she would like to attend to through forgiveness. Use your knowledge from previous sessions to guide you in this discussion.

Homework Assignment (10 mins)

1. Mindfulness Based Practices

Continue to set aside 20 minutes a day for a formal period of practice of mindfulness of the breath, using the detailed instructions given in the workbook, and to use the 3-minute breathing space and be mindful of daily activities.

2. Negative Emotions

It is important to remember the following points:

- It is normal to experience negative emotions in the face of chronic illness and disability.
- It is permissible to have these negative emotions and also to give them up

If you identified any social or psychological resources that would be helpful in addressing any negative emotions you have, make a plan to use these resources this week to address that issue. Psychological and social resources include, but are not limited to journaling, social support from friends, giving and receiving forgiveness, attending clubs or social group activities such as support groups, pot-lucks, bingo, or discussion groups. Several ABCDE thought logs have also been included in the workbook for this session; this may also be a helpful tool in addressing negative emotions this week.

3. Giving and Receiving Forgiveness

Is there anyone you would like to forgive? That could include others or yourself. Is there anything you would like to ask forgiveness for, either from others or yourself? If yes, and if you did not address these in session, make a list of the people you want to forgive or the things for which you need forgiveness.

4. Contact with a Support Person

If you have not already done so, please make contact with a support person with whom you can plan a time to get together with them, ideally sometime this week.

5. Solicit feedback on how the session went today.

Terminate the Session

SESSION 7: Gratitude

Goals of Session

1. Introduction to gratitude and how this relates to the client's illness experience
2. Practice cognitive restructuring from a gratitude framework
3. Grateful behavior directed toward others

Materials Needed in Client Workbook

- Homework Assignment Worksheet
- ABCDE Method for Challenging Beliefs Leading to Negative Emotions
- Gratitude Exercise

Set Agenda

Our session today is called "Gratitude." We will discuss what it means to be a grateful person and how your feelings of gratitude may have been impacted by your experience with illness. We will particularly focus on the things in your life for which you are grateful. We will also discuss gratitude toward others. As always, at the end, I will give you a homework assignment based on what we discuss today.

[elicit feedback from client at this point]

Before we begin, I'd like to review your homework assignments and mood this week.

Homework Assignment Review (10 mins)

1. Ask the client about his experience with mindfulness based practices in the past week
2. Examine Weekly Mood Rating.

Using a scale ranging from 0 to 10, where 0 is the worst that you've ever felt in your life and 10 is the best you've ever felt, what was your mood like on average this week?

3. Inquire whether the client met with a support partner and what transpired. Of particular interest is the effect of the interaction on client mood.
4. Process any issues regarding negative emotions as discussed in the previous session. It can be difficult to talk about negative emotions. Ask the client if he would you like to discuss what it was like to express these feelings and thoughts in the last session?
5. Discuss the strategies the client implemented to manage negative emotions. How did they work? What was effective? What was less effective? Identify whether anything fit into the CBT model for improving depression.

6. **Discuss the forgiveness exercise.** Did she complete the list? If so, what was that like for her?

For situations that did not go particularly well try to make this a win-win situation; that is, how can the client turn what did not work particularly well into a learning experience? At minimum clients can observe that they managed to survive the situation despite its unpleasantness. This information can be used to point out to clients their unacknowledged reserves to battle against difficult environmental situations. In other words, their ability to hang in without being totally defeated can strengthen their belief in their own self-efficacy to manage and cope with worries and anxiety.

Introduce the Concept of Gratitude (5 mins)

Much recent research has indicated a strong association between experiencing gratitude with both subjective well-being and positive mental health. The approach for using gratitude is slightly different from approaches used to this point. Except for increasing the number of pleasant events, most of the emphasis has been on reducing emotional pain rather than increasing positive emotions. With gratitude, however, the results of positive psychology research are that some sadness and human discomfort can coexist with strong positive feelings to distract from or directly combat the depression.

Gratitude can be a difficult emotion for some people to grasp, especially when currently experiencing pain and suffering. Counselors need to be sensitive to this fact both for gratitude and for the upcoming session on stress-related growth. One way to approach this would be the following:

Sometimes the best way to drive out negative emotions is to find alternative emotions that capture our attention and also improve our mood. Research has found that gratitude is one such emotion. It seems that we have difficulty focusing on things that make us feel depressed or nervous when we are feeling grateful about something.

Gratitude List Exercise (10 mins)

Our goal is to pay more attention to what we are grateful for instead of what is not going our way in life. This will induce positive emotions and help to reduce depression. A useful way to start this process is simply to make a list of the many different things in life for which you feel grateful. This can include people, places, and things which are either a regular part of life now, or which were present in your life in the past and made it enjoyable, satisfying, or else effective.

Ask the client to turn to the Workbook. **Take five to ten minutes to guide the client in generating a gratitude list** which is fairly comprehensive in terms of people in relationships, past and present experiences and opportunities, along with environmental features, such as one's living conditions, nature, or creation. This can be accomplished using the Gratitude Exercise* worksheet (pp 48-49). Have the client write the items down on her worksheet.

I see that you have a number of things and people on your list about which you feel grateful. The next step is to put a number from 1 to 10 next to each item to indicate the degree of gratitude you experience from each one, where 10 is very grateful. This step should be completed fairly quickly; it's not necessary to give this part a lot of thought.

Let's take a look at some of the items you ranked as feeling the most grateful about. Could you share a little bit about what it is that generates that feeling in you? What about it that touches you when you think or imagine it?

Counselors take a few minutes allowing clients to explore the meaning of their gratitude. This information should be most useful for placing it within cognitive restructuring and other ways of accessing grateful feelings to shift moods.

Practicing Cognitive Restructuring from a Gratitude Framework. (10 mins)

Now that we have this nice list of experiences for which you feel grateful, let's see if we can make gratitude feelings work for you in a positive direction. The way we can do this is similar to what we have done before when we have used the ABCDE approach to challenging our thoughts. The only difference this time is that when we come to the part where we challenge our negative beliefs we want to look at your gratitude list to see if any of these experiences are a good challenge or refutation of the negative beliefs and expectations.

Let's begin with any specific concern or depressive thought that you have had recently -- perhaps even today. Let's use our ABCDE Method for Challenging Beliefs Worksheet which can be found in your workbook to analyze the experience. (Or, you can work with a completed thought log from a previous week).

Work with the client to complete this worksheet so there is enough data to continue the exercise.

Counselor and client collaboratively identify the kinds of feelings and situations where using this strategy might be helpful.

Gratitude Behavior Directed Toward Others (10 mins)

Up until this point we've been discussing generating grateful feelings toward people and events. It is not necessary to leave it at that. We can also generate grateful behaviors toward others. For example, when someone does a favor for you, what do you usually say or how do you usually respond to that person?

Here clients typically note that they say 'thank you' or sometimes return the favor.

Exactly. That is a typical grateful behavior. Often, however, it's an automatic reaction that we don't give a great deal of thought to. What we want to do here is think more

carefully about what others – friends and family – have done for us, and see if we have perhaps more to say or do for them with regard to grateful responses than we have in the past. Perhaps we have said simply ‘thank you’ but have not fully expressed in depth what their kindness or behavior meant to us.

This next exercise to which this dialogue is directed can be an extremely powerful one, yet needs to be carefully coordinated. Full instructions are included in the Gratitude Exercise * worksheet (p 49). The idea is for the clients to identify some person in their life whom they have "more to say" regarding how grateful they are for what that person has done and for how they have contributed to the person's well-being. Start by asking about two or three people to whom the client would have more to say regarding gratitude.

The exercise works best when the person selected is a living person. Often people regret that they did not express their gratitude to people who have died, but that is more suitable for healing shame or guilt rather than generating the positive emotion of gratitude. Therefore, in this dialogue the goal is to identify living people. Just as the person needs to be alive they should be in some way able to be contacted by the client. The contact can be ideally in person. Telephone can be a powerful form of contact as well. Writing a letter sometimes is the only behavior a client is willing to choose. They do so because they themselves feel it would be too intense, or they are concerned that the person on the other end will be overwhelmed. Counselors can gently suggest the more direct modality of in person or telephone, but should not push the client into a form he or she does not desire.

For this exercise people select a wide variety of persons: former teachers, spouses, siblings, parents, other friends and relatives. This same strategy will also be used in the next session on altruism. That is, a very specific person should be selected along with concrete times and places as well as the means of delivery for the expression of gratitude.

1. Elaborate on the selected gratitude behavior.
 - a. Generally the gratitude behavior will be in the form of expressing the client's feelings of gratitude toward the individual. This ordinarily takes place in person, by phone, or letter. Counselor and client together must outline the content of the communication to ensure it touches all the important bases. Once again it should be done by writing out together the topics to be communicated.
 - b. The points that should be made universally are the following:
 - Precisely and specifically what it was that the other person did for you. Thus, "you were a nice person to me", is not as suitable as, "when I was in the hospital you came to visit me and you prayed for me every day."
 - Counselors should elicit as many of these concrete activities as possible for which clients feel grateful.
 - Clients should note what the meaning of the person's activities for them was. That is, how the activity or way of being made the clients feel, influenced their life, caused them to grow, taught them things they needed to know, etc.

2. Pick the time, place, and modality for expressing client gratitude.
 - Counselors and clients together should identify the specific way in which the gratitude will be expressed, as well as the specific time and place. This prevents the exercise from becoming too vague and thus not able to be accomplished. Counselors should make clear that they expect to review the gratitude exercise within the remaining sessions.

Homework Assignment (5 mins)

1. Mindfulness Based Practices

Continue to set aside 20 minutes a day for a formal period of practice of mindfulness of the breath, using the detailed instructions given in the workbook, and to use the 3-minute breathing space and be mindful of daily activities.

2. Grateful Feelings Exercise

Use your gratitude list to help challenge negative thoughts and to replace negative emotions. Continue to add to your gratitude list this week as you think of more things for which you are grateful.

3. Gratitude Expression Exercise

Express your feelings of gratitude toward the individual you identified in session. This ordinarily takes place in person, by phone, or letter. Complete at the specific time and place you chose in session. Remember to include the following:

- Precisely and specifically what it was that the other person did for you. Thus, "you were a nice person to me", is not as suitable as, "when I was in the hospital you came to visit me and you prayed for me every day."
- Include as many of these concrete activities for which you feel grateful as possible
- Be sure to note what the meaning of the person's activities was for you. That is, how the activity or way of being made you feel, influenced your life, caused you to grow, taught you things you needed to know, etc.

4. Solicit feedback on how the session went today.

Terminate the session

SESSION 8: Altruism and Generosity

Goals of Session:

1. Review gratitude exercises: Gratitude Expression and Grateful Feelings
2. Altruism Exercise

Materials Needed in Client Workbook

- Homework Assignment Worksheet
- ABCDE Method for Challenging Beliefs Leading to Negative Emotions

Set Agenda

Our session today is called “Altruism and Generosity.” This session builds on our session on gratitude last week. We will explore how we can express gratitude by being generous and engaging in altruistic (positive, kind) acts for others. As always, at the end, I will give you a homework assignment based on what we discuss today.

[elicit feedback from client at this point]

Before we begin, I'd like to review your homework assignments and mood this week.

Homework Assignment Review (10 mins)

1. **Inquire about use of mindfulness based practices.**
2. **Review Mood Rating Scale**

Using a scale ranging from 0 to 10, where 0 is the worst that you've ever felt in your life and 10 is the best you've ever felt, what was your mood like on average this week?

3. **Review Gratitude Exercises**, if the client has carried it out. It is likely that the client carried out either the gratitude expression exercise or the grateful feelings exercise. Time should be made for either or both. In the event that neither was carried out, explore this with the client and tweak, if necessary, whichever exercise to make it more possible to be accomplished.

a. Review of Grateful Feelings Exercise

Begin with the grateful feelings exercise and review the impact that carrying out the exercise had for the client. The focus of this review should be on what happened as the client maintained her attention on people, places, and things for which she is grateful. In general, clients report that such focus has an uplifting effect on their feelings. Counselors should inquire as to why clients think this effect occurred.

The goal of the inquiry is to get at the meaning of being grateful -- that is, when I focus on things to be grateful about, what kind of person do I become, what does that say about me? Clients may only say it made them feel better and this is okay.

However, to get the most out of the exercise it is useful to have the client reflect back on what gratitude does to and for their character.

b. Review of Grateful Expression Exercise

Follow this up with a review of the grateful expressions exercise. The point of the review is to help clients see the value in explicit expressions of gratitude. Once again, careful inquiry may relate these feelings to the kind of person clients want to be. At times, this exercise can be quite powerful emotionally so counselors need to pay attention and debrief with sufficient focus so that clients fully process what has happened.

Assess Client's Desire to Continue to Develop Value of Gratitude

Finally, the ultimate goal of both generating grateful feelings and generating grateful expressions is to determine whether not clients wish to continue developing these values in their life, and what this connection can have for them in light of their present suffering. The more immediate goal is to determine whether clients are willing to incorporate generating grateful feelings into their everyday life. This can be done via conscious focus using the worksheet.

Catch up Time (5-10 mins)

Use a few minutes now to catch up on any material you may have run out of time to address in previous sessions.

Introduce Altruism and Generosity (10 mins)

The purpose of this part of our treatment is to re-focus our attention to the healing aspects of giving to others and being generous, even if to a limited degree. Research tells us that if we pay even a little attention to giving to others that, over time, we end up feeling better ourselves.

[elicit feedback from client]

The dark side of depression and physical illness is how easy it is to forget the curative nature and importance of giving to others. It is part of our human dignity to care for and take care of people in need. When we cut ourselves off from that quality, we have lost something of ourselves. However, because of our own pain it is easy to become self-focused -- and this is quite natural. It is very difficult to think about a neighbor's needs when you are experiencing acute pain yourself. In those situations it is necessary to take care of yourself first. However, most of us fortunately do not experience this intense level of pain every moment of our lives -- even though we have a chronic illness. Most of us have windows of peace or relative calm where we could be available to others if we planned properly.

1. **Assess the change in mood the client may have experienced when being generous and giving to others in the past. Ask for specific examples.**

2. Assess how their illness and/or depression have impacted their altruistic focus and activities.

Example of Dialogue with Client:

Counselor. *In what ways have you been able to give to others since you have been ill?*

Client. *Not too often really. It seems like everyone around me has to pay attention to me, so I'm the center of attention all the time.*

Counselor. *And what does that feel like?*

Client. *In some ways it's okay. It's good to know others are around. But in some ways it gets to be tiresome. Everyone doing for you and you not doing for anyone else.*

Counselor. *Are you still interested in carrying out this value?*

Client. *Yes I am. I just can't seem to figure out how.*

Counselor. *That's great. That's exactly what we want to spend some time talking about right now.*

If the client goes in the other direction of mentioning ways in which he or she has continued to be generous and altruistic, then the counselor should explore what that feels like on the occasions when that has happened. Usually people will talk about how it felt good. The counselor then should pick up on this and talk about how systematically planning to reach out to others and help them is what the focus of this time will be.

Caution

At the same time, counselors want to be on alert for clients whose lives start to resemble slavery; where they are constantly doing for others, even in their impaired condition. For these clients the focus of the session should be on the obligation to take care of themselves.

Altruistic Exercise (10-15 mins)

The worksheet Altruist Acts* is provided in the client's workbook on p 53-54. Please have the client turn to this worksheet. There is space available to plan three altruistic acts.

1. The counselor discusses with the client ways in which the client has been helpful in the past and ways in which he sees he is able to be helpful now.
2. Together counselor and client collaboratively make a list of situations and possibilities. Then, as we typically do with strategies such as this before implementation, the client is asked to rank them from easiest to most difficult. This can be done by using a simple percentage such as from zero to a hundred, with 100 being the most difficult of all.
3. Together counselor and client select which of the easier altruistic acts the client would like to initiate. This is discussed in some detail in terms of the questions who, what, when, where, why, and how of carrying out the activity. This makes the activity concrete and provides a visual picture of what is needed to carry it out, and also anticipates any barriers that could be present.

4. Next, client decides on the frequency of the altruistic acts. One trap is for clients to get very enthusiastic but then find that they have overreached and give up making any attempts. Counselors should be alert to this trap and consider reining in activities that will be ultimately too much at this point.
5. A second concern is how others in their environment will react to these behaviors on the part of the client. Sometimes family and friends in their concern will worry that such activities tax the clients' emotional or physical energy and caution clients about carrying them out. Counselors should ask whether or not family and friends will support them in doing these activities and, if not, what they might want to say to them. Here the counselor can brainstorm ways to describe their goals and perhaps even role-play what to say in such an event.
6. In order to increase motivation for selecting altruistic acts, counselors should explore with clients how they will probably end up feeling should they carry out their goal of giving to others. The idea here is to accentuate whatever is related to positive desires, ability, and importance or benefits from giving to others.

Homework Assignment (10 mins)

1. Mindfulness Based Practices

Continue to set aside 20 minutes a day for a formal period of practice of mindfulness of the breath, using the detailed instructions given in the workbook, and to use the 3-minute breathing space and be mindful of daily activities.

2. Altruistic Acts

Carry out the specific altruistic acts to be done for the particular persons at a particular time you and your therapist chose in session. Be sure to have more than one option in case other people are unavailable. These assignments, like others, should be written down so that no confusion remains.

3. Solicit feedback on how the session went today.

Terminate the Session

SESSION 9: Stress-Related Growth

Goals of Session

1. Introduce and develop the concept of stress-related growth
2. Explore ways the client may have experienced positive growth through the illness experience
3. Help the client “look for the positives” through a series of exercises.
4. Revisit the importance of interpretation.

Materials Needed in Client Workbook

- Homework Assignment Worksheet
- ABCDE Method for Challenging Beliefs Leading to Negative Emotions
- Looking for the Positive

Set Agenda

Our session today is called “Stress-related Growth.” We will explore the concept of stress related-growth. We will complete a series of exercises that will help you to look for the positives in your life, even in the midst of the negative things you have been experiencing. I will also stress the importance of the interpretations we make to change our perspective about an event that seemed quite negative on first glance. As always, at the end, I will give you a homework assignment based on what we discuss today.

[elicit feedback from client at this point]

Before we begin, I'd like to review your homework assignments and mood this week.

Homework Assignment Review (7 mins)

1. Review experience with meditation based practices.
2. Review Mood Rating Scale

Using a scale ranging from 0 to 10, where 0 is the worst that you've ever felt in your life and 10 is the best you've ever felt, what was your mood like on average this week?

3. Review altruism exercise.

Counselors should carefully explore the emotional reaction to carrying out these activities, as well as the effect on their physical well-being.

The goal of this review is to determine to what degree the client desires to make altruistic activities an ordinary part of his or her life. Clients have any number of common responses:

1. For some, these are activities they commonly engage in so that such practices do not significantly alter how they operate. Thereafter, the discussion should focus around ways in which they can continue to carry out such activities and plans for themselves despite their medical condition.
2. For others, it will be a return to activities that they once engaged in. For these individuals the discussion will be whether this is something they want to continue. Thereafter, the discussion should focus around ways in which they can continue to carry out such activities and plans despite their medical condition.
3. For others, it will be like a breath of fresh air and will create a whole new way of thinking about who they are and what they are doing. For such people the counselor will want to take considerable time in discussing the implications of these activities in terms of their well-being. Tying these activities into ABCDE model will connect it to the overall CBT model.

Introduce Stress-Related Growth (8 mins)

The research literature in positive psychology offers ample evidence that many people who are suffering from serious trauma, losses, or intense medical conditions are able to find something positive about a painful experience or one that causes suffering. Naturally, this is an extremely sensitive area and one in which counselors can come across as boorish and unfeeling. Also, depending on how it is introduced, clients may end up feeling even more shame and guilt because they have not been able to experience any positive outcomes as a result of their suffering. Thus, this whole topic can have exactly the opposite effect as intended and come across as still one more demand clients are unable to fulfill.

To help steer the conversation in a productive manner, counselors can begin broadly by asking about changes rather than by first talking about positive outcomes.

Before we finish our work together there is one last topic that may be helpful. We have reviewed many topics that are related both to your depression and your medical condition. We would like to finish by taking a bird's eye view of all the changes that have occurred as a result of your medical illness and/or depression. Some of the changes are things you definitely did not want and some of the changes might have been unexpected. I'm wondering if you can talk about some of the changes that were expected and some that were not expected.

Some such opening gives the client permission, so to speak, to delve into the positive changes that have occurred. Counselors can word this opening in any general way they like as long as it does not descend into the pitfalls mentioned above. After that opening counselors listen carefully for anything that strikes them as related to a positive shift.

What you are looking for specifically are positive changes in their own personal relationships with other people (e.g., I didn't know how much so-and-so really cared

about me), positive changes that may have occurred for the people close to them (e.g., bringing people closer together, having family members who were formerly estranged now speaking to each other), positive changes in their own character or abilities (e.g., I am a much stronger person than I was before; I can tolerate so much more than I thought I could; I am a much less selfish person than I was).

When clients mention those kinds of changes this is what counselors should zone in on with their reflective listening skills and explore these in detail.

The ABCDE Thought Monitor worksheet* and Dispute Questions* from Session 4 can be used to generate alternative beliefs for the negative ones driving emotional distress and self-defeating behavior. Thus, the client has come full circle from focusing on beliefs that lead him or her into a negative downward spiral and now has a new toolkit for generating a positive upward spiral.

Looking for Positives (10 mins)

In this section, introduce clients to the Looking for Positives* worksheet (p 57). It is hoped that this exercise will top off their experience over the last nine weeks, and at least create the potential for a positive summary of the experience, as well as the thrust of the therapy itself.

Feelings of discouragement, sadness, and helplessness are common and normal when dealing with physical and mental illness. What happened to you may seem terribly unfair. It may be terrifying. It may feel like your body or medical system has betrayed you and can no longer be trusted. These thoughts and feelings are certainly understandable. The challenge of coping effectively with illness is to learn how to both acknowledge and accept these changes, losses, and your feelings, and at the same time actively pursue growth, meaning, purpose, an appropriate sense of control, and a healthy relationship with yourself and others. Many describe illness as an end of life; others as an end of a way of life. Some are able to see the possibility of a new beginning; that perhaps even though they never asked for this experience of illness, nor would they wish it on anyone else, that something positive can come from it.

[elicit feedback from client]

“Looking for the Positives” Exercise (10 mins)

(Note: these are the exact words at the top of the client’s Looking for Positives* worksheet).

It may sound insensitive to suggest there is anything positive in pain and suffering, yet many people who cope admit they eventually make sense of the situation or find something that benefited them or others. This does not mean they like what happened or

stop wishing it had never happened. They discovered that despite the pain they went through they could also describe positive changes in themselves and others or found parts of it that made sense. In the long run, finding benefits seems to give people a measure of peace.

Have the client turn to the Looking for Positives* worksheet in her workbook. Answer the three questions in session. Have the client write down her answers during this time so that she can refer back to them later.

1. *In what ways, if any, can you make sense of what happened to you?*
2. *What positive changes have you noticed as a result of what happened?*
 - *In you?*
 - *In others and the people close to you?*
 - *In the way you look at the world?*
3. *How can these changes help you live your life more fully?*

Need to Remind Self Often

It does little good for clients to simply list the positive changes or benefits that have occurred as a function of their struggles. It is absolutely essential for benefit-finding to be effective that clients remind themselves at regular intervals of these benefits.

Focus on Meaning of Benefits or Changes

The bulk of the discussion should focus on the meaning of the benefits or changes and what the client can do in order to remind himself or herself of these changes.

You may or may not want to address the following questions with the client.

- When people attend to new capacities and strengths, what does this say about their ability to manage their lives with its pain and suffering?
- If positive outcomes are possible, and you – the client – have witnessed them, what does this say about the possibilities in the future as you deal with what you are handed?

The Importance of Interpretations (10 mins)

If you have time, discuss the importance of our interpretations of events that happen. Discuss the possibility of interpreting situations in a way that yields positive results (seeing the glass as half full rather than half empty).

Homework Assignments (10 mins)

Ask the client to turn to page 56 in the Workbook to follow along with you.

1. Mindfulness Based Practices

Continue to set aside 20 minutes a day for a formal period of practice of mindfulness of the breath, using the detailed instructions given in the workbook, and to use the 3-minute breathing space and be mindful of daily activities.

2. Positive Changes

Add to your list of the changes in your life that you could view as positive or that have caused growth.

Reflect on the meaning of these changes in terms of your character and the predictions you make regarding negative beliefs. In particular, what power do these changes give you to stop avoiding unpleasant experiences and to face them courageously?

3. Engagement with Support Person

Continue to have contact with your support person or be a support person to someone else.

4. Solicit feedback on how the session went today.

Terminate the Session

Remind the client that next week is that last week of treatment. Your client will likely have many feelings about ending treatment with you. Let them know that next week you will be processing her experience in treatment and how to maintain the gains she has made.

SESSION 10: Hope and Relapse Prevention

Goals of Session

1. Introduce the topic of hope as a general way of being that results from using cognitive and behavioral strategies
2. Discuss dreams and goals
3. Discuss what the client has learned/gained through these ten weeks
4. Discuss how to maintain the gains in therapy through involvement with others (receiving and giving support)
5. Termination of treatment

Materials Needed in Client Workbook

- Homework Assignment Worksheet
- ABCDE Method for Challenging Beliefs Leading to Negative Emotions

Set Agenda

Our last session is called “Hope and Relapse Prevention.” We will explore the concept of hope, and how this can help us create and achieve new dreams and goals despite illness and suffering. We will then review what you have learned over the past ten weeks and the resources you have available to you. We will also discuss how to maintain the gains you have made in treatment. Finally, I will be interested in your feedback about your experience in this treatment study and what you found most helpful.

[elicit feedback from client at this point]

Before we begin, I'd like to review your homework assignments and mood this week.

Review Homework Assignments (8 mins)

1. Review experience with mindfulness based practices
2. Review Mood Scale

Using a scale ranging from 0 to 10, where 0 is the worst that you've ever felt in your life and 10 is the best you've ever felt, what was your mood like on average this week?

3. Looking for the Positives worksheets:

Explore what worked in terms of being effective benefit-finding reminders. What did he experience when he found himself noticing any positive changes in his life as a result of his learning to cope with his medical and environmental struggles?

When clients mention any aspect of benefit-finding, counselors need to explore what is the meaning of this. That is, the fact that they can see positives even under their current difficult circumstances says something about the following:

- Who they are as persons.
- What their capacities are.

Such reflections help us end on a note of empowerment and a sense of control over life's vicissitudes.

Hope (10 mins)

Benefit-finding and positive changes naturally lend themselves to discussion about hope. Share this with the client and ask him the following questions:

- *What does hope mean for someone in a seemingly hopeless situation?*
- *Where can you find hope?*
- *What does hope mean concretely for you?*
- *How can you hang on to hope?*

These questions are just different ways of benefit-reminding.

[elicit feedback from client]

Meaning and New Dreams (10 mins)

- *Do you feel that there is a greater purpose or meaning in what has happened to you?*
- *Do you have any new dreams as a result of your diagnosis?*

Termination Protocol (10 mins)

The main idea before the nitty-gritty items that follow will be to offer the client an opportunity to reflect on the meaning of the therapy process overall.

- *What parts of the process did you find most helpful?*
- *Why?*
- *What parts seemed to help you with your depression?*
- *How and why?*
- *What parts helped you deal with your physical condition?*
- *How and why?*
- *Did anything in particular surprise you about the experience?*
- *Are there any other things you want to discuss before we end?*

At no point should counselors be defensive about any client response; rather, the use of reflective listening and empathy is especially called for here at the end. If the client asks a question which requires gathering information, let the client know someone from the research team will address that with him.

Maintenance and Relapse Prevention (10 mins)

*Note: The following are included in their workbook. Please review these points with the client now. You can direct his attention to this page in his workbook.

1. Continue to Use the Tools Daily

In order to maintain the gains you have achieved in treatment you need to keep using the tools you have learned.

Ask the client to list some of the tools he has learned over the last ten weeks.

These tools include the following:

- Challenging and changing your negative interpretations
- Gratitude
- Altruism (encourage a specific activity for a specific person)
- Finding the positives in your life
- Spending time with others
- Connecting with a support person in your community

2. Make Use of Your Psychological and Social Resources

Resources include, but are not limited to journaling, social support from friends, giving and receiving forgiveness, attending social activities such as support groups, clubs, pot-lucks, bingo, and discussion groups.

3. Anticipate Set Backs

Remember that there will be set backs and times that are more challenging and difficult than others. It is at these times that it is even more important to engage in the activities and resources you learned, especially if you don't feel like it.

Final Homework Assignment (10 mins)

1. Meditation Based Practices

Spend 20 minutes a day in meditation based practices.

2. Engagement with Support Person

Continue to have contact with your support person or be a support person to someone else.

3. Solicit feedback on how the therapy has gone overall for them.

Final Thoughts

1. Be sure to thank your client for what he has contributed to the therapy experience, his hard work, courage and honesty in facing these most difficult times and topics.
2. Be appropriately open with what your client taught you personally so your client can have a sense of his own altruism despite his receiving help at the same time.
3. Remind client that someone will contact them within the next week to set up an appointment to complete some questionnaires and collect blood and urine samples for analysis. Emphasize the importance of completing assessment, so as to document what has happened during the past 10 sessions. Also, therapist should be sure to contact Sally Shaw, who will contact interviewers at Duke and Glendale to set up appointment with client for evaluation.

Terminate the Session