✓Treatments *That Work*™

SECOND EDITION

Overcoming Depression

A Cognitive Therapy Approach

Workbook

Mark Gilson
Arthur Freeman
M. Jane Yates
Sharon Morgillo Freeman

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About Treatments *That Work*™

One of the most difficult problems confronting patients with various disorders and diseases is finding the best help available. Everyone is aware of friends or family who have sought treatment from a seemingly reputable practitioner, only to find out later from another doctor that the original diagnosis was wrong or the treatments recommended were inappropriate or perhaps even harmful. Most patients, or family members, address this problem by reading everything they can about their symptoms, seeking out information on the Internet, or aggressively "asking around" to tap knowledge from friends and acquaintances. Governments and healthcare policymakers are also aware that people in need don't always get the best treatments—something they refer to as "variability in healthcare practices."

Now healthcare systems around the world are attempting to correct this variability by introducing "evidence-based practice." This simply means that it is in everyone's interest that patients get the most up-to-date and effective care for a particular problem. Healthcare policymakers have also recognized that it is very useful to give consumers of healthcare as much information as possible, so that they can make intelligent decisions in a collaborative effort to improve health and mental health. This series, Treatments *That Work*™ is designed to accomplish just that. Only the latest and most effective interventions for particular problems are described in user-friendly language. To be included in this series, each treatment program must pass the highest standards of evidence available, as determined by a scientific advisory board. Thus, when individuals suffering from these problems or their family members seek out an expert clinician who is familiar with these interventions and decides that they are appropriate, they will have confidence that they are receiving the best care available. Of course, only your health care professional can decide on the right mix of treatments for you.

This workbook is designed to help you as you work together with a qualified mental health professional to overcome your depression. The program described will help you develop a set of coping strategies and skills so that you can proactively deal with depression and prevent it from compromising your quality of life. Based on the idea that depression is a "beast" to be tamed, the treatment

utilizes an acronym to help you understand the goals of treatment. You will work with your therapist to understand the **b**iology of depression, as well as how your **e**motions, your **a**ctivity level, the **s**ituations you find yourself in, and the **t**houghts you have all contribute to your depression (the BEAST).

Filled with worksheets and forms for completing in-session exercises, as well as at-home assignments, this workbook provides all the tools you need to successfully overcome your depression and prevent future relapse.

David H. Barlow, Editor-in-Chief,
Treatments *That Work*™
Boston, MA

Acknowledgments

When Aaron T. Beck began to develop his work on depression in the early 1960s, he also began a revolution in understanding and treating depression. Over the past decades, his work in cognitive therapy has evolved in clinical sophistication, empirical support, and popularity. The Academy of Cognitive Therapy, The Association of Behavior and Cognitive Therapy, and the International Association for Cognitive Psychotherapy, along with many professional journals are now dedicated to the advancement and dissemination of the cognitive-behavioral model. The authors have had the good fortune of being either faculty (Art Freeman and Mark Gilson) at the Center for Cognitive Therapy at University of Pennsylvania under Dr. Beck's wise guidance and/or having extensive contact with the organizations he represents. We are grateful for what Aaron T. Beck has offered to us and, by extension, to the clinical community.

David Barlow, PhD, is a pioneer in the development of psychology as an applied empirical science, and he tirelessly attempted to garner respect for psychotherapy as a credible means to help people change for the better. His invitation to Mark Gilson to begin this project will always be considered an honor and a privilege.

A special note of appreciation goes to another person who has delivered anthems of hope in times of hardship. Pete Seeger, called the father of American folk music and singer of songs such as *We Shall Overcome* and *Turn, Turn, Turn,* offered suggestions for this book when it was first published. As a mentor to Mark Gilson, his messages (and his life) of perseverance during times of unfairness and struggle have helped so many and remain an inspiration. Simple ideas, humility, and sincerity of purpose can move mountains, and Pete has taught many people to hold on and find hope in the midst of unhappiness and suffering.

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Chapter 1 *Overview*

Goals

- To understand the general outline of the program
- To understand the symptoms of depression
- To understand the types of depression
- To discuss suicide prevention with your therapist

A General Overview of Depression

Depression is a familiar emotion to most people. You may be familiar with depression because a loved one has suffered from it. You may know about depression because of what you have read in newspapers and magazines. You may see programs and information about it on TV. You may have called it "the blues," "feeling down," being "out of sorts," or just feeling "negative," but depression is no stranger to most of us. The effects of depression may include emotional symptoms such as sadness and physical symptoms such as loss of appetite; people who are depressed may simply want to be left alone, or they may hide from the world. For some people, depression brings feelings of hopelessness and a sense that things will never get better. In severe situations, some individuals plan or even attempt suicide.

Depression is a broad term used to describe a variety of experiences, symptoms, and emotions. Associated with depression are behaviors such as avoidance of pleasurable activities and lack of motivation. Sometimes even everyday things are difficult, such as going to work, paying bills, caring for personal hygiene, getting out of bed, or leaving the house. Sleep patterns may be disrupted. For instance, a depressed person may wake up too early, have difficulty falling asleep, or wake up in the middle of the night. Sex may become uninteresting and may be avoided. Appetite may decrease, leading to unwanted weight loss, or appetite may increase, leading to unwanted weight gain.

Depression appears without invitation. Sometimes depression is a reaction to some life experience, such as the death of a loved one. This kind of reactive depression is to be expected and is usually short-lived. Other times, depression may come for no clear reason and stay far longer than anticipated. Some people believe they are depressed all the time. For these people, feelings of happiness are an illusion, and reality is seen through a dark filter of depressive misery.

Perhaps you are reading this workbook because you (or someone you know) may be experiencing depression. If this is the case, these descriptions are probably all too familiar. You may have dealt with depression in the past. The good news is that working with your therapist and using this workbook as part of therapy will put you on the road to recovering from depression. You will begin taking charge of your life by learning specific techniques for coping with depression if it returns. Depression can be limited in its effects, shortened in its duration, and defeated.

What Makes This Program Different?

You may be saying to yourself, "I've tried to deal with depression before, and it didn't work" or "I've been in therapy, so why will this be different?" This program is based on a psychotherapy called cognitive therapy (CT). We will explain exactly what that means as we go through the program. An important fact that you should know about cognitive therapy is that it is one of the most effective therapies available for the treatment of depression. In fact, this therapy can be at least as effective as antidepressant medication in treating depression. If medication is prescribed, cognitive therapy is a useful supplement to the medicine to decrease the likelihood that depression will recur.

How Does the Program Work?

This program is based on the idea that when you are depressed, your own internal processes are at work. The good part of this is that you can also use those internal processes to feel better.

Our first goal is to help you develop skills to identify the specific pieces that go into depression. Very often, this involves understanding the thinking patterns associated with depressed mood. Understanding the connection between your negative thinking, low moods, and withdrawn behavior is essential. Next, we will begin to work on making *changes in your life*. This problem-focused approach

asks you to track how you think and what you do between sessions and then work on strategies for change. You and your therapist will work as a team to set the pace that is right for you.

Everyone is different, and we recommend that you work with your therapist or counselor to tailor different techniques to your own particular needs. Later on, going back to some of the sections in which you may have experienced some difficulty may be useful. At the end of each chapter is a review section designed to help you gauge your understanding of the ideas presented and monitor your progress. If you find that the questions are difficult, go back to the relevant sections in the chapter and reread them until you can answer the questions at the end. Do not hesitate to talk with your therapist about the review questions and about sections of the chapter that are unclear.

Throughout this workbook, we will be asking you to think about things differently than you may be used to. We will ask you to write thoughts down, try new activities, and talk about things. Through this process, you will begin to take control of your life by taking small, easily manageable steps. *You don't have to worry about doing everything at once.*

Individuals who have depression frequently report, "My family thinks that I'm not really depressed enough for therapy. They think that I just need to perk up (get a job, get a hobby, get out more, get a pet). What do I do?" For now, remember that *you* are the one who is experiencing a depressive change in mood. Only you can really know the severity of your depression and whether you want to change *this* situation for yourself. This program will help you identify your depression and assess your motivation to change it.

What is Depression?

Depression is sometimes called the common cold of emotional problems because most people have experienced it at some time in their lives. You are not alone in your depression. According to the Centers for Disease Control (CDC), it is estimated that more than one out of 20 Americans over the age of 12 suffer from depression each year. Depression can be far more disabling than medical illnesses such as chronic lung disease, arthritis, and diabetes. Although these facts and statistics are startling, the subjective experience of depression can be overwhelming. The important fact for you now is that the problem of depression has been identified, and there is something you can do about it.

Like the common cold, in the past few years newer and more effective treatments to relieve depression have been developed. These treatments can teach you to improve your thinking so that you may live a more fulfilling life. This program was developed to help you cope more effectively with the problem of depression and other mood disorders. This workbook was designed to enhance your efforts to improve your life by first gaining control over your mood.

As mentioned before, the term *depression* describes a number of problems.

We are going to work on your specific problems by starting with general complaints. Recognizing general complaints will help you and your therapist identify specific areas in which your thoughts have become depressive. We are going to locate reasons for your depression.

You may wonder if there is a difference between being in a bad mood and being depressed. Everyone gets in a bad mood now and then. Many times, it is nothing to worry about. However, if your bad mood persists for days or weeks, you become depressed frequently, or your low points of depression are extreme, you may need to see a professional therapist to get a more thorough evaluation. Following are examples of individuals who found themselves struggling with depression.

Do any of these descriptions sound familiar?

Case Examples

James

■ *James, a supervisor at a car assembly plant, came to therapy after his employer downsized and he was laid off. He found himself having trouble reading, talking to his wife, and just getting up in the morning. He no longer enjoyed activities that he used to look forward to, like playing cards, watching TV, and bowling. He began to avoid contact with friends and ignore his family. When he and his therapist took notice of his thinking (or cognitions), they discovered that when he felt bad he would first think about how terrible it was to be out of work. The negative thinking then generalized to thoughts such as "I never really was competent to work in a responsible job" and "I am a failure at everything I have ever tried."*

Sadness turned into grief, and grief turned into depression. James and his therapist began to work on identifying and disputing the negative thinking he had about himself and his life. While he was in his worst mood, James ignored the advantages of his

layoff. He had left his job with severance pay of 1 year's full salary and benefits while he looked for another job. Some may say he had no reason to feel bad. However, James had a strong belief that it was shameful to be asked to leave a position that he had held for 15 years. Challenging such a belief and the thoughts associated with it was the starting point that led James to recover from depression. He rediscovered the people he loved and began to pursue a change in career. ■

Betty

■ *Betty was 32 years old and recently divorced. She had a 4-year-old child and had to balance work and day care. She started to feel that nothing was going to go right for her ever again. She found herself going through the same daily routine. By the time weekends came, she was too tired and unmotivated to maintain her household. Watching television had been her favorite way to relax, and she found that she no longer derived enjoyment from that. She withdrew from friends and sensed that there was no pleasure for her in anything. The less she did, the worse she felt. She had trouble getting to sleep and frequently woke up hours before her alarm clock was set to go off. Her eating patterns became irregular, and her diet consisted mostly of junk food, which led to a weight gain. Her mood was affecting her child. She started to wish she was dead and finally sought treatment at her parents' urging.* ■

Ellen

■ *For Ellen, the situation was completely different. She had no divorce, no job loss, and no hard times. She was married to a warm, supportive husband. Her children were both in college and doing well. Her parents were retired and healthy. She enjoyed good relationships with her brother and two sisters. She worked at a part-time job with people she liked. She lived in a nice house in a nice neighborhood and had a very comfortable life. You might ask, "What does she have to be depressed about?" The answer is apparently nothing. But depression does not limit itself to people with obvious problems. Ellen began having trouble getting up in the morning; she lost interest in spending time with her husband and spoke to her children only briefly by phone. She no longer wanted the job she once used to enjoy. Ellen was depressed. She somehow attributed her depression to being a bad person. The reasonable punishment for her imagined badness was the depression.* ■

If these examples sound familiar to you, you may be struggling with depression. Read on for more information.

Following is a chart listing the symptoms of depression. Go through the chart three times. The first time, just check the ones that apply to you. The second time, rate how severe each problem has been in your most recent depression on a scale from 1 to 10. Finally, go through the list a third time and evaluate how frequently the symptom occurs over a period of time (e.g., 1 week).

Depression Symptom Checklist

Symptom	Does Symptom Currently Apply to You? ✓ if "Yes"	Severity *(1–10)	How Often Does This Symptom Occur?
1. Low mood almost every day or part of every day for at least 2 weeks			
2. Lack of interest in activities that were once pleasurable			
3. Weight loss or gain (not from dieting) of 5% of body weight			
4. Difficulty falling or staying asleep or early awakening nearly every night			
5. Sluggishness or physical tension almost every day			
6. Fatigue or low energy almost every day			
7. Low self-esteem and a sense of worthlessness or guilt			
8. Chronic difficulty making decisions, thinking clearly, and/or keeping focused			
9. Repetitive thoughts of death and suicide and/or plans to commit suicide			
10. Symptoms seem to be worse in the morning, including often waking up too early			

*1 = almost nonexistent in my life
5 = applies to me about half of the time
10 = very relevant to my condition

There are many types of depression. Each is different from the others in subtle ways. The different names that are used often reflect how severe or long-standing the problem is. The following paragraphs describe the more common types of depression.

Major Depressive Disorder

Major depressive disorder is the most common of the mood disorders. It is a serious condition that interferes with functioning and requires treatment. This depression may be experienced as a single episode or as a series of episodes. For a diagnosis of major depressive disorder, five or more of the following symptoms must be present during the same 2-week period:

1. depressed mood or loss of interest *and* significant weight loss or gain or change in appetite
2. insomnia or hypersomnia (sleeping too much)
3. motor agitation or slowness
4. fatigue or loss of energy
5. feelings of worthlessness or guilt
6. decreased ability to concentrate or make decisions
7. recurrent thoughts of death or suicide.

Dysthymic Disorder

Dysthymic disorder is sometimes called "watered-down depression." A person who has dysthymic disorder experiences depressed mood for most of the day, for more days than not, for a period of at least 2 years. In addition, two or more of the following symptoms are also present:

1. poor appetite or overeating
2. insomnia or hypersomnia
3. low energy or fatigue
4. low self-esteem

5. poor concentration or indecisiveness
6. feelings of hopelessness

Adjustment Disorder With Depressed Mood

The depression that occurs with adjustment disorder is usually directly related to a particular life problem and a person's difficulty in adjusting to it. The depressed mood usually occurs within 3 months of the onset of the stressor. The symptoms cause either marked distress or significant impairment.

Mood Disorder Due to a General Medical Condition With Depressive Features

As the name implies, this type of depression is due to a physical illness. The possibility of such a cause emphasizes the need for a medical evaluation to eliminate (or treat) the medical condition as a factor in the depression.

Substance-Induced Mood Disorder With Depressive Features

Use of alcohol or other drugs (especially "downers") can cause depressive-like symptoms. Withdrawal from cocaine, amphetamines, alcohol, or barbiturates can also contribute to depression.

Bipolar Disorder

One of the more serious mood disorders involving depression is bipolar disorder, which is often better known by its former name, manic depression. Bipolar disorder includes mood changes that occur in cycles with "highs" or manic periods that give way to periods of intense depression. It usually includes some period when mood becomes balanced between the periods of depression and mania. In a manic phase, people feel exhilarated to the degree that they may become grandiose and have unrealistic beliefs about their abilities. If you are feeling depressed right now, you might say to yourself that it would be wonderful to feel so great. Actually, with this "too good" feeling, agitation and irritability are very common. These symptoms often lead to high-risk behaviors such as going over budget with credit cards, making dangerous and speculative investments, engaging in sexual indiscretions, and other activities that could lead to painful consequences. For some individuals, these "high" symptoms may become so severe that hospitalization

is necessary because of their lack of sleep or inability to care responsibly for themselves and their families.

Other Mood Problems

One form of low mood is referred to as realistic depression, grief, or bereavement. If you have suffered serious losses or dramatic changes in your life recently and are feeling down as a result, you may be experiencing a natural reaction that many people go through. As natural aspects of human experience, such periods of sadness are not viewed as a form of depression unless they are unusually severe, are present for an extended period, or cause significant distress and impairment.

Regardless of the exact title of your depression, the essential similarity of the different types of depression allows us to deal with them all in a similar fashion. Any form of depression may have an impact on work and relationships, some more severely than others and some for briefer times than others. All depression involves a negative view of the world (the belief that the world is a horrible place), a negative view of self (low self-esteem), and a negative view of the future (the belief that things will never improve). We will talk about this in greater detail in subsequent chapters.

Telling Thoughts of Self-Harm

At some point, all of us think about getting away from it all. For some, that means getting into bed and pulling the covers up. For others, it may take the form of a vacation to a favorite place. For others, it might mean a visit to a church, synagogue, or other place of refuge. For some, however, getting away from it all means the ultimate escape through death. Suicidal wishes are a common and potentially lethal problem for many people who are depressed and disturbing to their families and loved ones. If at any time you have compelling thoughts of harming yourself or someone else, you must immediately contact your physician, therapist, or local crisis center.

This program is designed to help you find appropriate and helpful alternatives to such drastic action. Some people feel that talking about suicidal thoughts may make the idea seem more acceptable. Because they feel embarrassed about having them, others keep them a secret. Our experience is that talking openly about such thoughts can help you view them more objectively and may provide you with some immediate relief. Remember that your relationship with your therapist is

based on trust. That trust and the investment of your time and effort are what will help you feel better. Talk with your therapist about any thoughts or impulses you may be having or may have had regarding suicide or harming yourself.

Depression When It Is Most Dangerous: Suicidal Thoughts

Depression is a dangerous creature when it tries to attack your sense of hope. Loss of hope develops when your reasons for being alive are threatened by negative thoughts about the future. For some individuals, loss of hope about the future is so severe that they consider killing themselves to solve or escape problems. Suicide is sometimes described as a permanent solution to temporary problems. When not confronted directly, thoughts about suicide may appear to provide a way out of emotional pain, physical pain, unrelenting pressure, or embarrassing situations. This is a false impression and a symptom of depression that must be challenged.

The following questions are designed to measure how much you suffer from loss of hope. For each question, score 1 for not at all, 2 for rarely, 3 for sometimes, 4 for often, and 5 for all the time. If you answer 2, 3, 4, or 5 to any of them, contact your therapist and discuss the feelings and thoughts you are having. Sometimes you may need another person to help you challenge loss of hope when you have lost the strength to do so yourself.

Suicide Risk Questionnaire

1. I have thoughts of killing myself. _____
2. I have plans to kill myself. _____
3. I feel hopeless about the future. _____
4. I think no one would miss me if I died. _____
5. I think that if I kill myself, others will see how much I hurt. _____
6. I think there is no reason for me to live. _____
7. I am a burden to others. _____
8. It seems that things will never get any better. _____
9. It seems that any hope that I once had is now gone. _____
10. Nothing matters anymore. _____

Add up your total score. If your score is 20 or higher or if you responded 3 or more to question 2, talk to a mental health professional right away.

Stories of Hope

In 1996, competitive bicyclist Lance Armstrong was 25 years old and well on the way to a successful career. He won two Tour de France competitions and the World Cycling Championship. His future in racing was bright, until he received devastating news. Armstrong was diagnosed with an advanced stage of testicular cancer and was given only minimal chances for survival. The cancer had spread and metastasized to his brain and lungs. He had emergency surgery and initially the doctors were not optimistic about recovery or survival. Armstrong underwent multiple brain surgeries to remove tumors, and he became so weak he could not ride his bike for one block, let alone compete. He was gaunt and frail, a shadow of the healthy person he once was, ravaged by chemotherapy. In his darkest hours, he faced the most lethal forces and was determined to recover. Today, he claims he owes his life to cancer. Through good medical care and incredible health to begin with, Mr. Armstrong came back from the depths of hopelessness. Part of his recovery was his choice to persevere. There is little doubt that he had periods of depression and futility. However, he represents a beacon of hope for those who feel the odds of survival are scant.

Pete Seeger, the folk singer who writes about struggle, change, and hope, including songs such as "We Shall Overcome" and "Turn, Turn, Turn," often tells the following story at his concerts. A man is walking in the forest when a tiger jumps out from behind the bushes and begins to chase him. The man runs as fast as he can, but the hungry tiger is gaining ground. If he is caught, the beast will certainly kill and eat him. Ahead of him is a cliff. If he stops running, he will die. If he jumps, who knows? He decides to jump. When he does, he catches a branch on the way down. The branch starts to crack. On the side of the cliff, he sees a ripe strawberry and takes a bite. The man thinks to himself, "This is the sweetest thing I have ever had in my life." The essential aspect about adversity is that you do not know what will come next. Hope is possible, even in the most serious of circumstances.

Finding meaning in life and reasons to stay alive is a challenge that anyone who deals with depression may face. The effort to find reasons to live represents the direction of this workbook and your therapy. You can find satisfying ways to convert the strongest feelings of outrage and hurt into meaningful, life-enhancing

activities and interactions. By actively confronting loss of hope and enhancing the skills you will develop through therapy, it is possible to overcome many adversities, even in severe circumstances.

Review Questions

1. Name three typical symptoms of depression.

_____

_____

_____

2. How are sadness and depression different?

_____

_____

3. How common is depression?

_____

Homework

- ✎ Complete the Depression Symptom Checklist.
- ✎ Complete Suicide Risk Questionnaire.
- ✎ Answer the chapter review questions.

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Chapter 2 *Beginning Questions and Answers*

Goals

- To understand how events from your past and your present influence your experiences
- To understand the BEAST metaphor for depression
- To learn more about what you will do in this program
- To assess your motivation for change

Chapter 1 provided some general information about depression and how this program works. This chapter will discuss depression and its treatment in further detail.

What Influences Your Experiences: The Primacy and Recency Effects

If you are asked how you feel, chances are you would answer according to how you are feeling right now. When you are feeling down or depressed, you may feel that you have always felt this way and have trouble remembering better times. Many times depression seems to dictate that any "better" moods are illusions and that the real world is limited to the darkness of depression. Depression also often goes along with feeling overwhelmed. Research on mood problems indicates that global self-assessment is usually influenced by two types of effects on experience: primacy and recency.

Primacy Effect

Primacy effect refers to the observation that events from early in your memory influence how you experience the present. For example, if a schoolteacher mistreated you early in your education, you are likely to feel uncomfortable around other teachers, even in situations in which you have not been mistreated. This expectation may lead to avoidance of teachers or avoidance of school altogether.

This avoidance can be self-defeating by sustaining the expectation that you will be mistreated.

Recency Effect

Recency effect refers to the observation that the most recent events in your life have a particularly strong effect on your general attitude toward yourself, your situation, and the future. The following example illustrates the recency effect. You are driving to meet someone and on the way another driver changes lanes and crashes into your front fender. After you finish the accident report with the police, you go on to meet your friend. Do you think the recency of your traffic accident would affect how you feel when you finally get to see your friend? Most people are apt to be in a less than pleasant mood or at least distracted. The emotions that you experience in reaction to your most recent experiences may produce similar emotions when you react to events that closely follow.

The BEAST Metaphor

Your therapy will treat your depression more effectively if you know and understand the elements of your experience that comprise the BEAST. We use a metaphor to describe depression as the BEAST. The BEAST is a metaphor in that it suggests a similarity between depression and a beast. Using the BEAST metaphor, you can think of depression as the process that results in sapped energy, diminished pleasure, and reduced motivation. The BEAST metaphor may help you see problems of depression as separate from who you are as a person. You can then use this metaphor to see yourself as the person who can tame the BEAST of depression.

Understanding the BEAST of Depression

Depression is not one single problem. Rather, it is *a combination of many different aspects and issues*. In addition to using BEAST as a metaphor, you can also use the word as an acronym to remember the various aspects of depression. An acronym is a word made up of the first letter of each word in a phrase or list. The BEAST represents the following components of depression:

- Body (biology and biochemistry)
- Emotion (how you feel)

- Action (what you do)
- Situation (your immediate life experiences)
- Thoughts (how and what you think)

Each of these components is important in understanding depression and how it is maintained. By looking at each of these parts, you can start to shrink the larger-than-life BEAST of depression down to a size you can manage.

Now that you understand how the BEAST represents the different aspects of depression, let's start working on overcoming it. Recognize that there is more to recovering from depression than simply deciding to do it. There are forces pulling in many directions. One force says, "Get going"; another says, "Sit and wait. It will go away." Yet another force says, "Nothing that you do will change anything."

Self-Enhancement Assignments

To help you combat forces that may conflict with your goals for therapy, we have included self-enhancement assignments (assignments that you do on your own) in each section. They are designed to enhance what you learn in therapy and to contribute to your improvement. The new skills that you learn through this program and with your therapist are like any other skills; your performance improves with practice. The self-enhancement assignments throughout this workbook provide that practice.

What If I'm Too Depressed to Do This?

One of the thinking errors people with depression make is relying on their mistaken belief that nothing will work out for them. Then, on the basis of this idea, they give up before they make an effort. If you are like this, your negative view of the future and related hopelessness are symptomatic of depression. To challenge the symptom, consider the scientific concept that theories are not valid until they are tested. When you do not work on self-enhancement assignments, you are relying on an untested theory. Try the exercises before you assume that they will not work for you. Whatever the results, you can discover additional information about what can be helpful, and in the process provide yourself with new evidence necessary in restoring your hope for recovery.

Will Medication Help Me?

For many people, medication is an important part of the overall psychotherapy plan. If you are severely depressed, medication may be an essential part of helping you reach a level where you can use other forms of therapy. For some individuals, such as those with bipolar disorder, medication is essential. However, in the treatment of more typical unipolar depression, medication may or may not be indicated. Whether to begin or continue to take medication for your mood problems is ultimately your decision. Consultation, agreement, and communication with your health care practitioner or prescribing psychiatric specialist are essential for your continued health. Do not begin, alter, or stop medication without first consulting your prescriber.

Keeping Track: How Can I Tell If I Am Improving?

To ensure that you know when change has taken place, you must first know how you are doing *before* you begin the program. You will be learning throughout the program how to step back and reflect on how you are doing. This part of the evaluation process lets you know where you were when you started and how far you have come. An important part of the program addresses how you can keep track of your daily life (Chapter 5) so that you have a better idea of just what you are (or are not) doing with your day. In another section of the program (Chapter 6), you will learn to record situations in which you experience a particularly low mood.

All of these parts of the program are intended to help you learn when, how, and sometimes why you get depressed. They will also help you understand how you react to these situations and circumstances. Once you have a clear picture of these factors, you will begin to see how this program and your own effort can change your mood. Learning how to keep track of these different aspects of your life can help to improve your mood, especially when you look back and see the progress you have made.

A basic principle of this program is that you are going to be focusing more on looking ahead to where you are going, rather than back at where you have been. The second principle is that there are specific reasons for your low mood that you can identify and change. It is important to understand, however, that your problems probably will not be solved by a sudden burst of insight that will immediately change your mood. Identifying specific problems is a gradual process of small insights that contribute to understanding your depression.

Given how bad you may feel, it is understandable that you may want to be over your depression as quickly as possible. In many ways, our culture focuses on quick fixes. If life was like a TV show, a crisis, a life-threatening problem, or even an episode of depression would be resolved in one episode. The crew of a ship (starship, airship, ocean-going ship) is in danger and in 60 minutes they are saved (along with the world or universe as well, sometimes). You can also see such unrealistic events of quick transformation and recovery on talk shows that are often choreographed. In reality, these quick-fix situations that are portrayed for dramatic affect are unrealistic and can set you up for disappointment.

There are ways to repair some aspects of your life rather quickly. More realistically, weeks or months are needed to manage the BEAST of depression and start to take control. Keep in mind that this period is usually less time than it takes for depression to develop.

An important question that you must think about is this: Are you ready to take charge of and deal with your depression? It takes energy to stay depressed, and it takes effort to divert the energy that keeps you from changing. Each time you decide to try the assignments in this book, you make a courageous decision to move away from depression toward more effective ways of thinking, feeling, and acting. It also takes effort to avoid doing the things that may get you into a dark emotional hole. The choices are yours to make, with the help of your therapist and this program. It is your courage to change at a pace that fits you that will make a difference. Like many things in life, you won't get the benefit unless you get involved, and we cannot overemphasize the importance of doing the self-enhancement assignments.

The speed with which you and your therapist work through this workbook and your treatment is based on many factors, including the severity of your depression, your motivation to change, the time you can put into changing, the distractions and interferences you experience, and, most important, how willing you are to stick to the program. Although some people may benefit from daily or weekly work, others may benefit more by a slower pace. You will decide how quickly to move along. You can discuss this with your therapist and gauge yourself by a standard that fits you. This program and the information you acquire are for lifelong improvement. It is designed to give you a chance to understand your thinking and challenge the old beliefs that have kept you down in the past. Take as much time as you need.

Some of you may be optimistic about the prospect of taking more control and taming the BEAST of your depression. Others of you may be discouraged and saying, "I've been here before. I've tried other programs. I've tried therapy. I have a dozen books on my shelf at home that have made the same promises." We hope you will not let this negative view keep you from gaining benefit from this program. It is this type of thinking for which the methods of the program are most appropriate.

How Do I Get Started?

To begin our work, we will return to the BEAST metaphor.

- *B* = Body
- *E* = Emotion
- *A* = Action
- *S* = Situation
- *T* = Thoughts

The first steps involve tracking or identifying the BEAST. What is the BEAST? What are the effects of body, emotion, action, situation, and thoughts when you are feeling low? Each of these elements contributes to the overall picture of depression. Instead of asking these questions in the dark, this workbook gives you a means to hunt these interrelated problems with minimum effort and maximum results as you start the program. As you identify and understand each part, the BEAST becomes more manageable and has less effect on your life. For each of the following statements, identify which particular problems you experience. Each statement begins with the letter that links it to the BEAST acronym. After you have completed this exercise, look at which aspects of depression are the most problematic for you.

BEAST Questionnaire

		Yes	No
B1.	I feel physically ill, but my doctor has trouble identifying medical problems.	_____	_____
B2.	I am generally fatigued.	_____	_____
B3.	I experience muscle aches and pains.	_____	_____
B4.	I tend to get headaches.	_____	_____
B5.	I have digestive problems.	_____	_____
E6.	I am sad most of the time.	_____	_____
E7.	I cry a lot.	_____	_____
E8.	There are very few times when I feel happy.	_____	_____
E9.	Depression is just my way of life.	_____	_____
E10.	I will be sad forever.	_____	_____
A11.	I am too tired to do anything.	_____	_____
A12.	I cannot get started.	_____	_____
A13.	There is nothing I can do to change my depression.	_____	_____
A14.	I have no motivation.	_____	_____
A15.	I am not interested in contact with other people.	_____	_____
S16.	My situation cannot be changed.	_____	_____
S17.	My relationships cause me great pain.	_____	_____
S18.	My relationships are falling apart.	_____	_____
S19.	My life's work is a waste of time.	_____	_____
S20.	I am controlled by situations.	_____	_____
T21.	I am a loser.	_____	_____
T22.	I fail more than most people do.	_____	_____
T23.	This will not work.	_____	_____
T24.	Nothing will change me.	_____	_____
T25.	I will never be able to take control of my life.	_____	_____

Motivation for Change

A good way to begin this program is to assess your level of motivation. To do this, answer the following questions about your motivation for change.

Reasons to Change	True	False
I want to enjoy life more.	○	○
My sleep patterns are not right.	○	○
I think about killing myself, but do not really want to.	○	○
I would like to have good relationships.	○	○
I want to concentrate better.	○	○
I want to be less irritable.	○	○
I want more energy.	○	○
I would like to control my weight.	○	○
I want to like myself.	○	○
I would like to enjoy sex again.	○	○

If you answered true to at least seven of these questions, you have the motivation necessary to change. If you answered true to fewer than seven of these questions, it would be a good idea to discuss your motivation for change with your therapist. You may find that together you can formulate a plan of treatment that is specifically tailored to your needs and therefore become more engaged and invested in making the changes you so want. Remember, the more engaged you are in the process, the more you are likely to gain from it.

The chapters that follow are designed to help you recognize the BEAST, take action to tame it, and build on your progress toward change. It is important to work with your therapist to tailor different methods to meet your needs. You will be able to review and master areas where you may have experienced some difficulty.

Review Questions

1. What are the parts of the BEAST?
   B= _____
   E= _____
   A= _____
   S= _____
   T= _____

2. How long will the program take to complete?

   _____

3. The powerful force that influences our perception in which something that just happened is most easily remembered is called the _____ effect.

4. The powerful force that influences our perception in which something that happened very early in the process is most easily remembered is called the _____ effect.

Homework

- ✎ Complete the BEAST Questionnaire.
- ✎ Answer questions about your reasons to change.
- ✎ Answer the chapter review questions.

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Chapter 3 *The Theory and Practice of Cognitive Therapy*

Goals

- To learn about cognitive therapy (CT)
- To consider the elements of depression from the CT perspective
- To understand the cognitive triad
- To understand the elements of cognitive distortions
- To understand the role of schema in depression

The Theory of Cognitive Therapy

The major focus of CT is to help you examine how you understand the world (your cognitions) and to help you experiment with new ways of responding (your behaviors). Understanding the unique way you perceive yourself, your life experiences, and your prospects for the future can help you alter depression and behave more adaptively.

The cognitive model of depression in this program is based on the tendency of people who are depressed to perceive themselves, their situation, and their future in a negative way. If you are like most individuals who are depressed, you tend to view yourself as inadequate, incapable, and unlovable.

You might also believe that others reject you and criticize you. You may view your future as bleak and hopeless. Given this belief system, your apathy and lowered energy levels are not surprising. If you believe your efforts will be fruitless, it would make sense to conserve your energy and to spare work that will result in failure. This pattern of thinking has been observed among adults, adolescents, and children who are experiencing depression.

In a research study that demonstrated how mood can affect how we see things, people were shown two pictures at once, one in either eye. The pictures shown to one eye had negative themes and the pictures flashed to the other eye had

neutral or positive themes. Since the images were flashed simultaneously at a very fast speed, people usually were only able to report some of the information with which they were presented. Depressed people tended to report the most negative information and people who were not depressed tended to describe a balance of negative, neutral, and positive aspects of what they saw. It appeared that people who were depressed were accurate, but selectively negative in how they processed the information they were given. In a similar study, participants were presented with negative and neutral words. People who were depressed tended to recognize a higher proportion of negative words than those who were not depressed. You have only so much energy to use to focus on a world full of positive, negative, and neutral options. Emotional bias suggests that your priorities for the options you decide to select or reject might be based on how you feel. These results are important for understanding what may help people who are depressed.

Elements of Depression

Cognitive therapy helps to identify emotions and behavior patterns, as well as the thoughts and beliefs that maintain them. Once these thoughts and patterns are identified, it is possible to actively change your behavior, adapt more functionally to your world, and feel better. Within the cognitive model, mood, behavior, physiological processes, environmental events, and thoughts are seen as interacting components that influence one another.

There are five basic principles of the cognitive therapy model:

1. The way you interpret experiences, events, and situations directly influences how you subsequently feel and behave and vice versa. Cognitions (thoughts) are related to emotions and behavior.
2. This interpretation process is ongoing. It permits you to understand life events. It is goal directed and should help you function more effectively.
3. Belief systems guide behavior and influence perceptions. You may become sensitive to specific external and internal events that you experience as stressful. You may also selectively pay attention to and recall information that is consistent with your belief system. Likewise, you may selectively "overlook" information that is inconsistent with your beliefs.

4. This process of selection may impair cognitive processing. The impairment represents an attempted coping response that does not work. A system is established in which these less effective coping behaviors actually maintain negative events. In fact, this process may strengthen the maladaptive belief system.

5. The good news is that you actively organize your experiences, and you can therefore learn to use these skills to more adaptive coping.

Cognitive therapy and this program give you the tools to use your experience more adaptively. You are always the important active agent. According to cognitive theories, three major factors are involved in developing and maintaining depression: (1) the cognitive triad, (2) cognitive distortions, and (3) schemas and assumptions.

The Cognitive Triad

As discussed previously, individuals who are depressed tend to view themselves, their current experiences, and their future in an unrealistically negative manner, described by cognitive theorist Aaron Beck as the cognitive triad.

The first component of the triad is a negative view of the self. Individuals who are depressed tend to view themselves as inferior. Their thoughts are distortions by which they attribute their shortcomings to enduring, irreparable defects in personal capacities. As such, they perceive themselves as lacking the abilities necessary for gaining a sense of satisfaction.

Second, individuals who are depressed typically adopt a negative view of the world and their relationships with others. They view life as an unending struggle against recurring obstacles and see other people as critical, unsupportive, or rejecting. Because they perceive themselves as inept and their difficulties as insurmountable, they feel unworthy of others' support and anticipate rejection. Theirs is a bleak world with few rewards. These beliefs, however, are not entirely unfounded. The behavior of individuals who are depressed eventually leads to rejection and loss of others' support.

The final component of the cognitive triad centers on a pessimistic outlook for the future. Individuals who are depressed anticipate continued hardships and see little chance of success. Within this perspective, suicidal ideas often reflect a desire to escape what the individual perceives as an unbearable situation.

Cognitive Distortions

An individual's thoughts can be distorted or biased in a variety of ways. Bias and distortion are used interchangeably in cognitive therapy, but we want to make sure that we distinguish this from whether or not a person's interpretations are accurate. Thoughts can be partially correct and there can be some truth to an interpretation that is biased. However, the distortion often concerns what is left out or under-emphasized. Distortions can be positive or negative. People who distort in a positive direction see the world in an unrealistically positive way—through rose-colored glasses. They lack critical judgment and may take chances that most people would wisely avoid (e.g., vacationing in areas where war is being waged, investing large sums of money in a risky stock). If successful, the positive distorter is vindicated. If unsuccessful, the positive distorter may see failure as a consequence of taking a low-yield chance. Sometimes, the positive distorter takes chances that lead to situations of great danger. The positive distorter who experiences massive chest pains and does not consult a physician might reason, "I'm too young and healthy for a heart attack."

A huge amount of information surrounds you, and you must selectively attend to the information that is most valuable to your successful coping. Your capacity for selective attention, perception, and memory can serve a highly adaptive function. Cognitive theory tells us that because these cognitive processes are selective, there is a potential for distorting reality. As previously described, an individual who is depressed distorts reality in some highly dysfunctional ways. In cognitive therapy, individuals who are depressed learn to monitor these cognitive distortions and decide how to modify them.

Although the distortions related to depression are negative and can lead to dysfunctional behavior, some distortions can, under some circumstances, serve adaptive functions as well. For the most part, people tend to be optimistic about their future and their ability to meet the challenges of life. Although their expectations may not always be accurate, this sense of hopefulness may help curtail depression.

Although not always harmful, when unchecked, cognitive distortions can have a hazardous, negative effect, as in the most severe cases of suicidal individuals. Because cognitive distortions can contribute to significant emotional difficulties and can be identified readily, they are a legitimate focus of psychotherapy. Cognitive distortions typically do not appear in isolation but occur in combination with other thoughts. Some types of distortions overlap. This overlap reflects systematic tendencies to misinterpret events. These related

cognitive distortions are so automatic that they are difficult to identify without therapy.

One common theme of misinterpretation involves self-evaluation. Depression may be related to an individual's tendency to adopt goals or standards that are unreasonably high or from an increased sensitivity to variations from one's own standards. This theme may begin early in life from parental expectations or when a traumatic event, an environmental stressor, or a loss initiates a depressive episode. Following specific events, people may become increasingly aware of their inability to meet standards of coping and in the future may accept greater responsibility for negative events and outcomes.

Similarly, individuals who are depressed blame themselves more than do those who are not depressed; that is, they have an increased tendency to attribute failures or negative events to character deficits (which cannot be controlled) rather than to their behavior (which can be controlled). Individuals who are depressed typically manifest high levels of pessimism and the idea that important outcomes are uncontrollable or unattainable.

Schemas

Schemas include a coordinated set of abstract but firmly held ideas about yourself, the world, and your predictions about what lies ahead. Some schemas are more dominant than others in the way you approach your life. Schemas influence the content of your beliefs and automatic thoughts and the way in which you interpret information. Your schemas are the anchoring concepts that you use to define yourself. The schemas can be active or dormant, with the more active schemas represented by those rules that govern day-to-day behavior. The dormant schemas are typically called into play to control behavior in times of stress. Schemas may be either compelling or non-compelling. The more compelling the schema, the more likely it is that you will respond to it.

Your schemas are actively developed and serve an adaptive function in that they help you efficiently evaluate your circumstances and guide coping attempts. They are the unspoken rules that you live by and typically are not open to evaluation. Schemas and assumptions are established in early childhood and are refined and consolidated by later experiences. The extent to which a schema affects your life depends on several factors: (1) how strongly held the schema is, (2) how the schema is linked with your well-being or existence, (3) the amount of questioning you engage in when a particular schema is activated, (4) your previous learning

about the importance and essential nature of a particular schema, and (5) how early in your life a particular schema developed.

You use old rules as long as they work and change them when they are no longer adaptive in your life. When you encounter a new situation, you use old learning to try to cope with it. If the old learning works, you have no need to make changes, and you continue in your old pattern. If the old methods do not work, you make a slight change. If the change works, you make no further changes. If this small change does not work, you may make successively larger changes until you reach the desired effect. Schemas then become self-selective because you may ignore environmental stimuli that you are not able to integrate. Some individuals may persist in using old structures without adapting them to the new circumstances in which they are involved.

The schemas of individuals who are depressed frequently center on specific themes of loss or abandonment or personal inadequacy. Although these schemas may not be active much of the time, they can make people vulnerable to depression under certain circumstances. Schemas of hopelessness and self-reproach are believed to be activated by an individual's perception of a personally meaningful deprivation, loss, or disappointment. See the following example of schemas at work.

■ *Debbie, a 26-year-old single woman, became highly depressed and suicidal after her boyfriend of 1 month left her for another woman. Her specific thoughts centered on themes of loss, personal inadequacy, and the necessity of romantic relationships to her sense of self-worth. These beliefs appear to have been long-standing. Debbie was the youngest of six children and had been unplanned. Her parents had vowed to have no more after five and had told her that she was unwanted because her older brother had been so difficult. She described her father as critical and unsupportive of her mother and the female children in her family. Debbie's cognitive distortions included magnification of personal deficits such as physical attractiveness (which was highly valued because of its importance in attracting men), minimization of personal attributes, and selective inattention to positive experiences.* ■

This example illustrates how cognitive schemas and assumptions are based on individuals' life experiences and perceptions, which are highly personal and idiosyncratic. Nonetheless, beliefs and assumptions may be shared by people with similar experiences and may be widely accepted by specific social or cultural groups.

The way you respond to the activation of specific schemas can change their effect on your emotions. If a person has the belief, for example, that "people

should always love me," he might become dependent and helpless, always seeking support and reassurance, and continually vigilant for signs of others' lack of interest or annoyance. Alternatively, such an individual might become an outstanding college professor, actor, or politician who constantly seeks approval.

The manner in which you respond to the activation of a schema influences the feedback you will receive from others and from your environment. Your selective attention to feedback that fits with the schema then serves to consolidate your belief system.

Schemas may be based on a range of issues. They appear to include beliefs about self, relationships with others, the world, and the future. The schemas of a person who is depressed might include beliefs such as "I am unlovable" and "Life is a continuous struggle." As we have noted previously, the beliefs of individuals who are depressed typically center on themes of personal inadequacy and vulnerability to loss.

The process of clarifying and resolving maladaptive schemas is central to cognitive therapy and this program. As the faulty schemas that underlie your depressive episodes are understood and resolved, your potential for depression relapse is reduced because life is no longer filtered through networks of negative beliefs.

Review Questions

1. Identify from which area your own cognitive distortions most likely arise (i.e., yourself, your situation, and the future).

2. Can cognitive distortions ever be useful or helpful? How?

3. Name the components of the cognitive triad and how they affect you.

4. Identify at least two basic rules of life or schemas that you have.

_____

_____

5. How do schemas affect your behavior?

_____

_____

Homework

- ✎ Answer the chapter review questions.
- ✎ Complete other assignments as directed by your therapist.

Chapter 4 *Understanding Your Body: The B of the BEAST*

Goals

- To understand the interaction between the body and depression
- To understand the relationship between lifestyle and mood
- To understand how health problems can add to or cause depression
- To understand how medication for depression can help

The Biology of Depression

In the past several decades, great advances have been made in understanding brain chemistry, bodily reactions, and depression. Mood problems have a significant physical dimension, just as physical problems may have a significant emotional component. Every major physical system of your body can be affected by depression and can, in turn, contribute to it. For example, you may feel weak (muscular system), experience stomach or bowel upset (digestive system), and feel shaky, tingly, or dizzy (neurological system). You may lose your sexual urge (reproductive system), have the need to urinate frequently (urinary system), or sweat more than usual (skin).

How Genetics Affect Mood

Another aspect of the physical dimension of depression is genetics. Do some people inherit a tendency to be depressed? Although the answer is probably yes, no matter how a person becomes depressed, the methods to improve mood described in this program can be effective. The scientific pursuit to find a genetic code may eventually support the genetic predisposition as one factor in developing mood problems. However, the influence of genetics cannot be studied in isolation because genetic and environmental influences are so interrelated. For example, parents may pass on to their children a genetic code for low mood and negative thinking. However, they also influence their children's thinking, situations,

and actions by their parenting skills and the behavior they model. Modeling is essentially setting an example. As a child, your most significant influences for how to be in the world were probably your parents. As you read this chapter, you may be way ahead, considering how your mother or father affected you and your actions and emotions. But where did they get their own attitudes and beliefs? Just a genetic explanation is probably insufficient in most cases. Most studies done on mood and genetics require isolating factors. For example, studying identical twins who were raised apart introduces more information into the nature-nurture debate. People who live in a culture that is contained and receives little influence from outside environments have also been the target of research in this area.

There is no specific test or method we can give you to determine whether genetic inheritance is a factor that affects your mood difficulties. But what if it did? You are still faced with the same options about what to do next. History and genetics cannot be changed. However, there is still a lot you can do in dealing with and protecting yourself from some of their negative effects. This program asks you to ponder the present and make changes for a better future for yourself.

Assessing the Biological Aspects of Your Depression

The Medical/Physical Information Sheet and the Potential Vulnerabilities for Depression Sheet can assist you and your therapist in understanding the possible biological aspects of depression and identifying your specific vulnerabilities for depression. They can also be helpful in identifying areas of concern to discuss with your health care practitioner.

Medical/Physical Information Sheet

Current Physical Symptoms:

	Yes	No		Yes	No
Tired			Recent weight gain or loss		
Excessive sweating			Increase in appetite		
Excessive thirst			Decrease in appetite		
Swollen glands			Food intolerance		
Increased/decreased body hair			Nausea/vomiting		
Nipple discharge			Indigestion		
Breast lump			Abdominal/stomach pain		
Hot flashes or night sweats			Abdominal cramping		
Coughing			Diarrhea/Constipation		
Shortness of breath			Jaundice		
Irregular or fast heartbeat			Frequent urination		
Chest pain			Painful urination		
Swelling of feet or legs			Difficulty holding urine		
Pain in legs with walking			Difficulty starting urine		
Dizziness/Balance problems			Cold extremities		
Fainting/lightheadness			Aching joints		
Insomnia			Early morning waking		
Agitation/restlessness			Infection		

Current Medical Conditions:	Date Diagnosed	Health Care Provider

continued

Current Medications:

Prescription Name	Date Prescribed	Health Care Provider

Current Psychotropic Medications:

Prescription Name	Date Prescribed	Health Care Provider

Over the Counter Drugs	Date

Vitamins or Supplements

continued

Alcohol: (2 oz equivalent) _____ a week? _____ a day? _____ on weekends?

Caffeine: (servings per day?) Coffee _____ Tea _____ Cola or other _____

Other drugs? _____

Allergies: Medications: _____

Foods: _____

Other: _____

Dietary Habits:

	Untrue	Somewhat True	Very True
Skip meals (frequency: _____ per week)	_____	_____	_____
Little protein and overabundance of sweets or carbohydrates	_____	_____	_____
Few fiber-rich foods (fruits, grains, vegetables)	_____	_____	_____
Number of calories is low.	_____	_____	_____
Number of calories is high	_____	_____	_____

Amount of Sleep per Night: _____ hours

Sleep apnea: _____ Use C-PAP

Past Medical Conditions/Problems:

	Yes	No		Yes	No
High blood pressure	_____	_____	Liver disease	_____	_____
Heart attack	_____	_____	Colitis	_____	_____
Other heart disease	_____	_____	Arthritis	_____	_____
Stroke/TIA	_____	_____	Blood (e.g., anemia)	_____	_____
Diabetes	_____	_____	Skin	_____	_____
Thyroid	_____	_____	Arthritis	_____	_____
Asthma	_____	_____	Gallbladder	_____	_____
Cancer	_____	_____	Kidney	_____	_____
Stomach	_____	_____	Eye or ear	_____	_____

continued

Medical/Physical Information Sheet *continued*

Serious Illnesses (What?)	Date	Physician

Injuries:

Surgeries:

Hospitalizations:

Pregnancies or Miscarriages:	Delivery Dates	Complications

continued

Past Depressive Episodes:

Dates: _____ through _____

_____ through _____

_____ through _____

_____ through _____

Past Antidepressant Medications:

Prescription Name	Date Prescribed	Physician

Medical Conditions of Family:
(parents, grandparents, aunts, uncles, siblings, children)

	Yes	No		Yes	No
High blood pressure			Liver disease		
Heart attack			Colitis		
Other heart disease			Arthritis		
Stroke			Blood		
Diabetes			Skin		
Thyroid			Arthritis		
Asthma			Gallbladder		
Cancer			Kidney		
Stomach			Eye or ear		
Depression			Drug/alcohol abuse		

Date of Last Physical Examination/Medical Evaluation: _____

continued

Medical/Physical Information Sheet *continued*

Current Physician(s):

Name _____

Address: _____

_____

_____

_____

Phone Number: _____

Date Release Authorization signed _____

Name _____

Address: _____

_____

_____

_____

Phone Number: _____

Date Release Authorization signed _____

Name _____

Address: _____

_____

_____

_____

Phone Number: _____

Date Release Authorization signed _____

Potential Vulnerabilities for Depression Sheet

On each line enter the number that corresponds to your answer.

	True	Somewhat True	False
1. Parents and grandparents had major depression. (G)			
2. Sister or brother has had major depression. (G)			
3. I have had at least one episode of depression in the past. (H)			
4. I have had at least two episodes of depression in the past. (H)			
5. In response to stress, I usually get depressed. (H)			
6. I do not exercise regularly. (L)			
7. In response to stress, I do not exercise regularly. (L)			
8. I skip meals or binge eat. (N)			
9. There is little protein and an abundance of sweets in my diet. (N)			
10. I eat few, if any fiber-rich foods such as fruits, vegetables, and grains. (N)			
11. The calories in my diet are extremely high or low. (N)			
12. I do not get a regular amount of sleep. (S)			
13. I have difficulty going to sleep. (S)			
13. I wake frequently during the night. (S)			
14. I sleep more than 10 hours per night. (S)			
15. I sleep less than 6 hours per night. (S)			
16. I have frequent constipation, diarrhea, abdominal pain, or abdominal cramping. (GI)			
17. I have frequent nausea or vomiting. (GI)			
18. I have difficulty eating solid foods. (GI)			
19. I have frequent pain in my muscles, tendons, or joints. (MS)			
20. I have frequent knotting or cramping in my muscles. (MS			
21. I have been diagnosed with arthritis. (MS, P)			
22. I have chronic pain due to physical condition or injury. (P)			
23. I have chronic pain due to a medical diagnosis. (P)			

continued

Potential Vulnerabilities for Depression Sheet *continued*

	True	Somewhat True	False
24. I have frequent headaches. (P)			
25. I have been constantly tired or fatigued. (F)			
26, I have been diagnosed with chronic fatigue syndrome (F)			
26. I take sedative medication for sleep. (M)			
27. I take narcotic medication for pain. (M)			
28. I take medication for high blood pressure. (M)			
29. I have been diagnosed with cancer. (M)			
30. I have been diagnosed with diabetes, hepatitis, AIDS. (M)			
31. I have had a heart attack or heart surgery, or have cardiovascular disease. (CV)			
32. I drink alcoholic beverages in amounts of more than 1 in a day or 2–3 in a week. (SA)			
33. I drink more than 1–2 caffeine drinks per day. (SA)			

Potential Vulnerability Areas

Enter the sums of your scores for each category below.

G	Genetic predisposition		GI	Gastrointestinal	
H	Historical predisposition		MS	Musculoskeletal	
L	Lifestyle contribution		P	Pain, chronic	
N	Nutritional		F	Fatigue, chronic	
S	Sleep disturbance		M	Medication	
CV	Cardiovascular		SA	Substance use or abuse	

Some of the best methods for dealing with the physical aspect of the BEAST are the most direct. Rather than sitting around waiting for the depression to lift and for the physical symptoms to stop, you can go right to the heart of the problem. You must respect your body with proper diet, exercise, and sufficient sleep. Your first response may be to say, "If I could do those things, I wouldn't need this book." You are right, in a way, at this point in your life. However, you might have been able to do them at some previous point without any help. We are going to work at re-establishing the patterns that work best for you.

Mood and Diet

Although it may seem strange, either overeating or undereating can be a symptom, or affected by low mood. For many people, loss of appetite is the first sign of depression. If the depression is mild, you may experience diminished desire for food. Sometimes you may have trouble eating because your insides feel as though they are in a knot. You may not look forward to eating with the same enjoyment as you once did. Even highly spiced food may seem bland and uninteresting. As the depression increases, you may miss a meal and not even realize it because your appetite is gone. At the most severe level, you may have to force yourself to eat (sometimes even be forced to eat). In contrast, return of appetite may signal that your depression is lifting.

On the other hand, you may behave as though you believe eating is the solution to your depression: as a means of seeking enjoyment when little exists otherwise, or comfort when you are miserable. You may tell yourself that you deserve to eat because everything else in your life feels so bad. Even so, food may not give much real enjoyment. You may not taste food or enjoy the subtle flavors of a nutritious, well-prepared meal. You may find yourself eating mindlessly, out of habit. If you ask yourself if you are really enjoying the food, your answer may be no. If this is the case you may gain a significant amount of weight, which results in diminished self-esteem and sense of control, culminating in worsening depression.

Diet and nutrition can have a significant influence on depression in other ways. When the BEAST is in charge, you may make very poor food choices. You may consume an overabundance of sugar and not enough protein. Although a quart (or gallon) of double-mocha fudge ice cream may seem to be just what the doctor ordered, eating that much can make you more depressed ("Look at me, sitting here gorging myself"), and the aftermath can strengthen the BEAST ("I can't

believe it. I've gained 10 pounds in the past month"). When unhealthy eating habits go on for a significant period of time it may result in specific nutritional deficiencies. In fact, there are some vitamin deficiencies that may sometimes result in low energy, fatigue, low motivation, irritability, decreased concentration, insomnia, and may contribute to depression in some people. If you have had unhealthy eating habits for a significant period of time or have experienced a significant weight gain or loss, consult your physician.

The high sugar intake may also cause a quick drop of blood sugar later on, with the accompanying feeling of being down. With a low energy level, you may not feel like preparing healthy meals for yourself and instead end up eating junk food. A diet of cookies, potato chips, soda, and ice cream may be easy and available, but it is a nutritional disaster for you and a gourmet feast for the BEAST. Many people skip meals as a result of rushing, minimizing the importance of food, or simply engaging in an unhealthy diet. Your body attempts to accommodate to irregular or poor eating habits and the by-product may be disruption in mood. Without regular, well-balanced, nutritional food intake, your body becomes depleted physically and emotionally.

Your first exercise in this section is to use the Food Log to report what you ate yesterday and when.

Food Log

Day:_____ Date:_____	Time	Foods	Comments (appetite, calories, satisfied, etc.)
Morning meal			
Snack(s)			
Midday meal			
Snack(s)			
Evening meal			
Snack(s)			

A poor diet has other specific effects also. Too little protein can affect energy levels. Too much sugar can lead to a rapid fluctuation in blood glucose levels and result in sinking spells of energy and concentration. Not eating fiber can affect your digestive regularity, which can also have an impact on your mood.

To provide yourself with specific information, begin by considering whether any of the following statements are true regarding your food intake. Use yesterday's food log as an example.

Consider the Following:	Untrue	Somewhat True	Very True
1. You are skipping meals.			
2. There is little protein and an abundance of sweets in your diet.			
3. Few, if any, fiber-rich foods (fruits, vegetables, and grains) are in your diet.			
4. The number of calories in your diet is extremely high or low.			

If any of your responses to the survey are "very true," then it may be time to adjust your diet. Experiment with a better diet for a week. Keep a diary of what you eat by using the Food Log (additional copies are provided in the appendix), along with monitoring your mood using the Tracking of Mood (TOM) Form. The TOM Form provides you with an organized way of tracking your mood and a number of other factors associated with mood problems. In this way, you can more easily determine whether changing your diet as well as other factors may enhance your mood. The TOM is discussed in more detail later in the chapter.

Overeating and drinking coffee, colas, hot chocolate, tea, and other beverages that have caffeine prior to bedtime will make getting to sleep more difficult. Eating harder-to-digest foods such as red meats and proteins can also keep you from getting to sleep. Better dinnertime choices are complex carbohydrates (like pasta, potatoes, and breads) and less fat and animal protein. If you do not eat at regular times and have a diet without a balance of protein, carbohydrates, fiber, fresh fruit, and vegetables, you may be contributing to mood problems. Many people with sleep difficulties find that eating a heavier meal at lunchtime and a lighter meal at dinnertime helps them to sleep better. Although a nutritious,

well-balanced diet is not the only solution to a better mood, it is important to your overall well-being.

Mood and Sleep

Sleep difficulty is one of the major symptoms of depression as well as a contributor to it. Studies have shown that individuals who are depressed have not only greater trouble falling asleep but also greater difficulty staying asleep. Your sleep may be very restless, and you may wake up earlier than you would like, feeling exhausted. Resulting fatigue and drowsiness then can affect your work and lead to daytime naps. The net result is a disrupted cycle of sleep in which you sleep during the day to compensate for your inability to sleep the night before; then you are not able to fall asleep at night. The depression beast may rob you of sleep. Or make you feel so tired that you can hardly get out of bed.

If fatigue is a problem for you, be sure to discuss with your therapist to determine what may be interfering with your regular restorative sleep. You may need to make changes in your habits in order to improve the amount and quality of sleep. As a first step, you may want to try the following:

1. Most important is to develop a regular routine by getting up and going to bed around the same time, even on weekends.
2. Slowly shift into sleep mode by doing such things as dimming the lights an hour or more before going to bed, taking a warm bath, listening to calming music, engaging in relaxation exercises, and lowering the bedroom temperature (60–68° is optimal).
3. Use the bedroom only for sleep (and intimacy). If you can't fall asleep within an hour, get up and leave the bedroom. Read a book or do some other calming activity for another 1–1½ hours before trying to sleep again. (If you can't fall asleep within the first hour, you most likely won't be able to for another 1–1½ hours. So staying in bed only causes frustration over not sleeping.)
4. Use the TOM Form to assist in determining possible reasons for your difficulty sleeping, such as having just eaten before bedtime with acid reflux. The TOM Form can be found on page 57. Additional copies can be found in the appendix.
5. Avoid substances known to interfere with sleep such as caffeine (even in small doses) and alcohol. Even though alcohol has an initial sleep inducing,

sedative effect, as its effects subside, it also causes frequent and/or early awakening. Tobacco acts as a stimulant also. If you take medication that disrupts your sleep, speak to a health care practitioner about alternatives to those medications or adjustments in when you take them.

6. Reduce or eliminate stress as much as you can. Speak with your therapist about how to do this.
7. Wake up without harsh-sounding alarms. Dawn simulation devices are much more effective at establishing a healthy sleep cycle and gently rousing you from sleep.
8. Generally don't nap! If naps are absolutely necessary, make sure you only nap once a day for less than one-half hour.
9. Exercise is one of the best defenses against insomnia and the ideal time for it is 4–6 hours prior to bedtime.
10. Increase your light and dark cues by keeping the bedroom dark during sleep and light in the morning. Consider getting a specialized bright light box, especially if you have to get up before dawn.
11. Try to avoid sleeping pills, herbal remedies, and melatonin.

If you make changes in your sleep habits and physical fatigue continues to be a problem, then consult your health care practitioner.

In addition to sleep disturbance as a symptom of depression, specific sleep disorders can also disrupt sleep and contribute to depression. These include sleep apnea, circadian sleep disorders such as shift work sleep disorders, and restless leg syndromes. If a sleep disorder might be an issue for you, discuss further with your therapist.

Mood, Energy Loss, and Exercise

When the BEAST is upon you, it saps your energy. Your energy level may shift during the day. You might wake up feeling energetic and back to your old self, only to feel your energy slip away throughout the day, or you may wake up feeling tired and then gain energy during the day. Some individuals who are depressed wake up fatigued, go to sleep fatigued, and then have trouble sleeping. One symptom of depression is a lack of energy to do anything. When you are depressed, you may feel as though you have run a 20-mile race without having moved a muscle. It is often a problem of inertia, which may feel like being stuck to the

ground. Have you ever tried to push a heavy object such as a chair or appliance? What is the hardest part? Usually, it is getting the object moving or breaking through inertia. Once the object is in motion, it is easier to move. You start to build momentum and that momentum contributes to the ease of motion. You can remind yourself of this when you find it difficult to begin. Just as completing the exercises in this program will help you break through inertia and build up momentum for change, physical exercise can help you too.

Regular, moderate physical exercise can improve your self-confidence as well as your overall health and mood. Research has shown specifically that regular, rhythmic exercise done in a calm way has the greatest effect on mood. Some studies have even showed that it is as effective as medication in some cases. This is probably due to the effects of exercise on brain physiology that result in reduced muscle tension, improved sleep, and reduced levels of the stress hormone cortisol. All of these changes may combine with the other aspects of this program and result in an overall improvement in energy levels as well as symptoms of sadness, anxiety, irritability, stress, fatigue, anger, self-doubt, and hopelessness. This can allow you the opportunity to gain a sense of accomplishment and self-confidence that you can do something yourself to relieve your depression.

Before starting any exercise program be sure to discuss it with your primary health care practitioner. It is also important to set reasonable goals even if it means only walking to the mailbox and back at first. Choose something you will be willing to continue and possibly will enjoy. Again, remember that getting started each day may be the hardest part. You might have to "just do it" regardless of what you are feeling and once you get the momentum going, it will be easier to continue.

Psychoactive Substances and Mood

There are several psychoactive substances that may be related to mood problems, alcohol being one of the most common.

Alcohol

It is important to remember that alcohol is a depressant. Many people use alcohol as a "temporary" means to "numb" out the pain of symptoms. This actually backfires, since they are adding more depressant "medication" to an already depressed system. Chronic use of alcohol leads to increased "tolerance," which means that the body requires larger amounts of alcohol to achieve the same effect. If alcohol is removed, physiologic withdrawal ensues, and individuals will most likely

experience irritability, depression, disturbed sleep patterns, and anxiety. In more severe cases, tremors and even seizures can develop. Individuals will often respond by increasing intake of alcohol to "treat" these symptoms. In addition, they may complain about the symptoms to their primary health care practitioner or other health care provider. Often they are misdiagnosed with depression and/or anxiety and are treated accordingly. Those who drink to excess are especially prone to folic acid and other nutritional deficiencies which could also contribute to depressive symptoms.

If you are using alcohol regularly in equivalent amount of 2 ounces per day or three or four times a week, let your therapist know so you can decide together on the best approach to treatment.

Caffeine

It is also possible to develop a tolerance to stimulants which complicate matters in depression. Some people use caffeine to self-medicate some of their symptoms of depression. However, they will likely feel more depressed as the stimulant's effects wane and may feel lethargic, irritable, and with disrupted sleep patterns. The best plan for these individuals is to slowly decrease the intake of caffeine in order to avoid withdrawal headaches, Withdrawal of stimulant drugs needs to be done under the care of a health care practitioner.

If you are using caffeine in amounts more than one or two cups of coffee, or one or two sodas or energy drinks a day, talk with your therapist about how to cut down on your caffeine intake.

How Health Problems Affect Depression

Both physical and biochemical factors can be related to mood problems. Misinterpretation of physical problems may lead to emotional difficulties and sometimes remedying a medical ailment can lead to improved mood. See the following example:

■ *Kristen "felt" she could not get out of bed, even though she woke up earlier than she had planned or wanted. Her body ached, she was tired, and her stomach felt so bad she thought she would never want to see solid food again. It was difficult for her to concentrate on anything; when she tried, her head ached. Kristen is definitely ailing. Is it a mood problem? It could be. She experienced early morning awakening, fatigue,*

muscle tension, and concentration problems. However, these problems could also be symptoms of the flu or some other physical condition. If it is the flu, improvement may not seem to come fast enough, but the probability is that Kristen will feel better in a few days if she gets rest, drinks liquids, and does not overexert herself. ■

One of the first steps in treatment to relieve depression is to find out if depressive symptoms are being caused by medical problems. If you have not seen a physician in a long time (over a year is considered a long time), you should get a medical evaluation, regardless whether you think you may be depressed.

Also, if you have physical symptoms or concerns, you should consult with your primary health care practitioner. The Medical/Physical Information Sheet can be helpful to you in reviewing your present health situation and helping you decide whether you need to schedule an evaluation immediately. You may also need to speak with your therapist about your concerns. Many treatable medical difficulties masquerade as depression, and physical problems involving pain (like headaches and stomachaches), muscle tension (muscle strain, cramps, and so on), and discomfort with internal organs should first be evaluated by a medical practitioner. If disease or other physical malady is ruled out, you and your therapist may then proceed with the methods of the TTB.

Depressive disorders with specifically strong biological components include postpartum depression, menopausal onset depression, premenstrual dysphoric disorder, and post-myocardial infarction (heart attack) depression. People suffering from cancer, cardiovascular disease, dementia, diabetes, conditions involving chronic pain, Parkinson's disease, and stroke often exhibit depressive symptoms associated with their illness. In addition, people also may develop somatic (physical) complaints that are typically associated with depression, such as pain, low energy, and sexual dysfunction and physical symptoms such as fatigue, weight loss, and lack of interest in sex. Even if you have a serious medical condition commonly associated with depression, this program can assist you in developing additional coping strategies. In this case, your therapist may ask for your permission to communicate with your health care practitioner to make sure you receive the best possible coordinated treatment.

Some necessary medical treatments such as chemotherapy or radiation for cancer or treatment for hepatitis also have serious depressive side effects. The Medications Log can help you keep track of your medications, track their main effects and side effects, and allow you, your therapist, and your prescriber to be aware of them. It can be of great use when medication adjustments are considered or new medications are considered in the future.

Medications Log

Prescriber	Generic Name	Trade Name	Purpose	Side Effects Experienced	Date Prescribed	Date Stopped

Medication may be extremely helpful for many people in the treatment of their depression, although it is not always necessary. Specific medications for depression have been shown to be very effective in alleviating many symptoms relatively rapidly (often between 2 and 3 weeks).

Often people have little difficulty taking drugs for medical problems such as hypertension, headaches, and infections and many other *physical* afflictions. However, the idea of taking pills to improve their mood is uncomfortable for some individuals. For those who view depression as purely psychological, medication is often seen as a cop-out. Some think medicine is a crutch for a problem that should be solved only with willpower or fear developing a dependency on the pills, while others are unwilling to deal with the unwanted side effects. Women who are pregnant may not want to risk any possible effects of medication on their fetus or unborn child. Some mental health professionals have a very positive view of the role of medication for treatment of mood disorders, while others have a negative view. There are good reasons for both positions. You should be well informed and your decision should be deliberate. Although your therapist can discuss it with you, your decision should be made in conjunction with your primary health care practitioner. If you decide to not take antidepressant medication, you and your therapist may decide to work more intensively with more frequent sessions, especially at first and until your depression lifts.

There is much research supporting the effectiveness of medical treatment in combination with psychotherapy. Sometimes antidepressant medication may allow people to mobilize themselves in therapy to learn ways to change their thinking and behavior, a sort of kick-start. Newer medications are safer and have fewer side effects than those used in the early days of psychopharmacology. Some side effects fade as people become adjusted to the medication and the dosage. In the most severe cases of depression, antidepressant drugs may be lifesaving. In milder cases, medication is worth considering after you gain an understanding of what the drugs actually do or do not do.

Bodies, Chemistry, Medication, and Depression

Your body's biochemistry—and specifically its neurochemistry—is always a component of emotion but is not the only part of what you experience when you are depressed. Antidepressant medication lifts depression for many people. Individual medications act in different ways through very complex neurobiological

actions at the cellular level within the nervous system. Also, sometimes medications are combined to reach the desired effect. On the other hand, some medications should not be taken together. Recent research has shown that neurochemistry can also be changed as a result of changing patterns of thinking and acting. The interaction goes both ways. If you should decide to take an antidepressant medication, rather than relying on it alone, you can increase the potential for improving your depression by combining medication and cognitive-behavioral psychotherapy.

How Fast Does It Work?

When starting antidepressant medication, you need to know that the desired results are not experienced immediately. Unlike aspirin and other pain medications, which provide relief from symptoms in less than an hour, antidepressants take 2–3 weeks to build up to a therapeutic level in the body and must be taken daily as prescribed. The full desired effect may even take as much as 3 months or more to achieve. In the first few days or weeks, there may be some signs of improvement, but during this time the side effects are more likely to be noticed as well.

Side Effects

Most people experience some side effects when they take antidepressants, especially at first. Some of these may lessen over time. Clinicians may also refer to these as secondary effects. Not all side effects are bad and sometimes medications are prescribed for them, such as to help sleep, appetite, and sexual function. Some people notice no side effects at all. However, you need to be prepared for their possibility if you start a medical treatment. Everyone is different, and some classes or subclasses of antidepressants are better suited for some people and not for others. The most important criterion for a good match of medication to a specific person is the main effect, improvement of mood and related bodily functioning. You will need to be patient with the potential secondary effects. If you do decide to take an antidepressant and experience secondary or side effects, be sure to discuss them with your prescriber. These side effects are sometimes easily accommodated. For example, dry mouth can be dealt with by chewing gum or drinking more fluids. For many people, the body accommodates without much help. For other people, the secondary effects are so troublesome that they may decide to discontinue taking them. If this is the case with you, you need to discuss this fully with your prescriber. In many cases the dosage needs to be

gradually tapered and your progress closely monitored. You and your therapist may decide to work more intensively or have more frequent sessions during this period.

It is essential that a health care professional who is well versed in the use of psychotherapeutic drugs closely monitors your medication. Typically, antidepressant medications are administered initially in a lower than therapeutic dose to decrease the possibility of uncomfortable side effects as you slowly build up the level of the medication in your body. Once you are able to tolerate the first few days of medication, your prescriber, who may be a psychiatrist, begins to increase the amount to get to a range that will ensure a main effect. For some medications, levels can be measured in the plasma of your blood. The suggested therapeutic dosage and actual blood plasma range vary. Both are monitored to ensure that you have the proper amount of medication to help you improve your mood. Because most people's metabolic systems are different, individual attention to dosage is crucial. For this reason, *never* take a friend or family member's antidepressant drugs.

If you are taking antidepressants, it is imperative that you follow the dosage recommended by your prescriber and *do not experiment* with dosages on your own! Some people are tempted to stop their medication once they start to feel better. Abrupt discontinuation may lead to a rebound or discontinuation syndrome. You may experience a rapid decline in mood, agitation, anxiety, sleep disturbance, or other symptoms. Please don't take the risk. Make sure you don't run out of medication or abruptly stop taking it. Collaborate with your therapist and health care practitioner before making any sudden changes.

Alcohol, Diet and Antidepressants

Alcohol and antidepressant medication should not be mixed! Alcohol interferes with the activity of antidepressants. Drinking not only can interfere with the effects of medication but also can aggravate your mood problems. Wines can cause great difficulty with certain types of antidepressants. When taking these medications, it is important to follow the recommended dietary restrictions to avoid serious reactions. Your prescriber will discuss this with you if this is the case. Your primary health care practitioner is the best source of information regarding diet and drugs, but you are the one who must use the information wisely in your daily life.

Deciding About Medication

As discussed in other parts of this workbook, depression is not explained by a simple cause-and-effect relationship between biology and mood. Although medication may be extremely helpful for many people, it is not always necessary. Whether to use medication should be an informed decision that involves careful discussion with your health care practitioner. If your symptoms are very severe, listen to what your practitioner says before ruling out the use of drugs in your treatment. If your symptoms are not moderate to severe, medication may not be what you need. Remember, these drugs are not without side effects.

The Tracking of Mood (TOM) Form

As previously mentioned, the TOM Form is an important tool for you to use as you progress through the TTB program and incorporate information regarding your specific vulnerabilities to depression. By using the form, you can more readily see your incremental improvement as reflected by your BDI scores and your subjective ratings of other variables (e.g., an overall rating of satisfaction with progress). It can help you and your therapist assess which techniques are most useful and to make adjustments in your treatment plan. The form can be used either on a daily or weekly basis (additional copies can be found in the appendix). Along with the Activity Schedule it can help you recognize the temporary nature of intense feelings, changes in mood, and to show you the relationship of mood to other factors in your life over which you can assert some control. These factors may include activity, exercise, sleep, situations, and alcohol and drug use. After using it on a daily basis for a while, these relationships will be well-recognized. After you have made some behavioral changes your depression will have begun to lift and you may decide to use it on a weekly basis. The TOM may also help you and your therapist to decide when ending therapy is appropriate. When therapy is completed, it can be used as a part of your ongoing relapse prevention plan.

Tracking of Mood (TOM) Form

Assessment Ratings	Date 1	Date 2	Date 3	Date 4	Date 5	Date 6	Date 7
BDI-II score							
Pleasure (1–10)							
Amount of sleep (hours)							
Activity level (1–10)							
Exercise (minutes)							
Situational stress (1–10)							
Vulnerability factors							
Alcohol or drug use							
Other							
Other							
Satisfaction with progress (1–100)							

Review Questions

1. Name two physical symptoms that are related to depression.

2. How does depression affect eating habits? How has depression affected your eating habits?

3. How does depression affect sleep? How has it affected your sleep?

4. What part do genetics play in depression? Is there a history of depression in your family?

5. Name some ways that medications can work to affect mood.

Homework

- ✎ Answer the chapter review questions.
- ✎ Continue using the Food Log to monitor your eating habits on a daily basis. Additional copies are provided in the appendix.
- ✎ Continue monitoring your mood using the TOM Form on a daily or weekly basis. Additional copies are provided in the appendix.
- ✎ If relevant, complete the Medications Log.

Chapter 5 *Understanding the Impact of Emotion: The E of the BEAST*

Goals

- To understand the ABCs of emotion
- To understand the role emotion plays in maintaining depression
- To practice self-compassion
- To understand the differences between thoughts and feelings
- To use interventions focusing on emotions and feelings

The ABCs of Emotion

The ABCs of Emotions is a model (see Figure 5.1) to explain how feelings are connected to other factors in your life. Between the circumstances that lead to a change in your mood (A, activating event) and the emotional results (C, consequences), you make an interpretation based on your beliefs (B). By becoming aware of your interpretations, including your biased, irrational beliefs and the distressing emotional fallout that is the consequence of those beliefs, you can begin to understand them and then change.

For example, Lisa had been sad for days because she thought she failed a test in school. She had a very high grade point average and had seldom performed poorly on tests. However, Lisa continued to worry and even imagined herself failing the course and eventually having to quit school because of her poor grades. Unfortunately, after almost every exam she took, Lisa experienced this period of sadness and had similar worrisome thoughts about her future.

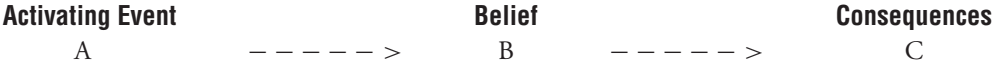


Figure 5.1
ABC Model

The activating event (A) was waiting for the results of the exam she completed. The consequence (C) was sadness and worry. What would you guess was the belief (B) associated with the activating event and consequence? Choose from the following:

1. I should always make an A on my tests.
2. Tomorrow is another day.
3. I am not smart enough to get through school.
4. My parents do not give me enough support to help me do well in school.

If you choose 3, you are correct. Lisa maintains a belief about herself that makes it hard for her to feel confident about her efforts. She has so much self-doubt that it seems to override her perspective on overall performance, past efforts, and positive sense of the future. Instead, she feels sad and worried, in large part because of an unreasonable belief (B).

Many people get stuck by trying to pin problems on just one global factor or single cause such as childhood experience or an external situation. These factors and situations certainly may be part of the problem, but it is rarely the only explanation. There are external and internal factors that affect you, and in this program you will consider how YOU and external situations interact. When people who are depressed continue to try to find the "core" reason or "root cause" for their emotional pain, they usually end up frustrated and feeling worse. It is much more productive to search for and change several different factors to improve mood, rather than to seek the elusive key to release you from all problems. Being able to turn off emotional distress like a faucet is nice to imagine, but your biochemistry, feelings, behavior, thoughts, and the world around you all interact and affect your ability to gain control over depression. Making some desirable changes in any of the interacting factors is a more attainable goal.

The Importance of Feelings in Maintaining Depression

When you are depressed, it is not usually a good idea to trust your feelings as the sole basis for making decisions. This is not to say that feelings are unimportant. Although feelings are valuable in most life experiences, they may sustain your misery when you are depressed. You may "feel" so bad that you do not enjoy doing anything. You may limit your activities, avoid others, eat poorly, and begin to hate yourself. These symptom-based decisions may maintain your depression

if left unexamined. To get control over depression, you will benefit if you work with your therapist to make decisions that are consistent with overcoming your depression, rather than making decisions that are driven by your negative feelings.

Differences Between Thoughts and Feelings

One of the most common phrases in our language is "I feel. . . ." Too often, thoughts are confused with emotions or feelings. Both are so important that they are worth looking at separately. Emotions and their expressions have been studied since the early 1980's. Out of this important research 5 basic emotions were identified: anger, disgust, fear, joy, and sadness.

In this program we think of these basic emotions as categories since all have many other words to describe them. For example, irritated is a word people use to describe mild anger; the word happy can be used to describe joy (see the Feelings Example Worksheet on page 66). If you confuse your thoughts and feelings, you see neither of them clearly. Also it may reflect your own unique personal viewpoints that may include perceptual biases that need to be questioned. To illustrate this point, try the following exercise. Identify each of these statements as either a thought or a feeling.

Thoughts and Feelings Worksheet

Indicate whether each of the following statements is a thought or a feeling.

	Thought	Feeling
1. I feel things will never get any better.		
2. I feel like I'm a loser.		
3. I feel depressed.		
4. I feel you don't love me.		
5. I feel sorry for you.		
6. I feel angry.		
7. I feel like you like me.		
8. I feel calm.		
9. I feel like a fifth wheel.		
10. I feel unloved.		
11. I feel like you shouldn't be so rude.		
12. I feel so helpless.		
13. I feel like I should be happy.		
14. I feel so sure about that.		
15. I feel pessimistic.		
16. I feel rejected.		
17. I feel included.		
18. I feel unsure.		
19. I feel happy.		
20. I feel sad		

If you identified any statements other than numbers 3, 6, 19, and 20 as feelings, please read the following section very carefully. All of the other statements are thoughts. The fact that you use the phrase "I feel" does not necessarily make these statements feelings. In fact, by seeing them as feelings, you obscure the real feelings that are related to those thoughts. Another common shortcut is to say "I feel like" and describe a situation or as-if situation, rather than to identify the emotion or feeling involved. For example, if you say to yourself or others, "I *think* that I'm a fifth wheel," you can identify how that makes you *feel,* perhaps "I feel sad." Let's take a closer look at how emotions and thoughts relate to each other.

Imagine this situation: You are at home at night. You are in bed and about to go to sleep. The lights are out, you have gotten too tired to read or watch TV and you feel comfortable with your head on the pillow and the covers over you. You then hear some noise at the window.

Here are two different examples of "cognitions" or thoughts involving interpretations. Read them and fill in the answers to the questions that follow.

Interpretation: When you hear the noise, you think, "There's a noise at the window. Someone is out there trying to break into the house. They want to rob me. If they get in, they might murder me! I would be helpless to do anything about it."

1. How would your body react to this interpretation of the situation? Would you feel relaxed and comfortable? _____

   _____

2. In a word or two, what would your accompanying emotions be with this interpretation? _____

   _____

3. How would you react to this interpretation? What would you do? _____

   _____

Alternative Interpretation: Look at the same situation with a different interpretation of the noise: "There's a noise at the window. The weatherman said there would be wind and rain tonight. I'm glad I kept the windows closed. I love the sound of the wind and rain blowing against the window. It's so relaxing, and the grass and flowers sure need the water."

1. How would your body react to this interpretation of the situation? Would you feel relaxed and comfortable? _____

   _____

2. In a word or two, what would your accompanying emotions be with this interpretation? _____

_____

3. How would you react to this interpretation? What would you do? _____

_____

This exercise illustrates the fact that the same situation interpreted in different ways may be associated with entirely different emotions and subsequent actions. Interpretation 1 might lead to fear and anxiety. However, you would probably feel calm and relaxed if you had made the alternative interpretation. In this case, your behavior would probably allow you to fall asleep.

From this exercise, you can see that situation, thoughts, and emotions balance each other in the complex system by which you experience events. Consider what you experience with depression.

Interventions Focusing on Emotion and Feelings

The following are interventions that will help you reduce external or internal stimuli that "triggers," reactivates, or intensifies emotions and maladaptive responses to them. You can choose how to act on your feelings in accordance with your own personal ethics, values, and goals. Also, you can actually begin to appreciate your emotions as a valuable part of your overall life experience.

Self-Compassion and Emotion

Self-compassion means having mercy on yourself and usually involves a wish or desire to alleviate suffering. It can be expressed as giving yourself a break when you make a mistake. It is not the same as feeling sorry for yourself, although you might. All of those old clichés are true: Everyone is human; we all make mistakes. The first step in becoming compassionate toward yourself is recognizing that you will continue to make mistakes. When people are depressed, they are more likely to be self-critical. Under the oppression of such self-criticism, the potential for constructive change is lessened.

Perhaps there is another aspect to this problem. People who grow up in a critical environment accommodate in various ways. One way is to depend on criticism for external motivation and to know what changes to make. People who adapt

this way may become more self-critical and depend on this attitude to push themselves. If this is true for you, you might resist the encouragement to become more self compassionate, believing that you would be coddling yourself. The opposite is more likely to be the case. It is possible to cultivate more compassion toward yourself and to change your maladaptive patterns, even deeply ingrained ones, but it takes specific kinds of effort. To help you toward this goal, ask yourself these questions:

- When I am self-critical, do my criticisms sound like those I heard while I was growing up? If so, I can understand that this pattern was learned and can now teach myself differently.

  _____

  _____

- How would I evaluate my efforts, skill development, and judgment in this situation? Be specific.

  _____

  _____

- What would I do if confronted with this situation again, taking all I can from this experience? Be specific.

  _____

  _____

- How would I feel toward someone else I care about who was in the same circumstance?

  _____

  _____

You can learn to give yourself the same room to be human that you give to others. Remember, you cannot redo the past, but you can think of each experience as an opportunity to learn. You can anticipate similar situations in the future and avoid making the same mistakes.

Identifying and Naming Feelings

When we can acknowledge what we feel, we are in a position to then make informed decisions about what to do with them. A useful way to identify feelings is to name as many feelings as you can using the Feelings Examples Worksheet.

Feelings Examples Worksheet

Examples of situations from my own experience in which I have had the following feelings:

Affection: _____

Aggression: _____

Ambivalent: _____

Amusement: _____

Anxiety: _____

Apathy: _____

Appreciation: _____

Bitterness: _____

Calmness: _____

Compassion: _____

Confusion: _____

Contempt: _____

Delight: _____

Desire: _____

Disdain: _____

Ecstasy: _____

Empathy: _____

Envy: _____

Embarrassment: _____

Euphoria: _____

Frustration: _____

Guilt: _____

Gratitude: _____

Hate: _____

Hope: _____

continued

Horror:

Hostility:

Humiliation:

Indifference:

Jealousy:

Longing:

Loneliness:

Love:

Merriment:

Outrage:

Pacification:

Paranoia:

Pity:

Placid:

Pleasure:

Pride:

Rage:

Regret:

Remorse:

Resentment:

Satisfaction:

Serene:

Sexual attraction:

Sorrow:

Suffering:

Sympathy:

Thankfulness:

The Feelings Log is also useful in becoming aware of different feelings and appropriately identifying them. It can also help you begin to perceive intensity of feelings on a continuum, rather than in an all-or-nothing way. First focus on recognizing and identifying your feelings, then noticing the variance in intensity and duration of feelings.

Feelings Log

Name as many feelings as you can (e.g., happiness, sadness, fear, disgust, and anger or those from the Feelings Examples Worksheet). Indicate the situation in which you experienced them, in your distant past and in the past week. Then rate their intensity and duration.

Intensity

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

none mild moderate strong extreme

Feeling Experienced	Experienced in My Past	Experienced in the Past Week	Positive, Negative (+/–)	Intensity (1–10)	Duration (minutes/hours)

Awareness Exercises

The following simple exercises can also be useful in identifying your feelings and emotional states. There is a vast array of published relaxation and awareness exercises and instructions for meditation that can offer ways of assisting you in becoming aware of your internal experiences, physiological and mental, without judgment.

Exercise 1

Become aware of your bodily sensations and associated feeling interpretations in a kind of a "body scan of awareness." Focus on different parts of the body, one by one. As you go, notice what you feel. This should take about 2–5 minutes. The goal is to become aware of your feelings in a non-judgmental way.

Exercise 2

First pay attention to what you are aware of externally, such as the feel of the air-conditioned cool breeze, the softness of the chair, the sound of the leaf blower outside, and so on. Then become aware of your reaction: bodily sensations, feelings, or thoughts in response. Do this for 2 or 3 minutes.

Rate your responses on the "I Am Aware Exercise" worksheet.

I Am Aware Exercise

In response to various things that might happen, list your internal, bodily responses of which you might become aware. Below are some basic feelings and related sensations you might experience.

Intensity

0 - - - - - 1 - - - - - 2 - - - - - 3 - - - - - 4 - - - - - 5 - - - - - 6 - - - - - 7 - - - - - 8 - - - - - 9 - - - - - 10

none mild moderate strong extreme

In response to the following . . . (e.g. a thought, situation, something said to me or something that happened to me)	**I am aware of the following bodily sensations (e.g. change in heart or breathing rates, flush, muscle tension or flinch, abdominal ache/pain)**	**Associated feeling**	**Rate intensity (1–10)**

Techniques for Appreciating Changes in Mood Intensity

When people are severely depressed they typically feel it intensely. Many times they are not aware of their associated thoughts, behaviors, or situations that accompany fluctuations in mood. If this is true for you, increasing your awareness of these relationships can help you appreciate that your intense feelings vary in intensity and don't last forever.

Scaling

Scaling is a method of rating the intensity of feelings. First think about what your most pleasurable experience has been in life and rate it from 1 to 10. Then think about your most unpleasant experience and rate that as well from 1 to 10.

Feelings Log

The Feelings Log is a useful tool to show variance in intensity of feelings as well as the ebb and flow (duration) of them.

Complete the first three columns, then rate the feeling as positive or negative and degree of its intensity. Try to be aware of any subtle differences in intensity when completing this assignment.

The Relationship Between Thoughts and Feelings

The Interpretations, Feelings, and Actions Worksheet can help you appreciate that your perceptions and related feelings can be challenged, modified, diluted, or even changed.

Interpretations, Feelings, and Actions Worksheet

Imagine the following scenario:

You are at a party alone. You overhear two people talking and one of them says, "He is such a loser. I'm not surprised he is here without a date."

Interpretation:

When you overhear the conversation, you think to yourself, "I'm like that too. I know nobody likes me. That's why I have to come to this party alone. I am such a loser. I'll never find anyone who wants to date me."

1. Describe how would your body react to this interpretation of the situation?

2. What do you think you would feel?

3. How would you react to this interpretation and feelings? What would you do?

Alternative Interpretation:

When you overhear the conversation notice the person about whom they are speaking and you think, "How rude. He doesn't look so bad to me. They must not be very happy to have to criticize another person like that."

4. Describe how would your body react to this interpretation of the situation?

5. What do you think you would feel?

6. How would you react to this interpretation and feelings? What would you do?

Decision-Making

When you feel helpless to know what to choose or stuck regarding a decision to be made, the Decision Making Worksheet may prove useful.

First describe the decision to be made at the top of the form. In the first column, list the various options to consider—include all the possibilities you can think of. Then narrow down the list to only those you would be willing to consider. Leave enough space between each option to write information in each of the other columns. You can also use a separate sheet for each option if you need more room. Next list every pro and con statement that you can generate. Insert the related feeling(s) option in the Current Feelings column and rate its intensity on a scale of 1–10. Now, direct your attention back to the first line and write a few words about what you have learned about the specific feeling(s). When comparing the two sets of feelings you may be able to make decisions with more clarity, self-awareness, and in a more reasonable way.

Decision Making Worksheet

Decision to be made: _____

Options	Benefits/Positive	Costs/Negative	Current Feeling(s)	What I Know About My Current Feeling(s)	Anticipated Future Feeling(s)

Evaluation of Progress

All of the suggestions in this workbook are designed to help you understand yourself and improve your mood. That also means that you need to be reasonable and self-compassionate in how you evaluate your own progress. Along the way you are going to make mistakes, and you will probably catch many of them. What you do when you realize each mistake is important. You can deal constructively with the situation by realistically evaluating your part and realistically evaluating your treatment plan, rather than getting stuck in a cycle of self-criticism and blame. Remind yourself of the new skills you *are* learning and the changes you *are* making rather than allow yourself to give-in to the old pattern of seeing only the negative. One of the central goals of this program is enabling you to approach your problems in a more effective, constructive fashion.

To begin this process, you can review points in this chapter by answering the following questions:

1. What are your primary problems? (Be specific)

2. How do these problems affect you? How do you behave as a result of them?

3. How do you explain these problems to yourself?

4. What is their cause?

5. On what evidence do you base your explanation of their cause?

6. How do these problems relate to your depression?

7. What alternative explanations, other than the ones you hold, might account for these connections?

8. What are your expectations about the outcome?

9. List any ways your thoughts, behaviors, and the environment might be maintaining your depression.

10. List your specific primary problems above in order of which ones you want to work on; first second, third, and so on.

You and your therapist (and friends and family) may have different explanations for your depression. The goal is not to convince other people of the correctness

of your explanation but to begin to view your explanation as a closely held theory about yourself, the world, and your future. The basis of that theory may no longer apply. Your theory of yourself and your depression can be evaluated in a new way, with current information and a fresh look at your experience. The aim of the preceding questions is to help you distance yourself from your feelings a little and reevaluate your theory, perhaps a bit more clearly. The answers will be important as you and your therapist set your goals, and design your treatment plan, specifically geared to your needs.

Review Questions

1. _____ True _____ False: Self-compassion is simply feeling sorry for yourself.
2. _____ True _____ False: Emotion is an important part of life.
3. _____ True _____ False: Feelings are not important
4. _____ True _____ False: Feelings can be modulated.
5. _____ True _____ False: Is there a single event, fact, or insight that will totally change all of your feelings?
6. What do the ABCs of emotion stand for, and how can you use them to change what you feel?

_____

_____

Homework

- ✎ Answer the chapter review questions.
- ✎ Use interventions focusing on emotions and feelings as needed.

Chapter 6 *Taking Action: The A of the BEAST*

Goals

- To understand the importance of taking action to recover from depression
- To record your activities and your sense of mastery and pleasure in them
- To identify behavior patterns associated with low mood
- To overcome the habit of procrastination
- To learn effective action strategies for improving your mood
- To practice relaxation, breathing, and meditation

So far, this program has described depression and explained the importance of your active involvement in doing something about your depression. This chapter begins to highlight several techniques for activities that you can use to lessen your depression.

Why Make the Effort?

As discussed in previous chapters, inertia is stagnation, which can lead to a lowering of mood. Activity, on the other hand, can help promote a sense of well-being. For example, how do you feel after exercise, like a brisk walk or jog? Most people feel some relief, and others experience a genuine, but temporary, improvement in mood. There are also neurochemical shifts, brain changes, and general physical activation that combat the lack of motivation associated with depression. Because moods are temporary, activities that help to improve mood must be repeated to sustain the effect. Your first step is trying activities and breaking the pattern of inertia ("an object at rest tends to remain at rest").

You may not feel "motivated" to begin changing your behavior and reengage in pleasant activities. Because of your low mood, however, the "feeling" of motivation doesn't come, the behavior does not change, and the desperate wait for

motivation continues as depression worsens. You are advised to try activities first and then evaluate your motivation to continue. When you make choices and decisions based solely on your feelings, especially when you are depressed, you may find yourself rejecting activities that would likely help improve your mood. Part of this has to do with a low energy level and the belief that nothing will help. On top of that, a depressed mood tries to dictate to you that there is no reason to test the theory since the feelings are so strong. After all, how do you know it won't help if you don't try it first? Give the effort to become active a reasonable chance. We know from scientific research that if you maintain a reasonable effort over time, activity actually improves mood and increases *motivation.*

Using the Activity Schedule

An easy way to begin to look at the way your behaviors and level of activity are related to your mood is to use an Activity Schedule. The Activity Schedule is a very important tool for your therapy program, so take the time and make the effort to understand it well.

We have provided a blank Activity Schedule for your use. Additional copies can be found in the appendix. The days of the week are across the top and the hours of the day are on the side. Keep a record of your activities daily and by the hour as illustrated in Figure 6.1. Do not let the simplicity of this method of observing and monitoring yourself fool you into thinking it will not have an impact on your efforts to change. This method will take you about 5 minutes a day. The sooner you record your data, the more reliable the information will be (refer to information on the recency effect in Chapter 2). There are many useful purposes for this activity.

1. Your first few activity records will provide a baseline or record of how much activity you were involved in when you started this program. They will establish a starting point in your efforts to improve your life. If you are to find out if this program works, you will need to see how you were doing when you started as compared to how you are doing as you practice the self-enhancement assignments.

2. By observing your activities and how you feel when you participate in these activities, you can find out how often you feel down and what situations are associated with feeling more or less emotionally distressed. Along with your activities, write down what you were feeling while you engaged in the

activity. How to rate the sense of mastery and pleasure you felt during this activity is discussed later on in the chapter.

3. By filling in a box for each hour of the day, you can examine specifically what is happening in your daily life and how your activities are related to your mood. You will be writing a notation in each box about what you were doing (actions) during each hour. You can write in a few words that remind you of the event that occurred. The more activities you record, the more useful this task is likely to be for you. Take care to avoid labeling large blocks of time as "sitting," "in bed," "watching TV," or "doing nothing." Even while watching TV, you are probably involved in other behaviors.

Once you have completed your first activity schedule, you will have begun accomplishing several goals. You will be able to:

1. Assess your present use of time
2. Plan better and more productive use of your time to reduce depressive symptoms
3. Begin to get used to the idea of doing self-enhancement assignments
4. Begin to test the ideas you may have that you "never" do "anything"

Note: Grade activities for Mastery (M) and Pleasure (P) on a scale from 0–10

	Monday	M	P	Tuesday	M	P	Wednesday	M	P	Thursday	M	P	Friday	M	P	Saturday	M	P	Sunday	M	P
6–8 a.m.	Get up Eat breakfast	1 3	2 1	Get up Eat breakfast	3 1	2 1	Get up Eat breakfast	1 3	3 3	Get up Eat breakfast	1 3	2 1	Get up Eat breakfast	3 1	2 3	Sleep	2	1	Sleep	3	2
8–10 a.m.	Go to work	2	3	Go to work	2	3	Go to work	2	1	Go to work	2	3	Go to work	2	1	Go on a walk	1	2	Take a swim	1	3
10 a.m.–12 p.m.	Work on new project	1	2	Meet with client	3	2	Give presentation	1	2	Collect research at library	3	2	Work on new project	1	2	Go to brunch with friends	3	3	Read the newspaper	2	1
12–2 p.m.	Go to lunch	3	1	Go to lunch	1	3	Go to lunch	3	1	Go to lunch	1	3	Go to lunch	3	1	"Weed" the garden	2	1	Meet parents for lunch	1	2
2–4 p.m.	Finish old project	2	3	Training seminar	2	1	Meet with supervisor	2	3	Write proposal	2	1	Work on new project	2	3	Take a nap	1	2	Take a nap	3	3
4–6 p.m.	Go home Eat dinner	4 1	5 2	Go home Eat dinner	1 3	2 4	Go home Eat dinner	3 1	2 1	Go home Eat dinner	1 3	2 1	Go home Eat dinner	3 1	2 3	Shower and get ready	3	1	Walk the dog	2	1
6–8 p.m.	Clean house	3	4	Wash dog	3	2	Go Shopping at the mall	2	3	Go to the gym	2	3	Go grocery shopping	2	1	Meet friends for dinner	2	3	Eat dinner	1	2
8–10 p.m.	Watch TV Read	5 2	1 3	Go out with friend	1	3	Take hot bubble bath	4	5	Watch TV Read	1 3	2 4	Meet with book club	1	2	Watch TV	3	2	Read Watch TV	3 5	4 1
10 p.m.–12 a.m.	Get ready for bed	4	5	Get ready for bed	2	1	Get ready for bed	4	3	Get ready for bed	4	3	Get ready for bed	3	1	Get ready for bed	1	3	Get ready for bed	2	3
12–6 a.m.	Sleep	3	4	Sleep	3	2	Sleep	3	4	Sleep	2	1	Sleep	2	3	Sleep	1	2	Sleep	5	4

Week # 1 **Date:** 6/29/08

Figure 6.1

Example of Completed Activity Schedule

Activity Schedule

Week:_____ Date: _____

	Monday	M	P	Tuesday	M	P	Wednesday	M	P	Thursday	M	P	Friday	M	P	Saturday	M	P	Sunday	M	P
6–8 a.m.																					
8–10 a.m.																					
10 a.m.–12 p.m.																					
12–2 p.m.																					
2–4 p.m.																					
4–6 p.m.																					
6–8 p.m.																					
8–10 p.m.																					
10 a.m.–12 p.m.																					
12–6 a.m.																					

Note: Grade activities for Mastery (M) and Pleasure (P) on a scale from 0–10

Common self-statements for many people include "There aren't enough hours in the day to do all that I need to do" and "I never get anything done." If you are feeling overloaded and unable to cope with the pressure of what you see as overwhelming demands, you are probably stressed. You also may not be setting priorities and reasonable goals due to your difficulties in making decisions. Scheduling usually requires planning an hour, a day, or a week in advance and involves setting manageable goals. The goal of activity scheduling is to maximize your potential for productivity by making more effective use of the available time, not to discourage spontaneity. Most people are more effective and less stressed when they can structure their time in this way.

Recording Your Sense of Mastery and Pleasure in Activities

Another important part of monitoring your activity is to start to evaluate not only what you do but also how much of a sense of mastery and pleasure you experience with these activities. As you can see, the instructions at the top of the Activity Schedule tell you to fill out each hour with the activity you are involved in and then rate it for mastery and pleasure on a scale of 0–10. *Mastery* is your ability to perform the activity. A score of 10 would indicate you are performing a task with exceptional skill; a score of 0 would mean you barely know what you are doing and sense you are accomplishing nothing in spite of your efforts. *Pleasure* is the amount of satisfaction or enjoyment you get from completing a task or activity. A score of 10 would mean that you are having more fun and enjoyment than at almost any previous time in your life. A pleasure rating of 0 would indicate misery and unhappiness. An enduring sense of pleasure or mastery *is* not usually present at the same time as depression. Therefore, by monitoring these experiences, you can more accurately assess mood fluctuation throughout the day.

Once again, remember the recency and primacy effects (see Chapter 2); we tend to report the things that just happened and the things that occurred first in a sequence more accurately than other events that we experience. Try to fill out the Activity Schedule at the end of each day or in the morning and in the evening. The longer you delay, the less accurate your memory will be.

Refer to Figure 6.1 for guidance on how to complete mastery and pleasure ratings on the Activity Schedule. Remember, one measure does not always affect the other. For example, if you are doing the dishes, you may have a particular method for getting them squeaky clean. You have mastered the art of dishwashing at a world-class level, so give yourself a mastery level of 9 or 10. However, you get no

enjoyment from doing this job except relief from finishing the task. The pleasure rating would be a 4.

Of course, there is no way to check your ratings for absolute accuracy. They are subjective. You may find that the situations you track on the Activity Schedule will vary in how you experience events emotionally (pleasure) and by how you evaluate how well you do them (mastery). One way to adjust your system to be more consistent is to consider ratings over 5 as "above average." A rating of 10 would represent the best you have ever experienced or performed, and a 0 would represent the worst.

Let's take another example. You are learning to use a computer. You still have not figured out the difference between a hard drive and a hard-to-understand manual, but you have enjoyed the process of playing with your new "toy." Your mastery rating may be a 1. Because you are having fun exploring the computer, however, it is possible that your pleasure rating could be a 7, even if you hardly know what you are doing.

- Name an activity that gives you pleasure but that you have little skill (mastery) in performing. _____
- Now, list an activity you have mastery in but from which you derive little pleasure.

  _____
- Next, list an activity in which you have little mastery and little pleasure.

  _____
- Finally, name an activity for which you experience high levels of both mastery and pleasure. _____

The reason for recording your mastery and pleasure of activities is to make an effort to observe in a much more systematic manner how your mood varies. If asked how often low mood is experienced, many individuals who are depressed say, "All the time" and perhaps not realize that the mood was associated with a low-pleasure activity. If you say you are depressed all or most of the time, you are operating from an untested theory about yourself. If you accept this theory as fact, you could be sustaining a belief that will keep you depressed. If you examine the evidence, such as pleasure or mastery derived from your activities, you will come to a better understanding of the controllable factors that contribute to your depression.

Testing Theory With Observation

In addition to using the Activity Schedule to learn more about daily mood patterns, you can test your theory by counting the total number of squares filled in on your Activity Schedule once you finish the week. This number represents 100% or the total. Then count the number of squares, first, where the pleasure rating is 5 or above and, second, where the mastery rating is 5 or above. On a calculator, divide the number of high-pleasure squares by the total number of squares. The result is the percentage for pleasure you experienced during that week. Do the same thing with the number of high-mastery squares. Remember, before you actually collect the information over a given week, you have only an untested theory of the result.

What is your theory about how much of your activity will rate above 5 for mastery?

Before	**After**
_____ None	Actual result _____
_____ Less than 25%	
_____ Less than 50%	
_____ Less than 75%	
_____ All	

What is your best guess about the percentage of activity that will rate above 5 for pleasure?

Before	**After**
_____ None	Actual result _____
_____ Less than 25%	
_____ Less than 50%	
_____ Less than 75%	
_____ All	

The information from your Activity Schedule efforts will be valuable in a variety of ways. If the accuracy of your prediction was way off, then you may have a negatively or positively biased view of the future that is worth looking at more carefully. Also, no matter how accurate your prediction was, the observations in your personal Activity Schedule will give you important information to work with in this program.

You will begin to identify recurring events or associations of events that you may not have been aware of before you began recording your activities.

1. *Patterns of low mood.* Were there any recurring situations or events that were associated with bad feeling?

	Time	Recurring Event
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

2. *Environment associated with low mood.* Were there any places that seemed to be connected to being depressed? Were there places where you felt better?

	Place	Mood
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

3. *People and mood.* Was your mood likely to be better or worse around certain people?

	Person	Mood
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

4. *Activities.* Were there certain things that you did that seemed to be related to fluctuation in your mood?

	Activity	Mood
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

Making the Effort to Change

A common characteristic of people who are depressed is their lack of goal-directed activity, maintained by a tendency to procrastinate. Ask yourself this question: Am I engaging in activities with the same frequency that I used to? If the answer is no, your activity level is down.

How many times have you promised yourself or others that as soon as you are less depressed you will get around to it? This is procrastination. Everyone has reasons for not doing today what they can do tomorrow. A problem develops when many of the things that you usually do are put off. A significant decrease in activities has many effects on you. At first glance, you may appear to be avoiding criticism or failure. You may even think that you are avoiding activities that do not really matter or that you cannot possibly complete. Avoiding activities leads only to more avoidance, and lack of activity will delay your recovery from depression.

Increased action can promote a chemical change in the body that improves mood. Have you ever felt so down that you wanted to stay home or even in bed all day? If you did stay put, did it help you feel better? Probably not. One of the things we work with in therapy is how you *act.*

The exercises that follow can help you understand and improve your low activity level. The first is a series of questions about what you've been doing recently. The second is a form you can use to plan your daily schedule. The third is a Self-Questioning Worksheet to help overcome avoidance of an activity.

Exercise 1: Assessing Activity Level

1. Are you spending more time in bed each day than you used to? _____
2. Have you stopped doing enjoyable things with your family? _____
3. Have you stopped doing enjoyable things with your friends? _____
4. Do things that used to be pleasant for you now fall flat? _____
5. Do you find yourself waiting for the "perfect" time to do something? _____
6. Do you find yourself starting projects but not completing them? _____
7. Do you say to yourself, "It doesn't really matter" more often? _____
8. Do you find yourself just too busy to do the things that you need to? _____
9. Do you find yourself "forgetting" more often than you used to? _____
10. Is being a procrastinator a good excuse for not doing anything? _____
11. Is your work receiving more criticism than it used to? _____
12. Have you been taking less time on your appearance lately? _____

All of these questions point to a diminished activity level and a lack of pleasure from previously enjoyed activities. The BEAST of depression is maintained by lack of activity. The lack of activity drains you, and depression is the result.

Exercise 2: Planning Schedule

Now that you have examined your activities and the ways that your activities may be systematically related to your moods, you can begin to use this information. By planning each day ahead of time, you become an active agent in planning your life. You may now use your knowledge about how your activities affect your mood in scheduling. Fill out the Planning Schedule on page 91. After you have planned your day's activities, you should set your plan aside and go about your day. At the end of the day when you review your Activity Schedule, you will see

which activities you actually engaged in and how much pleasure (P) you experienced during the activity. You will be using the Planning and Activity Schedules throughout the program. If you photocopy both forms now, you will always have blank copies available. This process of active planning and then monitoring the patterns of your activities and moods will help you overcome depression and lower your risk of relapse. Your therapist can be an active partner in helping you identify and understand these patterns.

Planning Schedule

Month:

Monday, Date: _____	Thursday, Date: _____
Tuesday, Date: _____	Friday, Date: _____
Wednesday, Date: _____	Saturday, Date: _____
	Sunday, Date: _____

Exercise 3: Self-Questioning

Another method is the *to do or not to do?* self-questioning method. This is a way of gaining emotional distance from an avoided action to help promote more reasonable and informed decision-making.

First identify an avoided activity, then ask yourself what is going through your mind when you think about avoiding the particular activity or task. Record your thought(s) on the Self-Questioning Worksheet in the column labeled, "Not to Do." It can be something as simple as, "I don't want to do this," or "I don't feel like it." Next, come up with responses for the "To Do" column. These are less likely to be based on emotion alone and may include evidence, reason, and insight into consequences for avoidance.

The goal of this exercise is not only to end up on a "to do" statement, but to get yourself to engage in the avoided activity. Figure 6.2 shows a sample completed worksheet.

Avoided Activity	To Do	Not to Do
Finish quarterly report for work	I can get fired if I don't finish it	I don't feel like it
	I will feel good if I get submit the report on time	I want to make some calls to my friends
	I can watch my TV show another time	I want to watch my TV show

Figure 6.2
Example of Completed Self-Questioning Worksheet

Self-Questioning Worksheet

Avoided Activity	To Do	Not to Do

Recovering Lost Activity

Have you ever asked yourself, "Why did I stop doing that?" when you see someone engaged in an activity you once enjoyed? People often ask that question even when they are not having serious problems with low mood. Now that you have worked through some of your low mood issues and are addressing them head on, perhaps it is time to think back and ask yourself that question about some of the activities you used to enjoy. What were some of the things that you did for fun last year that you no longer "have time for" or "just can't seem to get to"? Rate each activity for pleasure on the 0–10 scale.

_____	_____
_____	_____
_____	_____

Now, try the same exercise with activities from 3 years ago.

_____	_____
_____	_____
_____	_____

Finally, list some things you did for fun 5 years ago that you no longer do. Rate these activities for pleasure as well.

_____	_____
_____	_____
_____	_____

Are there any realistic reasons for no longer engaging in these activities? For example, if you once lived near the ocean and went sailing regularly but now live in a landlocked area, it may be difficult to go sailing routinely. However, you may find that you have nearly as much fun sailing on an inland lake. Sometimes activities you once engaged in are now difficult to be involved in for reasons beyond your control. However, with some effort, creative solutions can be found for seemingly

impossible situations. The point is that, without examining those situations, you are more likely to stay in your routine of withdrawal.

Risk Taking

Another antidepressive activity involves risk taking. Often as we get older, we stop taking risks. People who are depressed often withdraw, get stuck in a limited routine, and avoid doing new things. We are not suggesting that you take up skydiving, but we are suggesting that you try some new things. Sometimes people become comfortable in a daily routine. However, what was once comfortable (like old clothes) may no longer fit and instead is constricting or boring. So, if you always go to the same Italian restaurant on Saturday nights, maybe trying a new restaurant would be enjoyable as a break in routine. By taking that risk, you might find that you really enjoy the new place. Remember to ask yourself, "What's the worst that can happen?" If you try new things with an experimental attitude, any outcome can represent success. You may not like the food as much, or you may enjoy the adventure of trying something new.

Graded Tasks

You may feel incapable of altering the way you react to people and situations; you may also feel powerless to change the situations you face. If your possible goals seem too large or too far away, the technique of graded task assignments will be important to you. Graded tasks mean breaking big jobs into smaller ones. It is important to take smaller steps at first to assure some success and avoid failure and discouragement. Several smaller steps are far more effective than fewer larger steps. Ideally, the small steps can be rewarding as you start to take more of them. However, some individuals who have strong perfectionist tendencies may tell themselves that small steps are no big deal or not enough. If you are this type of individual, it is important to understand and confront your perfectionism. It may sound trite, but it is true that a journey of 1,000 miles starts with a single step and continues one step at a time. When you are depressed and have a ways to go, you have to start from where you are.

Clearly, the initial step in the sequence must be well within what you can do easily, and it must have some meaning for you. For example, for a severely depressed person, getting up and taking a walk or getting dressed in street clothes may be a monumental first step. Remember to acknowledge yourself for taking first steps; they are important in taking action and overcoming inertia.

Prioritizing

Another way to simplify the clutter of being overwhelmed with tasks is to make three separate lists identifying the tasks as:

Highest priority—things that are more important than anything in the other two lists for completion. These items are done before embarking on less important tasks and endeavors.

Medium priority—although important, the items on this list are to be completed only after high-priority items are attended to.

Low priority—these items get addressed last, only after those on the high and medium priority lists are completed. They are typically what a procrastinator might be tempted to do first. Sometimes this is used in the service of the person's avoidance for reasons he does not understand. Often the behaviors are those that "feel" good. If this is the case, consider doing the low priority tasks as a reward for completing the highest and medium priority tasks. Many of the items in 3 a reward for doing 1 and 2. The question is, do you eat dessert first, or even more problematic, do you only eat dessert? If you only eat pie and not the salad or main course, what happens to your physical health? If you only do distracting and inconsequential tasks, what happens to your emotional health?

Role-Playing/Behavioral Rehearsal

Role-playing is a very useful means of behavioral rehearsal. This technique can be used to practice potential behaviors or interactions, such as dealing directly with a spouse, a significant other, a boss, or a friend. Your therapist can give you feedback about your performance and may even coach you on more effective responses and response styles. This strategy may be used for both skill building and practice of existing skills.

Social Skills Training

When we find ourselves having social problems, sometimes it happens because we are depressed. The important question—and it is a hard one—is this: "Did you have social difficulties before you were depressed?" If the answer is yes, then social skills training may be an essential part of your therapy. The problem may include lack of social skills and not just lack of motivation. Part of the work of your therapy may be helping you refine your social skills. Identification of

specific skill problems and appropriate social skills training is customarily done in consultation with your therapist and practiced between sessions.

Relaxation, Breathing, and Meditation

Anxiety frequently accompanies depression. Progressive muscle relaxation, focused or patterned breathing, and meditation can relieve anxiety and help you gain a sense of control over your life.

Progressive Muscle Relaxation

Progressive muscle relaxation involves learning to relax small muscle groups, one at a time. You may use the following instructions to practice an eight-muscle group version of this technique.

1) Arms Muscle Group

■ *Build up the tension in your arms by making fists and holding your arms out in front of you with your elbows at a 45-degree angle. Notice the sensations of pulling, discomfort, and tightness in your hands, lower arms, and upper arms. Hold the tension.* [Pause 10 seconds.] *Now release the tension and let your arms and hands relax, with palms facing down. Focus your attention on the sensations of relaxation through your hands, lower arms, and upper arms. As you relax, breathe smoothly and slowly from your abdomen. Each time you exhale, think the word "relax."* [Pause 20 seconds then repeat the muscle group for a second practice] ■

2) Legs Muscle Groups

■ *Now, build up the tension in your legs by lifting your legs slightly off the floor and, if you feel comfortable, pointing your feet inward. Feel the tension as it moves up your feet into your ankles, shins, calves, and thighs. Feel the pulling sensations from the hip down. Hold the tension.* [Pause 10 seconds.] *Now, release the tension, lowering your legs and relaxing the feet. Feel the warmth and heaviness of relaxation through your feet, lower legs, and upper legs. As you breathe smoothly and slowly, think the word "relax" each time you exhale.* [Pause 20 seconds then repeat the muscle group for a second practice.] ■

3) Stomach Muscle Group

■ *Now, make your stomach hard by pulling your stomach in toward your spine very tightly. Feel the tightness of your stomach muscles. Focus on that part of your body and hold the tension.* [Pause 10 seconds.] *Now, let your stomach relax*

outwards. Let it go further and further. Feel the sense of warmth circulating across your stomach. Feel the soft comfort of relaxation. As you breathe smoothly and slowly, think the word "relax" each time you exhale. [Pause 20 seconds then repeat the muscle group for a second practice.] ■

4) Chest Muscle Group

■ *Now, build up the tension around your chest by taking a deep breath and holding it. Your chest is expanded and the muscles are stretched around it. Feel the tension in your chest and back. Hold your breath.* [Pause 10 seconds.] *Now, slowly, let the air escape and breathe normally, letting the air flow in and out smoothly and easily. Feel the difference as the muscles relax compared with the tension, and think the word "relax" each time you exhale.* [Pause 20 seconds then repeat the muscle group for a second practice.] ■

5) Shoulders and Upper Back Muscle Group

■ *Pull your shoulder blades back and together. Feel the tension around your shoulders and radiating down into your back. Concentrate on the sensation of tension in this part of your body.* [Pause 10 seconds.] *Now relax your shoulder blades and let them return to a normal position. Focus on the sense of relaxation around your shoulders and across your upper back. Feel the difference in these muscles from the tension. As you breathe smoothly and slowly, think the word "relax" each time you exhale.* [Pause 20 seconds then repeat the muscle group for a second practice.] ■

6) Neck Muscle Group

■ *Build up the tension around your neck by pulling your chin down toward your chest and raising and tightening your shoulders. Feel the tightness around the back of your neck spreading up into the back of your head. Focus on the tension.* [Pause 10 seconds.] *Now, release the tension, letting your head rest comfortably and your shoulders droop. Concentrate on the relaxation. Feel the difference from the tension. As you breathe smoothly and slowly, think the word "relax" each time you exhale.* [Pause 20 seconds then repeat the muscle group for a second practice.] ■

7) Mouth, Jaw, and Throat Muscle Group

■ *Build up the tension around your mouth, jaw, and throat by clenching your teeth and forcing the corners of your mouth back into a forced smile. Feel the tightness, and concentrate on the sensations of tension.* [Pause 10 seconds.] *Then, release the tension, letting your mouth drop open and the muscles around your throat and jaw relax. Concentrate on the difference in the sensations in that part of your body. As you breathe smoothly and slowly, think the word "relax"*

each time you exhale. [Pause 20 seconds then repeat the muscle group for a second practice.] ■

8) Eyes and Forehead Muscle Group

■ *Squeeze your eyes tightly shut while pulling your eyebrows down and toward the center. Feel the tension across your lower forehead and around the eyes. Concentrate on the tension.* [Pause 10 seconds.] *Now release, letting the tension around your eyes slide away. Relax the forehead, smoothing out the wrinkles. Feel the difference of relaxation in comparison to tension. As you breathe smoothly and slowly, think the word "relax" each time you exhale.* [Pause 20 seconds then repeat the muscle group for a second practice.] ■

Patterned Breathing

Patterned breathing involves learning to breathe according to a model, such as a square or rectangle, or according to a slower rhythm. Imagine a figure and breathe in through the nose at a count of 2 or 3. The breath is then held for a similar count. This is followed by relaxed exhalation through the mouth at a count of 3 or 4, followed again by holding breath for a count of 2 or 3. The pattern can be done 10 times. The slow rhythm serves to stop hyperventilation.

Meditation

Meditation involves methods that are covered in the "thought" component of this book. Paradoxically, it is learning non-doing. This is not the same as doing nothing. Non-doing is a pause or incubation period that allows for rest before activity. It potentially restores energy and makes active doing more efficient. Meditation is an intentional method of shifting attention in such a way that stress reduction and a sense of well-being can potentially occur.

Review Questions

1. True or false: When you feel depressed, the best thing to do is to get into bed and wait until you feel better.
2. What do we mean by doing something to a point of *mastery?*

3. What do we mean by scheduling *pleasure?*

4. Which maintains the BEAST of depression, activity or procrastination?

5. How does a "graded task" work? What is an example of one you might try?

Homework

- ✎ Answer the chapter review questions.
- ✎ Keep the Activity Schedule on a daily basis.
- ✎ Use the Planning Schedule.
- ✎ Complete the Self-Questioning Worksheet if procrastination is a problem.
- ✎ Try other action strategies as needed.
- ✎ Practice progressive muscle relaxation, patterned breathing, and/or meditation.

Chapter 7 *Life Situations and Vulnerability: The S of the BEAST*

Goals

- To understand the relationship between mood and life circumstances
- To adapt your behavior and emotion when presented with difficult life situations
- To understand the role of vulnerability factors in depression
- To learn how to decrease vulnerability to depression by evaluating and prioritizing stressors

Understanding Life Events

You are often affected by events over which you have very little control. Wars start and end. The stock market goes up and down. Loved ones die. You become ill. You inherit money or incur debt. You are hired or fired. You fall in or out of love. The situations in your life are often linked to beliefs that affect your emotional equilibrium.

Beliefs prepare you for some situations and not for others. For example, believing there is danger everywhere may be lifesaving if you are on guard in a war zone. However, this same belief may be unduly stressful in other circumstances. If you believe that nothing good will ever happen, you may occasionally avoid disappointment, but you may also miss out on valuable experiences. These beliefs are often associated with depressed mood and an inability to recognize when good things do happen.

Even if you live in a safe environment, such beliefs may occur automatically regardless of their appropriateness to the situation. This automatic but inappropriate reaction may create needless discomfort. In this chapter, you will find ways to identify situations accurately and change your thoughts about situations that may be getting in the way of your happiness and fulfillment. You will not be able to make all negative things go away, but you can get through difficult times by adjusting your thoughts.

Life is full of surprises, problems, rewards, and crises. Good things are the source of joy and happiness. Stressors are the source of anxiety and depression. Typically, people are not happy or joyful when life delivers a problem or crisis. However, if you look at an experience, you can see that not only the external circumstance, but also your internal perception of the circumstance contributes to depression. For example, consider the following statements:

- "I lost my job."
- "My mother died."
- "I am always in pain."
- "I am getting old."
- "My wife left me."

Although each represents a huge life stressor, the unspoken assumptions make things worse. Look over each of the same statements again, with the implied but unspoken assumptions. See how much worse the unspoken assumption makes an already bad situation.

- "I lost my job." (I will never find another.)
- "My mother died." (I am all alone.)
- "I am always in pain." (I cannot stand it.)
- "I am getting old." (I will die soon.)
- "My wife left me." (I cannot live without her.)

To illustrate this point further, if the person to whom these events occurred had a different view of the situation, the cognitive and emotional results would be quite different. Read the same statements with different assumptions.

- "I lost my job." (Now I can get a job I really enjoy.)
- "My mother died." (She is finally at rest after her long and painful illness.)
- "I am always in pain." (I can still walk, which is better than being confined to a bed.)
- "I am getting old." (I now have the opportunity to do things I never could before.)

- "My wife left me." (I have learned from this experience and will seek a more compatible partner.)

Certain life events are indisputably negative. The good news is that they are usually time-limited and specific to certain situations. You can pull from other areas of your life, including therapy, to learn to view these situations in different ways. It is possible to derive (or create) meaning from such experiences, no matter how awful they seem.

When you are feeling down, you may think that the weight of the world is on your shoulders. Your first goal should be to identify the things you *have* to deal with. For example, you may think you have a million things to deal with. On further examination, you find that really only five or six things require your immediate attention. Recognizing that sometimes even *one* stressor can feel overwhelming, we are going to try to make each stressful situation more manageable.

Identifying Stressors

The first step is to identify your stressors. Divide them into two groups. First, list the *specific* stressors. These stressors are easily identified and recognized, such as job loss. They are the clearly seen events and circumstances that may get you down. List the situations that are currently contributing to your depression.

Specific Stressors

1. _____
2. _____
3. _____
4. _____
5. _____

Now, identify the *non-specific* stressors. This sort of stress is usually precipitated by a series of traumatic events, each in itself rather small. In combination, they add up to a stressor that contributes to depression. An example is a traffic jam that makes you late for a meeting. List a series of stressors for you that are more general in nature.

_____+_____+
_____+_____+
_____+_____=
_____

Vulnerability Factors

Vulnerability factors make you more likely to be negatively affected by life situations, more sensitive to even small situational changes, or more reactive. They may cause you to overlook options for coping effectively and instead simply react to the situation using old habits of thinking and coping. Review the following vulnerability factors, and indicate the ones that may be true for you using the Vulnerability Factor Worksheet on page 106. Specify a particular situation that might be affected.

1. *Acute illness:* When you are ill, your ability to cope with life stress decreases. Illness may range from a severe, debilitating sickness to more transient health problems such as headaches and viral infections. It is essential to be in consultation with a health care practitioner so that these illnesses can be dealt with medically. Not seeing a medical practitioner or physician may increase the severity of depression.

2. *Chronic illness:* In addition to acute illness, situations in which the health problem is chronic can lead to increased severity of suicidal thinking.

3. *Deterioration of health:* In aging, there may be a loss of activity because the body cannot perform up to the expectations that were appropriate at other times in your life.

4. *Hunger:* During times of food deprivation, you are more vulnerable to a variety of stimuli. You may overpurchase food when hungry. Hunger can lead to low blood sugar which can cause headache, fatigue, and irritability as well.

5. *Anger/Frustration*: When you are angry, you may experience a loss of problem-solving ability. There is a higher probability that you will make impulsive decisions or say things to hurt someone else's feelings which you will then feel bad about later.

6. *Fatigue:* In a similar fashion, fatigue also decreases your ability to both problem solve and control impulses.

7. *Loneliness*: When you feel lonely, you may begin a cycle of negative thinking that includes reduced options for yourself or even decreased self-care. Loneliness may be accompanied by thoughts such as, "no one cares about me" and "I would be better off dead" as the negative thoughts spiral downward.

8. *Major life loss*: The loss of a significant other through death or divorce may lead you to think you have reduced options or that you do not care what happens to you.

9. *Limited problem-solving ability:* You have chronic difficulties with problem solving in general. This creates stress anytime that you are faced with a new stressor that is beyond your capability to manage or control.

10. *Substance abuse:* Mood-altering substances increase both anxiety and depression as both primary and secondary effects of the substances themselves. The use of substances, including caffeine, will significantly lower threshold of vulnerability. Chronic use causes damage to the memory areas of the brain, as well as judgment and impulse control areas.

11. *Chronic pain:* This is one of the most common factors that lower the vulnerability threshold. The effects of chronic pain range from discomfort to a general negative view of the future to complete hopelessness.

12. *Acute pain:* Acute pain refers to "short-term" pain. Surgery, a broken leg, or other pain-related situation causes not only extreme discomfort, but is accompanied by the inconveniences associated with not being in control.

13. *Impulse control problems:* You tend to act before you think things out. You often find yourself "cleaning up" after a crisis as a result of your loss of control.

14. *New life situation*: A new life situation may be positive or negative. Divorce, marriage, job loss, job promotion, a new baby, children moving away, moving to a new city, winning a lottery, declaring bankruptcy, etc. can all serve to lower thresholds and increase vulnerability.

Vulnerability Factor Worksheet

Vulnerability Factor	True	Untrue	How This Affects Me
Acute illness			
Chronic illness			
Deterioration of health			
Hunger			
Anger/frustration			
Fatigue			
Loneliness			
Major life loss			
Limited problem-solving ability			
Substance abuse			
Chronic pain			
Acute pain			
Impulse control problems			
New life situation			

Each of the vulnerability factors can lower your threshold for stress and expose you to stimuli that contribute to depression. Often, vulnerability factors are situation-specific and affect you most in certain areas of your life. Following is a list of life areas that are problematic for some individuals. What is your threshold to these life events? Using a scale from 1 to 100, evaluate how much stress or difficulty you can manage in each of the areas. For example, if it takes very little to get you down, you have a low threshold (1). If you are able to take an enormous amount of stress in a particular area without reacting with depression, you have a high threshold (100). On the following scales, indicate your threshold for stress by marking a "T" on the line. We have left spaces for you to write in other life stressors.

Vulnerability Threshold Worksheet

Low Vulnerability Threshold **High Vulnerability Threshold**

1. Dealing with parents

1 ---------- 50 ---------- 100

2. Dealing with work issues

1 ---------- 50 ---------- 100

3. Relationships

1 ---------- 50 ---------- 100

4. Sex

1 ---------- 50 ---------- 100

5. Dealing with children

1 ---------- 50 ---------- 100

6. Dealing with physical illness

1 ---------- 50 ---------- 100

7. Loss

1 ---------- 50 ---------- 100

8. Pressure to perform

1 ---------- 50 ---------- 100

9. Dealing with friends

1 ---------- 50 ---------- 100

10. Coping with social situations

1 ---------- 50 ---------- 100

11. Dealing with financial matters

1 ---------- 50 ---------- 100

12. _____

1 ---------- 50 ---------- 100

13. _____

1 ---------- 50 ---------- 100

14. _____

1 ---------- 50 ---------- 100

15. _____

1 ---------- 50 ---------- 100

By completing this exercise, you have probably discovered that your thresholds differ with different life events. Now look over the specific items of stress on the list and determine if the actual amount of stress you are currently experiencing in each item is under or over your threshold. Indicate the amount of stress by placing an "S" on each line. If the stress in one area of your life is 50 and your threshold is 40, you will probably feel overwhelmed in that area. If the stress in one area is 15 and your threshold is 50 in that area, you are likely to be able to continue coping well. When the stress in one or more areas increases over the threshold, more than one stressor occurs, or the stressors reduce the overall threshold, you may respond with depression.

Coping With Difficult Life Situations

One of the guarantees in life is that you will experience a crisis, you will experience a significant loss, and you will be seriously disappointed. Therefore, it is important to begin planning how to deal with it *before* it happens, not *after* it happens.

The following questions will help guide you in problem solving and developing realistic coping techniques for dealing with life stressors.

For those situations in which the amount of stress (S) currently exceeds your threshold (T), answer the following questions.

	Yes	No
■ Can someone else handle this for you?	◯	◯
■ Can you postpone the situation?	◯	◯
■ Have you dealt with situations like this before?	◯	◯
■ Do you know anyone who has dealt with this situation before?	◯	◯
■ Can you change parts of the situation?	◯	◯
■ Is the situation going to change with time?	◯	◯

Count the yes and no answers.

Totals _____ _____

If the number of "no" responses on the questionnaire on the previous page exceeds the "yes" responses, there is a greater risk of hopelessness and depression. Now answer the next set of questions. You will see that there are some very small changes to the questions.

	Yes	No
■ Is it possible that you do not have to deal with all of the situation by yourself?	○	○
■ Is it possible to postpone a small part of the situation?	○	○
■ Have you dealt with slightly similar situations?	○	○
■ Do you know anyone who has ever had to deal with anything like this before?	○	○
■ Is it possible that parts of the situation are more easily changeable?	○	○
■ Is it possible that the situation going to change with time?	○	○

Count the yes and no answers.

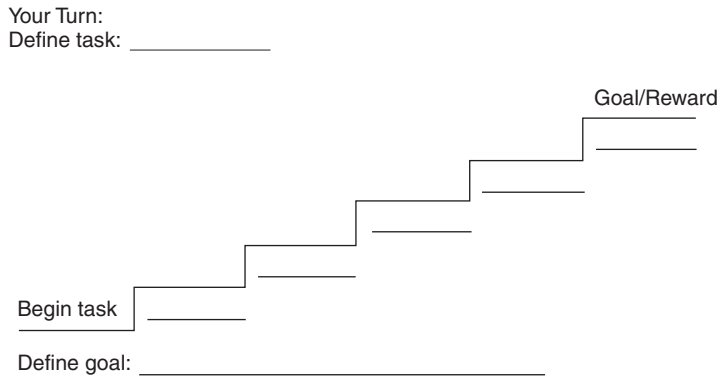
Totals _____ _____

Is there any difference in the number of "yes" responses between the first and second set of questions? You will probably have more "yes" answers the second time. The difference between the first set of questions and the second set is that in the first set there was little chance of change and more "all-or-nothing thinking." In the second set, we introduced the *possibility* of change and less all-or-nothing thinking.

You may ask yourself, "where do I go from here?" The exercise you just completed illustrates the point that by widening the scope of possibilities in coping with external stressors, hope is inspired. If you want to reach a goal, you need to do it one step at a time. By taking small steps, you can overcome large obstacles.

Look at all the situations in which stressors surpass your threshold and contribute to your depression. Choose one and ask yourself the second set of questions about it. Write down one small part of that situation with which you can start coping. After that, choose another small part and then another and another. You can use the Coping With Stressors Worksheet for this exercise.

Coping With Stressors Worksheet



Prioritizing Stressors

A final strategy for coping with stressors when you are feeling overwhelmed is to arrange them according to which problems need your attention first. This strategy breaks a seemingly overwhelming situation into smaller, more manageable parts. Considering the following example:

■ *Sheryl was in the middle of exam week. She was overwhelmed because she had so many things to do. There was a sorority meeting tomorrow and a party at the end of exam week and she wanted to go to. She said that it was important to get new clothes. There were emails from her friends that she had not answered yet. She and her roommate were going to fix up the room since it was so messy. A new guy she really liked left her a text message to call him. She was spinning when she came into the session. She did not know what to do first.*

Sheryl's therapist asked her to go to the board in the room and take a marker and divide the board into three parts. First part was designated things that were of highest importance, the second part was of some importance, and the last part was of minimal importance for this week.

When she was expressing being overwhelmed, her therapist suggested she breathe slowly from her diaphragm and try and soothe herself. When she said she was ready, the next question the therapist asked was why she was in school. Sheryl said that it was to get an education. She was asked that if that was the case, what would go into the high priority list? Sheryl said to study and do well on her tests. She then wrote that on the board in the high-priority column. Now her task was to see where the other situational

concerns would go on this three-part list. If studying was the most important, then were other perceived demands of her time worth concentrating on this week with the same urgency? She did not think so when she considered what they were. So where do they go? She decided that cleaning the apartment was in the low-priority list and could be done next week. She then saw the demand to answer emails somewhere in the middle. She drafted an email to send to all her friends who were writing her that she would not be answering until after exams. The text message from the guy she liked was still viewed by her as important. He was really good looking and she had hoped he would take an interest. When questioned how important, she somewhat reluctantly put him after her studies. She determined that she would call him and ask if they could talk after exams. As much as she loved to shop for new clothes for the party, she decided she had something she could wear and ranked that concern at the third column of her priority list. If she did well on her exams, she would reward herself by getting new clothes. As far as her sorority was concerned, she put that in the middle priority list. She decided that she would attend only if she met a goal for her studies on that day. She was asked what the consequences of being absent from the meeting were? Sheryl remarked doing poorly on exams would be more devastating than any snippy remarks her sorority sisters may have if she did not attend the meeting. Her desire to go to the meeting was then to be used as motivation to get studying done sooner rather than later. Sheryl left the session encouraged that she would be able to handle her situation this week and not let every possible interest or distraction get in the way of her important goals of doing well in her studies. ■

Review Questions

1. List the three major vulnerability factors that are likely to add to your depression.

_____

_____

_____

2. What three life situations cause you the most discomfort or depression?

_____

_____

_____

3. What effect do your identified life situations have on your mood?

4. Do negative life situations always have to lead to negative moods? How can you manage these situations better to lessen your reactions?

Homework

- ✎ Answer the chapter review questions.
- ✎ Complete the Vulnerability Factor Worksheet.
- ✎ Complete the Vulnerability Threshold Worksheet.
- ✎ Identify a distressing situation and complete the Coping With Stressors Worksheet.
- ✎ Create a priority list of tasks to better manage the circumstances that are causing you distress.

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Chapter 8 *Thoughts and Depression: The T of the BEAST*

Goals

- To understand how your thoughts are categorized in the cognitive triad model
- To identify thinking patterns that maintain depression
- To understand the types of cognitive distortions
- To develop ability to work with techniques for challenging cognitive bias
- To learn how to rework your thoughts and improve your mood with the Automatic Thought Record (ATR)
- To practice meditation

Cognitive Triad

In Chapter 2 we introduced the cognitive triad. The cognitive triad can help you start to divide the global experience of depression into smaller, more manageable pieces. The term *triad* describes the three negative views that characterize depression. Each view is characterized by thoughts that reflect that view. The first is the negative view you might have about yourself. These are the thoughts that include the personal pronouns *I, me,* or *my.* You might say to yourself:

- I am no good.
- Nobody likes me.
- My work is terrible.

The second element is the negative view and related thoughts that you might have about the world or your experience in the world. You might say to yourself:

- Life is unfair.
- People should be nicer.
- The government is corrupt.

Finally, there is the negative view and related thoughts you might have about your future. You might say to yourself:

- My life will keep getting worse.
- The world is going to destroy itself.
- There is no reason to live.

Many of life's problems can be categorized into at least one of these categories of negative views and related thoughts. The accumulated content in each of these three views is evident in how you see the world overall. Your feelings and behavior typically correspond with the negative content of these views.

For example, if you view yourself as physically unattractive, you may then avoid situations in which physical attractiveness might be seen as a prerequisite for success (dating, public speaking, etc.).

Negative View of Self

Write down the thoughts you have about yourself that are negative. For example, do you say to yourself, "I am stupid" or some other negative self-statements? Such negative statements are global and seem to come automatically. Do not stop now to evaluate whether these statements are true. What we would like you to do here is start to look at the negative things you say to and about yourself.

_____

_____

_____

Negative View of the World

Now, write down the negative thoughts that you have about the world and your experiences. What ideas do you carry with you about *your* world? Do you say,

"All men [or women] are jerks"? As before, do not stop yet to analyze whether these statements are true.

Negative View of the Future

How do you see the future—the rest of your life? Do you focus on the idea that "things will always be this bad"? Do you predict negative results for things you might try to do in the future? Write down any specific negative thoughts that you have about the future in the space provided.

Now, review the groups of statements that you wrote to determine the degree to which your thoughts fit the cognitive triad model of depression. It is important for you to structure the program for relieving your depression first by paying special attention to the areas in which your thoughts are most negative. Personal issues relating to self, world, and future are different for each of us. Each part of the triad does not necessarily contribute equally to your experience of depression. By assessing the relative contribution of each of the three, you can begin to develop a clear understanding of your unique combination of negative thoughts. By including an assessment of each group of negative thoughts, your personalized program can be directed toward your own specific areas of concern rather than toward vague, global problems.

Cognitive Distortions

As discussed in Chapter 2, distortions represent biased views that are not usually validated by other people. They represent a selectively narrow part of experience, usually negative. Distortions in thinking are frequently the initial focus of therapy because they are often easily identified. It is important for you to discover

the distortions in your thinking by tracking your "automatic thoughts"—the spontaneous thoughts associated with certain moods and/or situations. These spontaneously generated thoughts can then be evaluated for the impact they have on your life. Recognizing the distortions and biases that are reflected in your thoughts can point to underlying patterns in your thinking. The main purpose of discovering distortions is to allow you to begin to alter dysfunctional thoughts and thought patterns. Remember that people are usually biased because subjective personal experience influences perceptions. These biases become problematic when they are too extreme or are inappropriately relied upon. The following are categories of distorted thinking. Each is followed by three examples that are typical of the category.

1. **All-or-nothing thinking:** considering only extreme options, seeing things in black or white with no shades of gray.
    - I am either a success or a failure.
    - Things are either completely right or absolutely wrong.
    - I love you or I hate you.
2. **Mind reading:** assuming that you know what others are thinking.
    - They probably think I am incompetent.
    - I just know that she disapproves.
    - Even though people do not say so, I know how they really feel.
3. **Emotional reasoning:** the belief that if you feel something, it must be true and should be acted upon.
    - I feel so inadequate, I must be inadequate.
    - I feel so angry, I must express it.
    - If I feel anxious, I should not go out.
4. **Personalization:** the belief that you are the target of difficulty.
    - That comment was not just random; it must have been directed at me.
    - Problems always emerge when I am in a hurry.
    - Someone is always picking on me.
5. **Overgeneralization:** assuming that one incident applies to all others.
    - Everything I do turns out wrong.
    - It does not matter what my choices are; they always fall flat.
    - My boyfriend broke up with me; no one wants me.

6. **Catastrophizing:** assuming the worst.
    - If I go to the party, there will be terrible consequences.
    - I better not try because I might fail, and I could not stand that.
    - My fiancé broke our engagement; I will never get married.
7. **"Should" statements:** reflect a judgmental attitude.
    - I should visit my family every time they want me to.
    - They should be nicer to me.
    - I should not feel angry [or scared or anxious].
8. **Need for control:** the belief that absolute control at all times is necessary.
    - If I am not in complete control all the time, I am in danger of going out of control.
    - I must be able to control everything in my life.
    - I cannot let anyone else help me with this task. They might do it wrong.
9. **Negative comparisons:** viewing your performance negatively in comparison to others.
    - I am not as competent as my co-workers or supervisors.
    - Compared with others, there is clearly something flawed about me.
    - Even though it is OK for other people to make mistakes, it is not OK for me to.
10. **Disqualifying the positive:** difficulty believing positive experience.
    - This success experience was only a fluke.
    - That compliment was unwarranted.
    - Even though she said she liked my work, I know she did not mean it.
11. **Perfectionism:** the need to be perfect.
    - If I cannot do everything perfectly, I will be criticized and feel like a failure.
    - Doing merely an adequate job is akin to being a failure.
    - When I make a mistake, I feel worthless.
12. **Selective abstraction:** missing the big picture.
    - All those compliments do not matter. This criticism is the only thing that matters.

- I seem to dwell on the negative details and don't pay attention to the positive aspects of a situation.
- Even though I received an overall positive review, I think that I am not doing a good job.

13. **Externalization of self-worth:** looking to others for self-validation.

    - My worth is dependent upon what others think of me.
    - They think I am (e.g., stupid, lazy); they must be right.
    - I am not OK unless I am pleasing others.

14. **If-only thinking:** wishful or regretful thinking.

    - If only my situation were different, all of my problems would. . . .
    - If only I were taller, she would like me.
    - If only I had not (e.g., made that decision, done that), I would be happy now.

15. **Worry helps:** believing that worrying equates with protection.

    - If I think about it long enough, it will be resolved.
    - One cannot be too concerned.
    - If I forget to worry or let down my guard, something bad might happen.

16. **If I ignore it:** avoidance as a defense.

    - If I ignore it, maybe it will go away.
    - If I do not pay attention, I will not be held responsible.
    - What I don't know won't hurt me.

17. **Fairness:** the belief that life should always work out the way you think it should.

    - Life should be fair.
    - People should be fair.
    - Good behavior should always be rewarded.

18. **I must be right:** rigidly maintaining that one is right in all circumstances, despite contrary evidence.

    - I must prove that I am right; being wrong is unacceptable.
    - To be wrong is to be unforgivable or a bad person.
    - If I am wrong about one thing, it means I am wrong about everything.

19. **I can't stand it**: the belief that a specific situation or feeling is intolerable.

    - I cannot stand to be angry without exploding.
    - I cannot stand not knowing if he or she loves me; I must ask.
    - If I experience happiness, something horrible will happen.

20. **I can't live without . . . :** the belief that life is not worth living if a desire is unattainable.

    - I cannot live without a man/woman.
    - If I were in a relationship, all my problems would be solved.
    - I cannot survive if I am alone.

Review the list of distortions above, and circle those categories you are most likely to use. You can also write your most frequently used distortions, along with personal examples of each, in the space below. You may need to come back to this section later to add distortions because these thoughts may occur automatically and be embedded in other thinking to the extent that they are difficult to recognize.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Challenging Cognitive Patterns

Cognitive techniques are useful in challenging distorted and negative thinking patterns. It is often important to not accept feelings over reason, particularly when you are emotionally distressed. It can be precarious to only trust feelings when making a decision or judgment and it can also be a problem if feelings are not considered. Cognitive therapy attempts to help you effectively integrate a balance of feeling and reason. It uses techniques to help you question your thoughts. We have used the term "depressed you" to indicate that when you are depressed, you use many more negative thoughts to describe yourself. The "challenger" is your internal questioner who is going to find out what these thoughts are really about.

Table 8.1 Cognitive Techniques

1. Questioning what you really mean
2. Questioning the evidence
3. Reattribution
4. Examining options and alternatives
5. Decatastrophizing
6. Examining expected consequences
7. Listing advantages and disadvantages
8. Turning adversity to advantage
9. Labeling distortions
10. Guided association and discovery
11. Using paradox or exaggeration
12. Scaling
13. Replacement imagery
14. Cognitive rehearsal
15. Self-instruction or coaching
16. Thought stopping
17. Focusing
18. Self-compassion
19. Is it signal or noise?

The challenger will function much like your therapist to widen your perspective and allow you to respond to the evidence you may not be attending to.

See Table 8.1 for a list of techniques. The following sections briefly describe each of the techniques and provide cognitive restructuring exercises.

Questioning What You Really Mean

You may not completely understand the terms you are using. If a group of 100 people were asked to describe *depression*, you would probably hear 100 different definitions. Descriptions might include words like *sadness, the blues, hopelessness, sleep difficulties, sluggishness, slowed thinking, pessimism, apathy*, and *eating problems*. Given the varying meanings that words have, it is *essential to question what you mean when you use certain words*. See the following example.

Example

Depressed you: *I'm a loser!*

Challenger: *You call yourself a loser. Just what is a loser? What does being a loser mean to you?*

Depressed you: *You know, a **loser**. I can't do anything right. Nobody likes me.*

Challenger: *OK, that's a good start. It's important to know specifically what **you** mean when you use terms that don't have a clear meaning, like **loser**.*

Exercise

List some of the negative words you use to describe yourself. Then go back and challenge each word to determine what it really means to you.

Word I Use to Describe Myself	What Do I Really Mean?	Challenge the Word
Example: Loser	?	I make many mistakes.
_____	?	_____
_____	?	_____
_____	?	_____
_____	?	_____
_____	?	_____
_____	?	_____
_____	?	_____
_____	?	_____
_____	?	_____
_____	?	_____
_____	?	_____
_____	?	_____
_____	?	_____
_____	?	_____
_____	?	_____
_____	?	_____
_____	?	_____

In instances where the meaning of these words is negative, go back and ask yourself if there is evidence to support your self-defeating opinion. You will learn more about this technique in the next exercise.

Questioning the Evidence

One effective way to challenge a dysfunctional thought is to examine the extent to which the thought is supported by available evidence. Ask yourself if other

interpretations are more reasonable. It is essential to teach the "depressed you" to question the evidence that you are using to maintain and strengthen an idea or belief. When you use selective abstraction, you may ignore major pieces of data and focus on the few aspects that support your depressive views. By questioning the evidence, you broaden your focus to include the entire reality rather than just the narrowly focused negative view. Even the slightest doubt in your initial, fixed belief could be the first step toward meaningful progress. See the following example:

Example

Depressed you: *There is no way in the world that he would be interested in me.*

Challenger: *Before you become depressed, how do you know that he's not interested?*

Depressed you: *Come on. If he were interested in me, he would have asked me out—and he hasn't.*

Challenger: *Let's look at all the evidence. That's true, he hasn't asked you out yet. Has he done anything else to let you know he's interested? Does he spend time talking to you? How about the small gifts he has bought for you?*

Depressed you: *That's all true, but the real test is whether he asks me out.*

Challenger: *So the evidence at this point is, at least, mixed?*

Depressed you: *Well, yes, I suppose.*

Exercise

Select three negative assumptions you have about yourself and your life. List them here. Then go back and challenge the evidence for each assumption.

Negative Assumption	Evidence
1.	
2.	
3.	

Reattribution

A common statement from individuals who are depressed is "It's all my fault," especially in situations of relationship difficulty. Some individuals take total responsibility for situations; others tend to blame someone else and take no responsibility whatsoever. By becoming a "challenger," you can help yourself begin to distribute responsibility in a more realistic and accurate manner. By taking the middle ground, you can help the "depressed you" reattribute responsibility and not take all the blame or unrealistically shift all the blame to someone else.

Example

Depressed you: *It's all my fault. I really screwed things up this time. If only I could have handled things differently, that contract would have come through. If only I hadn't been so demanding. I blew it.*

Challenger: *You said before that much of your work on this project was good, so it sounds as if there may have been some other factors that kept you from getting this contract. Is it really **all** your fault that things didn't work out?*

Depressed you: *Yes. Who else's fault could it be?*

Challenger: *What about the delays your boss put on the project? What about the recent change in management in your company? I know that you feel that it was all your fault. I think it might be helpful, though, to examine all of the roles played in this project.*

Depressed you: *Well, we have been shorthanded lately. And things were really up in the air while that new manager was learning about the project.*

Challenger: *Can you think of something else?*

Exercise

List negative events or circumstances for which you feel totally at fault.

Then go back and ask yourself if anyone, other than yourself, may have shared in the responsibility.

Negative Event That's All My Fault	Anyone Else Who May Be Involved
1.	
2.	
3.	

The purpose of this exercise is not to shift blame entirely from you to someone else but rather to reveal the fact that many circumstances are associated with a combination of people and events.

Examining Options and Alternatives

People who are suicidal see themselves as having lost all hope. Death might be the easiest choice. Thoughts of suicide represent a profound difficulty considering other alternatives. The goal of this technique is to counter the inertia of depression by generating other options. Even one additional choice challenges the cognitive distortion that there are no alternatives.

Example

Depressed you: *What else is left for me? My life is as good as over! The only thing left for me to do is to die. I'll probably mess that up, too.*

Challenger: *Are you saying that you have no other options?*

Depressed you: *None that I can think of or would want to try.*

Challenger: *Let's look at that, then. On the one hand, you say there are no options. On the other hand, you suggest that there are options that you have in mind that you dismiss because you don't want to try. I'd like to help you to look at the options, as limited as they seem. Let's see if you and I can generate at least one other possibility.*

Depressed you: *I haven't been going to therapy as regularly as I used to. Maybe I should start doing that again.*

Challenger: *Great! What might be another option?*

Exercise

Make a list of situations in which you believe you had no options. Then list one or more alternatives that have become clear as you look back on the situation. If you have difficulty with this, consult with your therapist or someone whose judgment you respect.

Situation in Which I Had "No Options"	Looking Back Now, I See These Other Options
1.	
2.	
3.	

Decatastrophizing

When you catastrophize, you imagine and believe terrible outcomes will happen. Another way people catastrophize is to engage in "what if" thinking, imagining all the things that could go wrong. If you see an experience as potentially catastrophic, you can work to challenge whether you are overestimating the potential effects of the situation. Questions you might ask include: What are the terrible outcomes I am considering? Could I survive that? If it does happen, how will my life be different 3 months from now?

Example

In thinking about approaching someone:

Depressed you: *She'll think I'm an idiot.*

Challenger: *And what if she does? What would be so horrible if she thinks you're an idiot? Does that make you one?*

Depressed you: *It **would** be awful.*

Challenger: *Let's try again. What if she does think something about you? First, how do you know what she's thinking? And second, is what she thinks true?*

Depressed you: (Smiling) *I can't easily answer either of those questions. Either way, it wouldn't destroy me, so it's not that terrible, but it still seems pretty bad.*

Challenger: *You're right, it may seem so. Now what?*

Exercise

First, write down an event or circumstance that you believed would lead to a catastrophe or disaster. Next, write what you thought would happen and then what actually happened.

Event/Circumstance	Expected Catastrophe	What Actually Happened
1.		
2.		
3.		

This exercise is intended to remind you that consequences in the past have not always matched your catastrophic thinking. Even though bad things happened, the world did not end.

Examining Expected Consequences

In this technique, you are asked to think about a situation and describe your concerns and expectations related to it. Often, describing expectations can reveal misperceptions and irrational thinking. Alternatively, if the anticipated consequences are likely, you can realistically assess danger and develop effective coping strategies. An active examination of the style, format, and content of your expectations can yield good material for working with your therapist and challenging irrational thinking.

Example

Challenger: *Close your eyes and picture what you think will happen in this situation. Picture walking into the kitchen at home. Your parents are both there, and your father asks you about the exam. What will he say or do?*

Depressed you: *He'll get furious when I tell him that I've failed. He'll yell at me and tell me for the millionth time that I am wasting his hard-earned money. He'll tell me that I might as well drop out of school.*

Challenger: *What are the chances that he will actually say that to you?*

Depressed you: *The chance of this happening is about 50%, but actually my first thought was that he would throw me out of the house and make me drop out of school. Chances are that he would probably tell me that I had been doing a lousy job and then carry on for days about how I need to apply myself.*

Challenger: *If he reacted this way, what would you do?*

Depressed you: *I would try to accept that he'd be angry for a while and understand that eventually he'd calm down.*

Exercise

List any negative expectations of people or events that may frighten you or negatively influence your behavior. Rank the chances that such an event will happen on a scale from 0% to 100% and then list one to three options that may be appropriate to that expectation. You may want to rank-order these options in terms of effectiveness.

Negative Expectation	Chance of This Happening	If This Did Happen, I Would
1.		
2.		
3.		

Listing Advantages and Disadvantages

Another approach is to look at the pros and cons of the beliefs that maintain depression. By focusing on the advantages and disadvantages of a particular behavior or way of thinking, you can achieve a more reasonable and adaptive

perspective. This technique can be used to examine the adaptiveness of acting, thinking, and feeling certain ways. Although it may seem to you that you cannot control your feelings, viewing personal options from a broader perspective can enhance your view of choices and your personal control.

Example

Depressed you: *I can't stay in this marriage. If I stay, I'll die.*

Challenger: *From what you've described in the past, there are many parts to the relationship, both good and bad. Leaving has a lot of consequences. What are your other options?*

Depressed you: *I don't know.*

Challenger: *Let's explore the possibilities. We can work at making two lists. The first can be the advantages and the disadvantages of staying with Steve. The second can look at the advantages and disadvantages of leaving.*

Depressed you: *Aren't they the same?*

Challenger: *Not really. There will be some overlap, but the lists will show some very different ideas.*

Exercise

List situations that are troublesome for you. Then, evaluate your different options for resolving each situation by listing advantages and disadvantages.

Specific Situation:_____

_____

Options for Resolving Situation	Advantages	Disadvantages
1.		
2.		
3.		

Specific Situation:_____

Options for Resolving Situation	Advantages	Disadvantages
1.		
2.		
3.		

Turning Adversity to Advantage

As is often the case, for each thing lost, something important is gained. Sometimes what seems like a disaster can be used to your advantage. Losing your job can be a disaster but may be the entry point to a better job or even a new career. A deadline may seem oppressive and unfair but may be used as a motivator. This technique asks the depressed you to look for potential creative or adaptive outcomes. Looking for the positives of a difficult situation can be challenging. The depressed you will sometimes respond with even greater negativity when the challenger points out positive possibilities. You may accuse the challenger of being unrealistic. The challenger can point out that the positive view is no less real than the negative view.

Example

Depressed you: *I lost my job. Now what do I do?*

Challenger: *With the job gone, what keeps you in food service? You've thought of other jobs; in fact, you've spoken of some new career directions. What about those?*

Depressed you: *That's true, maybe I don't have to worry. It could be freeing. I have hated that job. This could be a great opportunity to try something new.*

Challenger: *Let's explore that idea, look more actively at your options.*

Exercise

Think of negative events that have happened to you. For each event, try to think of one positive outcome or one thing that you learned from the event.

Negative Event	Positive Outcome (Creative or Adaptive)
1.	
2.	
3.	
4.	

Labeling Biases and Distortions

One of the first steps toward self-knowledge is identification of your own distortions or errors of thinking. Many individuals who are depressed may find it useful to label the cognitive biases and distortions they notice among their automatic thoughts. Although not essential for improvement, labeling is often helpful because it helps you see things from a cognitive therapy perspective, and you understand the style and format of your bias. *Feeling Good- The New Mood Therapy* by Dr. David D. Burns is an excellent self-help book for learning more about cognitive distortions.

Example

Depressed you: *This always happens to **me.** Whenever **I'm** in a hurry, there's a traffic jam.*

Challenger: *What are you doing?*

Depressed you: *I'm personalizing.*

Challenger: *When you consider it further, do you really believe that the traffic jam had to do with you?*

Depressed you: *Well, of course not.*

Exercise

Review the list of cognitive distortions earlier in this chapter. Practice labeling your negative thoughts using the distortions provided.

Thoughts	Type of Distortion/Bias
1.	
2.	
3.	

Guided Association and Discovery

Through simple questions like "Then what?" and "What would that mean?" the challenger can help the depressed you explore the significance you see in events and potentially uncover underlying assumptions and beliefs you were not previously aware of. Using the chained or guided association technique, the challenger works with the depressed you to connect ideas, thoughts, and images. Asking questions like "What evidence do I have that that is true?" allows the "challenger" to guide the "depressed you" in identifying beliefs or schema that anchor distressing automatic thoughts. The guided association can be employed in helping the "depressed you" to be identified in more specific ways. Then you can begin to challenge more fundamental aspects of what underlies patterns of depression specific to you as an individual. This process is like peeling an onion, layer by layer.

Example

A 39-year-old single mother reported feeling depressed and suicidal after her boyfriend, who was an alcoholic, left her to date other women.

Depressed you: *I kept demanding that we should have a relationship. So why did he leave me for her? (pause) She must be better than I am.*

Challenger: *That seems very upsetting to think that she can do what you can't. What does that mean to you, exactly? Why is it so upsetting to you?*

Depressed you: *It means that I'm inadequate.*

Challenger: *Being inadequate seems so terrible because it means what?*

Depressed you: *That I can't ever have a relationship. That I'm not able to grow or change.*

Challenger: *And not growing or changing. Why does that seem so bad?*

Depressed you: *That I'll be lonely. I won't have anyone to share my life with.*

Challenger: *And that would be terrible because?*

Depressed you: *My daughter and I won't have a family. We'll be alone.*

Challenger: *And being alone would be horrible because?*

Depressed you: *It makes me worry that she'll be an orphan if something bad happens to me. There will be nobody there for her.*

Challenger: *So, you've mentioned that she's better than you are, you feel that you're inadequate and aren't growing or changing, and you worry that there won't be anyone there for you or your daughter. Right?*

Depressed you: *Yes . . .*

Challenger: *Do you see any connections here? Any common themes among all these thoughts?*

Depressed you: *Well, I seem to feel that having a family, a man, is very important. I feel inadequate . . . that I need the relationship to be OK.*

Challenger: *That's what you believe you need to feel secure? To feel happy?*

Depressed you: *Yes.*

Challenger: *Does that seem typical of you? The way you usually view things?*

Exercise

Use guided association to challenge three negative thoughts.

Negative Thought/Assumption	Challenger's Questions	Answers
1.		
2.		
3.		

Using Paradox or Exaggeration

Ironically, taking an idea to its extreme can make it possible to view a situation or thought from a more realistic position.

Example

Depressed you: *No one has ever helped me, no one cares.*

Challenger: *No one? No one in the whole world has ever, in any small way, offered you any help at all?*

Depressed you: *That's going too far. Of course people have helped me . . . but not when I needed them.*

Challenger: *Let's look at that. It changes the issue a bit. People have helped, but not when you wanted or needed them to help. Are there ways that you could get more help by asking differently or by asking different people?*

Exercise

Search for a negative thought you might have that may be exaggerated or extreme. Question yourself on it. Try saying it in an even more exaggerated way (e.g., I am unattractive; I really look like a hyena). Ask yourself if your negative thought is realistic.

Extreme negative thought: _____

_____

Question: Is this thought realistic?

Answer: _____

_____

Extreme negative thought: _____

_____

Question: Is this thought realistic?

Answer: _____

_____

Scaling

Scaling is particularly useful for individuals who tend to see things as all or nothing, black or white. The technique of scaling—viewing things as existing on a continuum—helps people be more descriptive and therefore more objective and balanced in thought and feeling.

Example

Challenger: *If you put your sadness on a scale of 1–100, how sad are you right now?*

Depressed you: *90–95.*

Challenger: *That's pretty high. Can you think of the saddest you've ever been in your life? When was that?*

Depressed you: *When my mother died.*

Challenger: *How sad were you then?*

Depressed you: *100!*

Challenger: *Can you remember a time that you were the happiest you have ever been?*

Depressed you: *Yes, the day I graduated from college. I was so proud of myself!*

Challenger: *If that was a happy time, label that 1 for "not sad." Use those two events, your college graduation as "1" for "not sad" and your mom's death as "100" for "extremely sad." Compared with those events, how sad are you now?*

Depressed you: *Well, compared with that, this is a 50, maybe 45.*

Exercise

Rate events using this mood measure.

Event:_____

How sad were you?

1 ---------- 50 ---------- 100

Not sad Extremely sad

Event:_____

How angry were you?

1 ---------- 50 ---------- 100

Not angry Extremely angry

Event:_____

How anxious were you?

1 ---------- 50 ---------- 100

Not anxious Extremely anxious

Replacement Imagery

Not all automatic thoughts are verbal. Images and dreams can be valuable sources of material in therapy. If you have disturbing images, you can generate more effective coping images to replace the depressing or anxiety-producing ones. Athletes have discovered that imagining specific successful performances can lead to increased actual performance during competition.

Similarly, the content of dreams can be examined from a cognitive perspective. Cognitive therapists view dreams as the active expression of the person.

Example

Susan had trouble resisting sweets when she felt depressed.

Challenger: *Imagine you are sitting at the table with a piece of apple pie in front of you.*

Depressed you: *OK. I can picture it. It looks so good!*

Challenger: *Now, imagine that you pick up your fork and lift a bite of the pie to your mouth, only to find that the pie is stale and hard.*

Depressed you: *Yuck! I can't eat it.*

Challenger: *Next, imagine picking up the piece of pie and throwing it in the trash can.*

The following example demonstrates replacement imagery. A 31-year-old woman reported the following dream: "I was sitting on the couch when out from the opposite wall came this huge snake. It struck at me with incredible speed, giving me no time to move away. It sank its fangs into my arm. All I could do was look at it and comment on the pain and the fact that it was biting me. I woke up feeling anxious and frightened."

The basic cognitive elements were her view of herself as helpless and her perceived inability to effectively react. These cognitive positions paralleled her distressing cognitions in her waking state. She was extremely effective on her job but often felt anxious when called upon to be assertive. Her therapist might help her restructure the experience by asking what she might have done differently in the dream. She could restructure the scene as she wished, now in her attentive, reflective state. As a challenger, how might she encourage herself to use more adaptive skills?

At first, she restructured the dream tentatively, by visualizing herself trying to hold something over the snake hole in the wall. With further encouragement and some modeling from the therapist or the challenger, she restructured the scene so that she immediately severed the snake's head. As she restructured the dream to one in which she took greater control and asserted herself, there was an immediate affect shift from anxiety to relief.

In another technique, the dream is revisualized for the primary purpose of altering the negative elements. The snake could become a cartoon character, or the dreamer could offer the snake a treat or have a transparent shield. In restructuring the dream or image, a positive outcome can be affected.

Exercise

Summarize one of your own dreams and then restructure it.

Original Dream: _____

_____

_____

Restructured Dream: _____

_____

_____

Cognitive Rehearsal

By visualizing an event in your mind, you can practice particular behaviors mentally. A number of athletes use this technique to enhance performance. Through visualization and imagined practice, you can investigate several possibilities by running each of them through your mind like a videotape. Pilots practice on a flight simulator to gain skills in this way.

Example

Challenger: *Close your eyes and picture speaking with your girlfriend. Can you picture that?*

Depressed you: *Yes. I don't like what I'm seeing.*

Challenger: *What do you see? Describe it.*

Depressed you: *I see her listening to me and then turning away. I start begging her to stay and then I feel embarrassed and humiliated.*

Challenger: *Can you picture not begging? Let's try to construct a picture you can live with, both literally and figuratively. What would be in the scene you would like to see happen?*

Exercise

Think of something you would like to learn how to do or do better. Create a visual scenario with phases, and imagine specific steps that might lead to the desired result.

Scene 1: _____

_____

Scene 2: _____

_____

Scene 3: _____

_____

Goal: _____

_____

Self-Instruction or Coaching

The same process used in self-criticism can be used to learn and enhance new skills. For example, in learning impulse control, you can start with direct verbalization by saying self-instructions out loud. With practice, you learn to say the instructions without actual verbalizations, and eventually the instructions become more automatic. You can teach yourself to offer direct self-instructions or, in some cases, counterinstructions. In this technique, the challenger is not introducing anything new to the depressed you. Rather, you can utilize, change, and strengthen a technique that you have used before.

Example

Challenger: *How can you deal more effectively with your son Jon when he starts to misbehave?*

Depressed you: *I just automatically respond. I need some space. I want to tell him to get out.*

Challenger: *What would happen if you could tell yourself that you don't have to respond immediately? You need to just walk away so you won't say something you will regret.*

Depressed you: *Well, if I listened to myself, I would probably be in far better shape.*

Challenger: *That's interesting! If you could tell yourself directly that it would be better to leave the situation, both you and Jon would do better. Is that so?*

Depressed you: *I suppose. But how can I talk to myself rationally when I'm so angry?*

Challenger: *Let's practice.*

Exercise

Think of a situation in which you wish you could curb your impulse to act until you have cooled down or thought the situation over. _____

_____

What are some things you would like to tell yourself if you could wait before reacting to the situation? _____

_____

Thought Stopping

Distressing thoughts often have a snowball effect. What may start as an insignificant problem can gather weight and momentum. Once on a roll, the thoughts seem to have a force of their own and are very hard to stop. Thought stopping is best used when the thoughts first start, rather than in the middle of the process after they are already underway. The depressed you can be taught to picture a stop sign, hear a bell, picture a wall, or say the word *stop* out loud, or clap hands.

This technique may be practiced in a session with your therapist. You can then remind yourself of your success at stopping or interfering with your thoughts in your session or when you are practicing on your own between sessions.

Example

Depressed you: *I keep thinking about causing the plane to crash. I'm sweating just thinking about it. I'm really getting upset. . . .*

Challenger: ***Stop!*** *When you start having these thoughts, it's really important to stop before you lose control. What just happened? What helped you to stop?*

Depressed you: *The noise, I guess.*

Exercise

What are some repetitive negative thoughts that emerge from you that you would like to stop? List them and then practice stopping them by saying, "Stop!"

_____ Stop!

_____ Stop!

_____ Stop!

_____ Stop!

_____ Stop!

_____ Stop!

_____ Stop!

_____ Stop!

_____ Stop!

_____ Stop!

Focusing

There is a limit to how many things you can think about at once. By occupying your mind with neutral thoughts or one neutral word, you can interfere with or block upsetting thoughts. You might repeat a neutral word or sound, count

slowly, focus on calming and pleasant images, or concentrate on external stimuli. Although this technique is short-term in nature, it gives the depressed you time to establish some degree of control over your thinking. To practice this technique, set aside 10–15 minutes twice a day, sit comfortably, close your eyes, and relax.

Example

Challenger: *Take a couple of deep breaths and repeat to yourself the word "one." Whenever another depressive or anxious thought comes to your mind, just say to yourself again, "one."*

Depressed you: *This feels silly.*

Challenger: *I know. We want to see if you can interfere with the racing negative thoughts you described.*

Depressed you: *One . . . one. This is probably not going to work. How will I know when 10 minutes have gone by? I'm not doing this right. One (eyes still closed).*

Depressed you: *(After 10 minutes) I do feel somewhat better. The negative thoughts seemed to go away a little bit.*

Exercise

For the negative thoughts you listed in the previous exercise, try focusing on something neutral or pleasant to interrupt the thoughts. Each time you become aware that you have drifted back to your negative thoughts, simply refocus back to your replacement thoughts or image. You will do this again and again.

_____ Refocus

_____ Refocus

_____ Refocus

_____ Refocus

_____ Refocus

_____ Refocus

_____ Refocus

_____ Refocus

_____ Refocus

_____ Refocus

Self-Compassion

Problems can be more effectively managed if you related to yourself in a respectful, compassionate way and issues are dealt with in a neutral and pragmatic manner. How do you feel if someone respectfully asks you to stop talking in a theater rather than yelling or cursing at you in anger? Harsh messages, both in self-talk and from others, are often met with resistance and conflict. Self-compassion involves wanting to relieve yourself from suffering without judgment and punishment. How you address yourself when you're suffering can make a difference in problem solving. Try to offer the same compassion to yourself that you might to other people in distress.

Example

Depressed You	Challenger
I have let my friend down by not going her birthday party.	I just got in from my trip. I would have exhausted myself to the point of collapse if I tried to go. It is important to take care of my health. I never seem to keep my commitments. That is an unfair statement. I try to do right by my friends and it is only during extraordinary circumstances that I do not take the opportunity to show that I care. I feel like I am not worthy of her friendship anymore. It is important that I respect myself and take care of my health and energy. How can others be understanding of me if I do not show reasonable concern for my own health.

Exercise

In the first column, write one of your self-punitive, mean spirited, and condemning self-statements. Respond to that thought in the opposite column with understanding and sympathetic statements that you might give to a friend or loved one who is suffering.

Depressed You	Challenger

Signal or Noise?

Noise is something that distracts focus from important signals. It is possible to overemphasize some aspect of the environment at the expense of noticing more important or useful signals that promote your goals and purposes.

Example

For example, if you travel in rush hour traffic, you can become distracted by the crowded highway and become so upset about it that you arrive at your destination in an irritable state of mind. However, most people find ways to accept the difficulties of travel and focus on where they are going and perhaps listen to the music on the radio rather than emphasize the "noise" of the highway.

Exercise

Consider situations where you overemphasize noise in your life and when you could be more focused on other signals.

Situation	Noise	Signals to Focus On

The Automatic Thought Record

The Automatic Thought Record (ATR) presented in this chapter (see Figure 8.1) is one of the most widely used methods in therapy for helping change thinking patterns and levels of emotional distress. Learning to use the ATR takes practice, but it is well worth the effort. It is not learned immediately. Take time to collect information about distressing situations between sessions and write them down. You can apply your understanding of the cognitive distortions and the cognitive therapy techniques using this format in your responses to automatic thoughts.

Following are some instructions for completing the Automatic Thought Record.

Situation

This is a neutral description of what you are experiencing as you find yourself feeling emotional distress. It is "just the facts" and not a time to editorialize. Describe what you were doing, where you were, and/or who you were with when you felt bad.

Emotions

These are the feeling(s) you are experiencing during the situation you described. A feeling is usually a word or two (anxious, sad, afraid, angry, etc.), not a description of how, what, or why. Your therapist can help you if you have difficulty identifying exactly what you felt. Also see the Feeling Words List of commonly experienced feelings on page 153. Often people confuse thoughts and feelings. The feeling is associated with the previous column (your situation) and the next column (your automatic thought). You should rate the intensity of your feelings on a scale of 1–100%, with 1% representing no distress and 100% representing the most intense feelings you have ever experienced.

Automatic Thoughts

This is the thought(s) that are going through your mind associated with the feeling(s) you reported in the previous column. You should also rate your belief in these thoughts on a scale of 1–100%, with 1% representing no belief and 100% representing absolute belief in these thoughts.

Adaptive Thoughts

These are your responses to the automatic thoughts. They involve using the cognitive therapy techniques you learned about in this chapter. You should also rate your belief in these adaptive thoughts on a scale of 1–100%, with 1% representing no belief and 100% representing absolute belief. Following are some other rules of thumb when you use this method.

1. Address only one automatic thought at a time. If you have several automatic thoughts associated with the feeling, choose the one that seems the strongest. You can go back to the others later, if the distress you are feeling is still very strong.

2. Try to come up with at least three adaptive thought responses for each automatic thought. They should be specific and contain evidence (preferably from your life and experience) to dispute or offer alternatives to the content of the automatic thought. If the thought is a realistic problem, problem-solving skill building can be a part of what you write in this column.

3. Use descriptive rather than judgmental or value-laden language. Be compassionate to yourself about what you are feeling and move away from punishing yourself. Identify any language distortions, like "should," "have to," "must," "always," and "never."

Examples of Adaptive Thoughts

- Last time I missed a deadline, no one was that upset because they knew I put in a good effort. (95%)

- I want to avoid such dramatic language, he would not try to hurt me for a mistake, let alone kill me. (100%)

- Wait a second, I have overlooked the 6-month severance pay that I can live on as I try to find another job. (100%)

- I have good credentials and even though it will be difficult, I think I can find something else; if not, I can take some temp work until I do. (80%)

Outcome

Here you describe what happened as a result of challenging your automatic thoughts and re-rate the intensity and believability of your feelings and thoughts. You should also add any new feelings or thoughts you may have about the situation.

It is recommended that you photocopy the blank Automatic Thought Record and use it when you have distressing feelings. (See Figure 8.1 for a completed example.)

Date and time	Situation (Describe the circumstances)	Emotions (Write your feelings and rate them on a 0–100% scale)	Automatic thoughts (Write your automatic thoughts and rate your belief in them on a 0–100% scale)	Adaptive thoughts (Write an adaptive thought and rate your brlief in it on a 0–100% scale)	Outcome (Describe what happened as the result of your actions)
11–10–98 5:15 p.m.	I am in the car and thinking about the things I forgot to do at work.	Anxious (90%) Fearful (95%)	If I don't get the work done for my boss, he's going to kill me! (95%)	I have a good record with my boss because I usually get the work done early. (90%)	Anxiety is reduced to 40%. Fear is at 50%. New feelings: Calm–60% Confident–55%
11–11–98 3:45 p.m.	I was told that the job ends in 30 days and I will be laid off.	Depressed (80%) Hopeless (90%)	I won't be able to support my family if I don't have this job. (99%)	I knew when I started here that this was not my life's work. (70%) We have saved money and my parents are able to help us. (70%)	Depression is reduced to 60% Hopelessness (40%)

Figure 8.1
Example of Completed Automatic Thought Record

Automatic Thought Record

Data and Time	Situation (Describe the circumstances)	Emotions (Write your feelings and rate them on a 0–100% scale)	Automatic Thoughts (Write your automatic thoughts and rate your belief in them on a 0–100% scale)	Adaptive Thoughts (Write an adaptive thought and rate your belief in it on a 0–100% scale)	Outcome (Describe what happened as the result of your actions)

Cognitive Techniques Practice Chart

You can record on this chart when you practice the techniques listed in this chapter. Additional copies are provided in the appendix so you can record your practice over a period of weeks.

Technique	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
1. Questioning what you really mean							
2. Questioning the evidence							
3. Reattribution							
4. Examining options and alternatives							
5. Decatastrophizing							
6. Examining expected consequences							
7. Listing advantages and disadvantages							
8. Turning adversity to advantage							
9. Labeling distortions							
10. Guided association and discovery							
11. Using paradox or exaggeration							
12. Scaling							
13. Replacement imagery							
14. Cognitive rehearsal							
15. Self-instruction or coaching							
16. Thought stopping							
17. Focusing							
18. Self-compassion							
19. Is it signal or noise?							

Meditation

Meditation is a rest period when you are awake to recharge your batteries and improve the possibility of focusing on tasks ahead with less stress from distraction. Research on meditation for treatment of depression has been promising. This type of meditation is focusing your mind on one sound, which will be the word "one." As simple as that seems, we often find our minds drifting to other thoughts and concerns and when we notice this happening, we let the word "one" back into our minds and let the other thoughts and concerns subside. This kind of distraction is common and frequent for most people who try and meditate, so please do not worry that you are doing it wrong if you find distracting thoughts going in and out of your mind. Try to give yourself a 20-minute period each time you meditate.

The process of meditation is done sitting down in a comfortable chair. Try and be in an environment where interruptions are unlikely. Turn off any alarms, cell phone, and music. It is better to meditate at least an hour after a meal or before eating. There is always noise around us and within us, but taking some measures to lessen the noise can make the meditation easier. While sitting, please begin to take full breaths slowly and gently and get yourself at ease in your chair. Close your eyes. Begin to say the word "one." Repeat it in your mind as you meditate. If you find your mind drifting, come back to the word one again when you notice that your thoughts go elsewhere. If your mind goes blank, it really isn't. Otherwise, how can you think that it is blank? However, you may experience a sense of calm as you continue to come back to the simple sound of the word one.

When you are ready to come out of a meditation, take about a minute to gently move around in your chair and ease into active awareness of things around you. Gently and slowly open your eyes, letting a little light in at a time. The effort will be to not be abrupt or jarring, but to smoothly come back into wakeful activity.

Review Questions

1. Name three cognitive distortions.

2. Why is it important to question yourself when you are depressed or anxious?

3. Name five techniques for improving your depression.

4. How can cognitive rehearsal help with a personal problem?

Homework

- ✎ Answer the chapter review questions.
- ✎ Complete the exercises in this chapter.
- ✎ Continue using the cognitive techniques presented in this chapter and record on the Cognitive Techniques Practice Chart.
- ✎ Begin using the ATR to monitor and challenge negative, automatic thoughts.
- ✎ Try practicing meditation on a daily basis.

Feeling Words List

Happy	Sad	Angry	Scared	Confused
Admired	Alienated	Abused	Afraid	Ambivalent
Alive	Ashamed	Aggravated	Alarmed	Awkward
Appreciated	Burdened	Agitated	Anxious	Baffled
Assured	Condemned	Anguished	Appalled	Bewildered
Cheerful	Crushed	Annoyed	Apprehensive	Bothered
Confident	Defeated	Betrayed	Awed	Constricted
Content	Dejected	Cheated	Concerned	Directionless
Delighted	Demoralized	Coerced	Defensive	Disorganized
Determined	Depressed	Controlled	Desperate	Distracted
Ecstatic	Deserted	Deceived	Doubtful	Doubtful
Elated	Despised	Disgusted	Fearful	Flustered
Encouraged	Devastated	Dismayed	Frantic	Foggy
Energized	Disappointed	Displeased	Full of dread	Hesitant
Enthusiastic	Discarded	Dominated	Guarded	Immobilized
Excited	Discouraged	Enraged	Horrified	Misunderstood
Exuberant	Disgraced	Exasperated	Impatient	Perplexed
Flattered	Disheartened	Exploited	Insecure	Puzzled
Fortunate	Disillusioned	Frustrated	Intimidated	Stagnant
Fulfilled	Dismal	Fuming	Nervous	Surprised
Glad	Distant	Furious	Overwhelmed	Torn
Good	Distraught	Harassed	Panicky	Trapped
Grateful	Distressed	Hateful	Perplexed	Troubled
Gratified	Drained	Hostile	Petrified	Uncertain
Hopeful	Empty	Humiliated	Reluctant	Uncomfortable
Joyful	Exhausted	Incensed	Shaken	Undecided

continued

Feeling Words List *continued*

Happy	Sad	Angry	Scared	Confused
Jubilant	Grievous	Irritated	Shocked	Unsettled
Justified	Helpless	Mad	Shy	Unsure
Loved	Hopeless	Offended	Skeptical	
Marvelous	Humbled	Outraged	Startled	
Optimistic	Inadequate	Patronized	Stunned	
Peaceful	Islanded	Peeved	Suspicious	
Pleased	Isolated	Perturbed	Swamped	
Proud	Lonely	Pissed Off	Tense	
Relaxed	Miserable	Provoked	Terrified	
Relieved	Mournful	Rebellious	Threatened	
Resolved	Neglected	Repulsed	Timid	
Respected	Pitiful	Resentful	Tormented	
Satisfied	Regretful	Ridiculed	Uneasy	
Terrific	Rejected	Sabotaged	Unsure	
Thrilled	Resigned	Seething	Vulnerable	
Tranquil	Sorrowful	Smothered		
Valued	Terrible	Spiteful		
	Unappreciated	Stifled		
	Uncared for	Strangled		
	Unloved	Throttled		
	Unwanted	Uptight		
	Upset	Used		
	Worthless	Vengeful		
	Wounded	Vindictive		

Chapter 9 *Relapse Prevention*

Goals

- To understand relapse
- To develop a relapse prevention plan
- To develop specific crisis intervention plans if needed
- To review progress and plan for continued assessment
- To learn ways to decrease the potential for relapse

What is Relapse?

In general, the word "relapse" means returning to a disease state after achieving a period of health or recovery. Risk of relapse in varying degrees is a reality for all individuals who have achieved recovery from depression. One reason for relapse may be that the individual continues to think and/or behave like he did prior to the remission of the depressive symptoms.

Common Factors for Relapse

Not infrequently those who believe they have conquered depression do return to their old habits and ways of thinking. There are several factors that can contribute to this. Some people may return to their old habits and ways of thinking. Specific factors that can contribute to risk for relapse for depression include vulnerability and situational factors previously discussed in this workbook.

Vulnerability Factors

- One or more (multiple) prior episodes
- Strong family history of depression
- Prior suicide attempt

- Physical conditions and illness, (e.g., pain, diabetes, myocardial infarction)
- Use of medication such as sedatives, opiates for pain, prednisone, hypertensive agents
- Sleep disorders
- Alcohol and/or drug abuse

Situational Factors

- Lack of social support, connectedness, and satisfying relationships
- Life losses
- Abusive relationships
- Work stress and job dissatisfaction
- Major life transitions such as job changes, moves, and retirement
- Financial distress

A well thought-out, relapse prevention plan should include special attention to these factors as they specifically pertain to your life. The following example illustrates this concept.

Case Example

■ *Katie left the front door of her apartment and headed for her car. She was on her way to see her mother who was expecting her to celebrate her brother's birthday. The gift for him was in one bag and a casserole was in the other. The street was a pretty tree lined avenue with a couple of children riding bikes down the sidewalk in front of her and an elderly couple walking hand in hand on the other side of the street. She really liked her quiet neighborhood. It was a lot like the street she grew up on, where she always felt safe and enjoyed coming home. She placed two bags on the backseat, got in the car, humming merrily under her breath. As she started the car Katie looked across the street and noticed the elderly couple again. Just then she had a quick memory of her grandmother. Her first thought was, "I really miss my nana." Katie began to feel very sad. She thought of her tiny face and her wrinkled hands. She remembered how they used to walk together down the street in front of her grandmother's house. It had been 10 years since her grandmother had died. Oh, how she wished she could spend one more day with her grandma who had died so soon. She began to sob, placing her head in her hands and soon, she was so overcome with emotion that she felt unable to pull herself together. Katie got out of the car, ran back into her apartment, and*

impulsively called her mother to say she just couldn't make it that day; that she wasn't feeling well. ■

In this example, Katie fell prey to her own negative thinking. There was nothing different between leaving her front door and starting her car, except her thoughts and feelings that had been triggered by seeing the elderly couple that reminded her of her grandmother. Katie had not placed any protection between the "trigger" and the automatic thoughts and feelings that were significant part of her earlier onset of depression. Before long she was experiencing profound sadness and negative feelings to the point that she did not go to an event that she otherwise would have enjoyed.

Consider the alternative, and imagine how things would have been different if Katie had used a specific relapse prevention plan, applicable for just such times.

■ *As she started the car Katie looked across the street and noticed the elderly couple again. Just then she had a quick memory of her grandmother. Her first thought was, "I really miss my nana." Katie reminded herself that sadness was natural and of course she missed her grandma. She also reminded herself that she was particularly sensitive or "vulnerable" to such feelings and related automatic thoughts. She reminded herself that this was a signal to use her self-interventions from her relapse prevention plan. She would stop and say to herself, "Having these feelings doesn't mean I am depressed, it is an expected response to being reminded of my grandmother." I can acknowledge them but don't have to go all the way into them or be driven by them. I have choices of what do in response to this feeling." She asked herself "What do I really want to do?" Then she responded, "Remember, I really wanted to go to my brother's party!" Katie then firmly replaced the thoughts, feelings, and images of her grandmother with "here and now" thoughts, plans, and images of her very-much-alive mother and brother whom she also loved. She reminded herself that although her grandmother had been important to her, her mother and brother were equally important in her present life and predicted from past experience that if she went on to the party she would likely feel better about herself. With these thoughts in mind, Katie was able to motivate herself to go to the party, despite her strong feelings.* ■

The difference between the first story and the second (in addition to the outcome) is that in the second example Katie had a relapse prevention plan in place that addressed just such situations. When the first thoughts and feelings came to mind in response to this "trigger," she acknowledged them and immediately chose to interrupt the distressing thought-feeling behavior cycle. Even though she was temporarily distracted by painful feelings of sadness, and related automatic thoughts, she was able to intervene and shift her focus to live more in the present, rather than be held hostage by those memories. Her skill in becoming

aware of each step and intervening effectively took much practice. In the second scenario, Katie had become her own therapist and by doing so interrupted a feeling-thinking-behavior cycle that eventually could have extended to an enduring low mood and subsequent depression.

Developing a Relapse Prevention Plan

When you and your therapist determine that you are near ready to end formal psychotherapy the focus should be turned to developing your relapse prevention plan. By completing the TTB program, you now have a broad repertoire of coping techniques and interventions to use against low mood, and associated thoughts and behaviors that may signal the beginning of depression. With planning, you can use your skills in response to future disappointments, losses, situational stress, and your own unique "triggers." The more you actively plan, the more likely you are to interrupt repetitive thought patterns and enduring low moods that could eventually result in another episode of depression. Or in the event you do become depressed in the future, your efforts can significantly decrease its impact.

The first step in making such a plan is to review your list of vulnerability and situational factors. Some of these vulnerability factors were made apparent in the Medical/Physical Information Sheet you completed during your assessment. Other factors emerged throughout you participation in the program. This included identifying your characteristic thinking patterns and behaviors that contributed to your depressive episode. In addition to past vulnerabilities and situations, you will also need to identify possible future situational changes and challenges. Just as the TTB program is tailored to you and your unique needs, an effective relapse prevention plan must be as well.

What have you learned in psychotherapy that has been most helpful in alleviating your depression? Reviewing previously completed ATRs, DTSs, TOMs, and other homework assignments can be useful in answering this question. Try to determine specific techniques that have been helpful.

As shown in the case example, an effective relapse prevention plan includes your unique "triggers" and specific suggestions for managing them, or in some cases appropriately avoiding them altogether. Triggers are those specific situations, people, times, and even thoughts or behaviors that act as powerful stimuli for thinking and feeling pattern associated with depression.

Relapse prevention is really an approach to living well and represents a philosophy of life, but the plan itself is much more specific. Ideally it should be written down. You may use the form provided in this chapter. Figure 9.1 shows a sample Relapse Prevention Plan.

Specific vulnerabilities to depression and things that can be done to lessen their potential impact:

1. *Sleep deprivation*
   - *Record that late night TV shows I like and watch them the next day.*
   - *If I'm up worrying for more than 10 minutes at bedtime, I will leave my bedroom and sit in the living room until I am ready to return to bed.*
   - *Exercise regularly; at least 3 times a week*

Situations that contributed to episode(s) of depression and three things (i.e., coping, problem solving, or decision-making strategies or actions) that alleviated the situation or impact:

1. *I isolate myself and became lonely*
   - *Remind myself that feeling lonely may be an early warning sign, but that it does not mean I am destined to become depressed.*
   - *Remind myself that there are things I can do to prevent an onset of depression.*
   - *Call at least three of my friends and schedule a get-together with them once a week.*

Anticipated situations that would present challenges and could contribute to future episode(s) of depression and three things I can do to lessen their effects (i.e., coping, problem solving, or decision-making strategies or actions):

1. *Visiting my mother-in-law who is very critical of me*
   - *Limit my visit to 3 days*
   - *Review my Automatic Thought Records and other written therapy work relating to coping with my mother-in-law's criticisms prior to the visit.*
   - *Explain to her that I love her and understand that she might be trying in her own way to get me to change, but I will not stay the entire visit if she continues to berate me.*

Most distressing emotions and three ways of dealing with them:

1. *Anger*
   - *Acknowledge that I am angry rather than burying it inside*
   - *Remind myself that expression of anger is a choice. I do not have to express it immediately when I experience it.*
   - *Delay expressing anger and let it subside, and then decide how I can best express it. I can make better decisions when I let things incubate.*

Figure 9.1
Sample Relapse Prevention Plan

Most frequent automatic dysfunctional thoughts and the three most effective, adaptive responses to each one:

1. *I am doomed to be depressed all of my life*
   - *I was depressed before and brought myself out of it*
   - *I can recognize the signs earlier and have a good chance of preventing an episode*
   - *I have learned specific skills that I can use in the future if I do get depressed*

Specific triggers for automatic thoughts and distressing feelings:

1. *When I see a movie in which one of the characters is a critical mother*
   - *Remind myself that this is a trigger but not my life.*
   - *Remind myself that I have a choice of allowing myself to go into the pattern of self criticisms or not.*
   - *Review and use the ATRs that I have completed re: my mother's criticisms*

Core dysfunctional (maladaptive) beliefs with three automatic thoughts that reflect them and effective, adaptive responses to each one:

1. *I am inadequate*
   - *My mother tells me so, so it must be true*
   - *Review and use ATRs*
   - *Remind myself that I have a college degree and a good job, both of which show that I am more than adequate*

Criteria for knowing when to return to psychotherapy:

1. *Mood score of _____ for _____ days*
2. *BDI-II score of _____ for two consecutive times*
3. *Suicidal thoughts*
4. *If I lose my job or someone close to me passes away*
5. *If I am diagnosed with a serious illness*

Who to call for support, help, or companionship when lonely:

1. _____ Phone Number _____
2. _____ Phone Number _____
3. _____ Phone Number _____

Figure 9.1 *continued*

Relapse Prevention Plan

Specific vulnerabilities to depression and specific antidotes to each one:

1. _____
   - _____
   - _____
   - _____
2. _____
   - _____
   - _____
   - _____
3. _____
   - _____
   - _____
   - _____
4. _____
   - _____
   - _____
   - _____

Situations that contributed to episode(s) of depression and three things (i.e., coping, problem solving, or decision-making strategies or actions) that alleviated the situation or impact:

1. _____
   - _____
   - _____
   - _____
2. _____
   - _____
   - _____
   - _____

3. _____

- _____
- _____
- _____

4. _____

- _____
- _____
- _____

Anticipated situations that would present challenges and could contribute to future episode(s) of depression and three things (i.e., coping, problem solving, or decision-making strategies or actions) that alleviated the situation or impact:

1. _____

- _____
- _____
- _____

2. _____

- _____
- _____
- _____

3. _____

- _____
- _____
- _____

4. _____

- _____
- _____
- _____

Most distressing emotions and three ways of dealing with them:

1. _____
   - _____
   - _____
   - _____
2. _____
   - _____
   - _____
   - _____
3. _____
   - _____
   - _____
   - _____
4. _____
   - _____
   - _____
   - _____

Most frequent automatic dysfunctional thoughts and the three most effective, adaptive responses to each one:

1. _____
   - _____
   - _____
   - _____
2. _____
   - _____
   - _____
   - _____
3. _____
   - _____
   - _____
   - _____

4. _____

- _____
- _____
- _____

Specific triggers for automatic thoughts and distressing feelings:

1. _____

- _____
- _____
- _____

2. _____

- _____
- _____
- _____

3. _____

- _____
- _____
- _____

4. _____

- _____
- _____
- _____

Core dysfunctional (maladaptive) beliefs with three automatic thoughts that reflect them and effective, adaptive responses to each one:

1. _____

- _____
- _____
- _____

2. _____

- _____
- _____
- _____

3. _____

   - _____
   - _____
   - _____

4. _____

   - _____
   - _____
   - _____

Criteria for knowing when to return to psychotherapy:

1. Mood score of _____ for _____ days
2. BDI-II score of _____ for two consecutive times
3. Suicidal thoughts
4. If I lose my job or someone close to me passes away
5. If I am diagnosed with a serious illness

Who to call for support, help, or companionship when lonely:

1. _____ Phone Number _____
2. _____ Phone Number _____
3. _____ Phone Number _____

Crisis Coping Plan

Along with a relapse prevention plan, you may want to make a crisis coping plan to specifically deal with self-harming thoughts and urges. It might be appropriate to have a separate crisis plan for each individual anticipated crisis. A form is provided in this chapter for your use; you may photocopy as needed.

Crisis Coping Plan

In the event of _____, I will remind myself of these things:

1. _____
2. _____
3. _____

Things to do:

1. _____

2. _____

3. _____

Who to call for support or help or in an emergency:

1. _____ Phone Number_____

2. _____ Phone Number_____

3. _____ Phone Number_____

Therapist _____ Phone Number_____

Hospital _____ Phone Number_____

Progress and Continued Assessment

It is important for you to claim credit for the progress you have made throughout the course of therapy. Think about all that you have accomplished in this program. For example: How did you get yourself to think differently? How did you manage to resist the impulse to give-in to those depressed feelings, and try something new? What does your success in dealing with you depression tell you about yourself and possibilities for the future?

Anticipate that inevitably there will be some future mistakes and setbacks. What can you remind yourself of at those times? It may be helpful to put it in the form of a list or a letter to yourself that you can read when you feel particularly discouraged in the future. What would a wise, loving friend say to you at those times?

The effective implementation of a relapse prevention plan involves regular review and continuing assessment of mood. You will still need to frequently monitor your environmental stressors and assess any new vulnerability factors. You may want to use the TOM Form to keep track of these assessments. Additional copies can be found in the appendix.

In addition to a good relapse prevention plan there are several other important things that you should keep in mind. First, you must use the plan! Review it regularly to see if it continues to be relevant to your life.

You and your therapist should discuss and agree on what would signal the need to return to formal psychotherapy to do further work. These might include a significant drop in mood, low mood over two or three continuous samplings, a persistent low mood over a week or two, an increase in several symptoms at once or suicidal thoughts. An important thing is that you know when to ask for help, either from your therapist or from others.

Final Tips

Here are some general tips you might find useful as you incorporate what you have learned from the TTB program into your life.

- Use the relapse prevention plan as a way of life.
- Maintain a healthy lifestyle of eating, sleeping, and doing moderate, regular exercise in a calm way.
- Find ways that are acceptable to you to soothe yourself in times of stress such as doing yoga, meditating, getting massages, listening to music or attending religious services.
- Avoid excessive use of alcohol, and drug abuse.
- Set realistic, manageable daily goals.
- Maintain a balance in thinking and emotions.
- Engage in respectful, satisfying relationships.
- Be self-protective. Avoid toxic situations and people, and abusive relationships.
- Respect your own specific vulnerabilities and remember being hungry, angry, lonely, and tired generally increases vulnerability.
- Manage impulsive urges against undesired consequences.

- Try to maintain a compassionate stance toward yourself. Remember, mistakes and setbacks are inevitable to the human experience. Rather than being self-punitive, ask, "What can I learn from this?"

Homework

- ✎ Review your previously completed written assignments (e.g., Activity Schedules, ATRs, TOM Forms) and write down those things that were most helpful to you in treatment.
- ✎ List specific things you tried that were not particularly helpful and what you learned.
- ✎ Complete the Relapse Prevention Plan.
- ✎ Complete the Crisis Coping Plan, if needed.

Chapter 10 *Final Words of Hope*

Will Depression Come Back?

So now you are feeling somewhat better. You may ask yourself, "Will the depression come back?" Evidence suggests that the answer is "Perhaps." For some people who have a serious problem of low mood, a single episode is all they experience, while others experience a recurrence of their low mood after a period of normal mood. However, you have a relapse prevention plan and a crisis coping plan in place and will be better prepared to recognize and deal with early warning signs in a self-protective way. The important point to remember is that you are better prepared because you developed and practiced a new set of skills. You have a number of ways to reduce the severity of depression and limit how long it lasts. So even if low mood returns, it can have less effect on your life.

Am I Finished?

A second question you may ask yourself is "Am I finished?" You may be saying, "Now that I am less depressed, I never have to work at dealing with my mood problems." That would be like saying, "Now that I have lost 5 pounds, I'm going to eat a gallon of ice cream." What is more likely is that you have recovered from a period of low mood and are getting back on track with your life. Just like any other skill, practicing what you have learned to monitor and confront low mood is important. The exercises that you have gone through in this program are not "used up." You should continue to use them to maximize the quality of your life, and they must be practiced periodically. You can think of it as your maintenance contract for your life.

Using your newly learned skills regularly does not mean that you remain in "therapy" or "counseling" for the rest of your life, any more than learning how to play tennis means you work with a coach for the rest of your life. In a way you have learned to become your own best therapist. However, maintaining your realistic expectations and managing your mood is important. Many of the skills you have mastered are now incorporated into your everyday life. They can also help you in

two very important ways in the days and weeks to come. You can use the skills you have mastered in this program to better monitor your day-to-day mood and the thoughts and circumstances that accompany them. This habit will help you identify potential problems early. Early identification of abnormally low mood can offer you the opportunity to help yourself in another important way. By rationally challenging your dysfunctional thoughts, you may catch low mood early and prevent it from worsening. Therefore, the combination of your early warning skills in discovering a potential problem and your self-help skills in directly confronting the issue of low mood can help you maintain the achievements of these past weeks.

Case Examples

Sara

■ *Sara was a student who was depressed and had many negative thoughts about herself and the future. She habitually thought and acted in ways that maintained her depression, similar to those you have read about in this workbook. She participated in therapy, and her mood improved significantly in about 4 months. However, when she announced that she thought she had "conquered" her depression and that she was determined never to feel this way again, she needed a little more work to gain perspective on what she had accomplished.*

Sara appeared to have inadvertently applied the distortion of all-or-nothing thinking to her improved condition. Odd as it may seem, distortions or biases in thinking apply to feeling good, too! This is why a transition process occurs in therapy when a therapist and client discuss what improvement was made with the TTB program, and what to expect in the future. Sara's therapist asked her about the flip side of low self-confidence, which is overconfidence. Too little or too much confidence seldom serves people well. The tendency to overstate can become an exaggeration of reality.

When she reflected on what she had been through, Sara recognized that her depression was very powerful and not necessarily a condition she knew everything about. Her therapist agreed and told her cognitive therapists are discovering new ways to help their patients all the time. ■

It is important that neither therapists nor patients become too confident that they know everything about the complexities of mood and affect. We have developed significant methods to recover from depression. If you used this program well, you are better prepared for future depressive episodes but not invulnerable.

Your improvement means that your emotional muscles have gotten stronger and your ways of coping have become more effective through your effort. If you had decided to improve your physical condition by joining a fitness center, you might exercise several times a week, get a personal trainer, and focus on strengthening your weaknesses. Let's say you changed your appearance and became lean and limber. If you really like your accomplishments, you would be ill-advised to stop all exercise and go back to your old routine. If a person wants to stay in shape physically and emotionally, it requires maintenance and effort. Many people experience some relapse in maintaining themselves in good shape either physically or mentally. If you are aware of this human tendency to fall back to old habits and routines, you are more likely to approach such problems pragmatically and without condemnation. Then, the possibilities of reapplying the techniques that work for improvement increase.

John

■ *With therapy, John successfully improved his mood a couple of years ago. However, the depression came back. This time, he was so disgusted with himself that he was almost dragged into treatment by his brother. He told his therapist he was ashamed that he was back in the same poor shape that he was in so long ago. An area he had difficulty with in his first effort in therapy was self-compassion. He tended to be critical and perfectionistic, and when he was depressed, he judged himself harshly. It became easier for him to reapply methods of cognitive therapy once he acknowledged that he did not do well when criticized by others. Also, he had more difficulty dealing with problems when he was overcritical in his own self-talk. His second round of therapy was even more successful than the first. This is not an uncommon story.* ■

One aspect of successfully managing depression is recognizing when our prevention and maintenance efforts are weakening. In such instances, it may be necessary to schedule a "booster" session with your therapist. Consultations such as these can reinforce skills previously learned in therapy as well as enhance them.

One Last Story About the Future

Now that you have dealt with some significant life problems while in therapy, you undoubtedly know these aren't the last problems you will ever have. You may have come to treatment as a result of losing a job or starting a new one. You may have had a love relationship end badly or perhaps in divorce. You could have made a mistake in judgment and have done things to disappoint others and yourself.

There are no certificates, credentials, special knowledge, or passes that allow you to graduate into a stress-free existence without ever experiencing problems and disappointments again. Discouragement, success, and even boredom in the future are all possibilities in parts of your life. Sometimes fortune cookies, motivational speakers, and psychic friends provide the vague promises of solving almost all your problems now and forever. Such promises are unrealistic and misleading.

Probably the most reasonable assurance your therapist can provide is that you are better prepared to navigate through life so that you might appreciate the good events and deal more effectively with situations when things go wrong. Your therapy is skill-building in solving problems, accepting yourself, and finding compassion for others and for yourself. It takes practice and discipline. There is no pill, perfect shield, or piece of advice that makes a person immune to the difficulties of life. However, you may come to know more about the relativity of what can bring a sense of well-being. As Shakespeare wrote in *Hamlet*, "there is nothing either good or bad but thinking makes it so" (*Hamlet*, Act II, Scene II).

When It Comes Back

Moods are temporary. You have learned that in the TTB program. You now have more options on how to handle depression than you did before you started reading this workbook and using the cognitive therapy methods. It is important to expect that some things will get you down. When they do, use these methods again. Your success with this program is not over just because you might be feeling better. It is because you understand the methods and can use them again and again. This is because life's ups and downs are practically a certainty. If you can improve your mood just a bit, you are making progress. If the problems continue, get a booster session or even a few additional sessions with a cognitive therapist in your area.

The following parable (1997 Pete Seeger, used with permission) may help us reflect on the pursuit of creating meaning in our lives:

Once there was a king who had three sons, and he wanted to give them a good education. He called in his wise men. He said, "I want you to boil down all the world's wisdom into one book; I'll give it to my sons and have them memorize it."

It took them a year; they came back with a volume bound in leather, trimmed in gold. The king leafed through it. "Hm, very good." He turned to his sons. "Learn it!" he

said. Next, he turned to the wise men. He said, "You did such a good job with that, see if you can boil down all the world's wisdom into one sentence."

It took them five years. The wise men came back and bowed low. "Your majesty, the sentence is:' This too shall pass.' " The king didn't like that so well. He said, "See if you can boil down all the world's wisdom into one word."

It took them ten years. When they came back, their beards were draping on the ground. They bowed low. "Your majesty! The word is (pause) "Maybe."

There are many reasons to have confidence in the methods described in this workbook and in yourself. You don't know what good (or bad) events await you. With effort applied in meaningful ways, you can have a better life. This applies to anyone. These methods *do* work. The authors' colleagues throughout the world have conducted scientific outcome studies that have repeatedly shown how the ideas and methods described in this workbook are effective with improving affect and mood for people who suffer with depression. Cognitive therapy may be one of the most researched set of successful methods for providing people relief from depression that currently exists! The TTB program has taken these techniques and given you a way to tailor them to fit your own unique needs. It's now up to you now to make use of them by incorporating them into your lifestyle. Are you wanting and willing to try? We hope so.

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Appendix of Forms

Food Log

Day:_____ Date:_____	Time	Foods	Comments (appetite, calories, satisfied, etc.)
Morning meal			
Snack(s)			
Midday meal			
Snack(s)			
Evening meal			
Snack(s)			

Food Log

Day:_____ Date:_____	Time	Foods	Comments (appetite, calories, satisfied, etc.)
Morning meal			
Snack(s)			
Midday meal			
Snack(s)			
Evening meal			
Snack(s)			

Food Log

Day:_____ Date:_____	Time	Foods	Comments (appetite, calories, satisfied, etc.)
Morning meal			
Snack(s)			
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Snack(s)			

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Snack(s)			

Food Log

Day:_____ Date:_____	Time	Foods	Comments (appetite, calories, satisfied, etc.)
Morning meal			
Snack(s)			
Midday meal			
Snack(s)			
Evening meal			
Snack(s)			

Activity Schedule

Week: _____ Date: _____

	Monday	M	P	Tuesday	M	P	Wednesday	M	P	Thursday	M	P	Friday	M	P	Saturday	M	P	Sunday	M	P
6–8 a.m.																					
8–10 a.m.																					
10 a.m.–12 p.m.																					
12–2 p.m.																					
2–4 p.m.																					
4–6 p.m.																					
6–8 p.m.																					
8–10 p.m.																					
10 p.m.–12 a.m.																					
12–6 a.m.																					

Note: Grade activities for Mastery (M) and Pleasure (P) on a scale from 0–10

Activity Schedule

Week: _____ Date: _____

	Monday	M	P	Tuesday	M	P	Wednesday	M	P	Thursday	M	P	Friday	M	P	Saturday	M	P	Sunday	M	P
6–8 a.m.																					
8–10 a.m.																					
10 a.m.–12 p.m.																					
12–2 p.m.																					
2–4 p.m.																					
4–6 p.m.																					
6–8 p.m.																					
8–10 p.m.																					
10 p.m.–12 a.m.																					
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6–8 a.m.																					
8–10 a.m.																					
10 a.m.–12 p.m.																					
12–2 p.m.																					
2–4 p.m.																					
4–6 p.m.																					
6–8 p.m.																					
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	Monday	M	P	Tuesday	M	P	Wednesday	M	P	Thursday	M	P	Friday	M	P	Saturday	M	P	Sunday	M	P
6–8 a.m.																					
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10 p.m.–12 a.m.																					
12–6 a.m.																					

Note: Grade activities for Mastery (M) and Pleasure (P) on a scale from 0–10

Tracking of Mood (TOM) Form

Assessment Ratings	Date 1	Date 2	Date 3	Date 4	Date 5	Date 6	Date 7
BDI-II score							
Pleasure (1–10)							
Amount of sleep (hours)							
Activity level (1–10)							
Exercise (minutes)							
Situational stress (1–10)							
Vulnerability factors							
Alcohol or drug use							
Other							
Other							
Satisfaction with progress (1–100)							

Tracking of Mood (TOM) Form

Assessment Ratings	Date 1	Date 2	Date 3	Date 4	Date 5	Date 6	Date 7
BDI-II score							
Pleasure (1–10)							
Amount of sleep (hours)							
Activity level (1–10)							
Exercise (minutes)							
Situational stress (1–10)							
Vulnerability factors							
Alcohol or drug use							
Other							
Other							
Satisfaction with progress (1–100)							

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Activity level (1–10)							
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Vulnerability factors							
Alcohol or drug use							
Other							
Other							
Satisfaction with progress (1–100)							

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Alcohol or drug use							
Other							
Other							
Satisfaction with progress (1–100)							

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Activity level (1–10)							
Exercise (minutes)							
Situational stress (1–10)							
Vulnerability factors							
Alcohol or drug use							
Other							
Other							
Satisfaction with progress (1–100)							

Automatic Thought Record

Data and Time	Situation (Describe the circumstances)	Emotions (Write your feelings and rate them on a 0–100% scale)	Automatic Thoughts (Write your automatic thoughts and rate your belief in them on a 0–100% scale)	Adaptive Thoughts (Write an adaptive thought and rate your belief in it on a 0–100% scale)	Outcome (Describe what happened as the result of your actions)

Automatic Thought Record

Data and Time	Situation (Describe the circumstances)	Emotions (Write your feelings and rate them on a 0–100% scale)	Automatic Thoughts (Write your automatic thoughts and rate your belief in them on a 0–100% scale)	Adaptive Thoughts (Write an adaptive thought and rate your belief in it on a 0–100% scale)	Outcome (Describe what happened as the result of your actions)

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Cognitive Techniques Practice Chart

Technique	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
1. Questioning what you really mean							
2. Questioning the evidence							
3. Reattribution							
4. Examining options and alternatives							
5. Decatastrophizing							
6. Examining expected consequences							
7. Listing advantages and disadvantages							
8. Turning adversity to advantage							
9. Labeling distortions							
10. Guided association and discovery							
11. Using paradox or exaggeration							
12. Scaling							
13. Replacement imagery							
14. Cognitive rehearsal							
15. Self-instruction or coaching							
16. Thought stopping							
17. Focusing							
18. Self-compassion							
19. Is it signal or noise?							

Cognitive Techniques Practice Chart

Technique	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
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2. Questioning the evidence							
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18. Self-compassion							
19. Is it signal or noise?							