Provider's Introduction

Cognitive Behavioral Therapy for Depression

Individual Treatment Version

COMMUNITY PARTNERS IN CARE
Compañeros Comunitarios en la Salud

June 2008

Revision of group manual to individual version by Victoria K. Ngo, Ph.D.

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Including drawings by Erich Ippen

The modules in this treatment program are as follows

Thoughts and Your Mood
Activities and Your Mood
People Interactions and Your Mood

Revised June 2008 based on original manuals by

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* Please cite in this way

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THANK YOU for participating in this program to provide Cognitive Behavioral Therapy (CBT) to people who suffer from depression. As a provider, you will play an important part in helping your clients learn new skills that they can use to feel better.

ABOUT THE GUIDEBOOKS

The CBT program provides guidebooks to the providers and clients.

All of the guidebooks were revised in February 2006 and again in August 2006, based on experience with CBT groups and on the original guidebooks which were written in May 2000 for the CBT program at San Francisco General Hospital. In June 2008, it was adapted from the original group treatment to individual version.

Mental health professionals have found that CBT can be very successful in helping depressed people learn how to manage their depression and feel better. Yet, there have not been enough mental health specialists—usually well-trained psychiatrists, psychologists, and licensed clinical social workers—to provide CBT to all of the people who might benefit from it.

The authors believe that CBT can be presented successfully by a wider group of people—nurses, social workers and other caring, committed people like you. The revised guidebooks are intended to help new providers present CBT.

Client's Guidebooks

The Client's **Guidebooks** go through the CBT lessons. The Guidebooks are meant to be workbooks for the clients. They are encouraged to write in their books and will keep their books when they finish CBT.

This "Provider's Introduction"

This guidebook is the **Provider's Introduction.** It provides background information that should be helpful to you. For example, it:

- Explains what depression is and what the CBT treatment program is all about.
- Describes the structure of the CBT program.
- Discusses issues that you might encounter in managing the treatment.

Provider's Guidebooks

You will also receive the **Provider's Guidebooks.** They are copies of the books provided to clients except that they include instructions to help you present the CBT material. The instructions are provided in boxes like the one below.

- Every box is labeled "PROVIDER TIPS."
- The boxes do not appear in the Client's Guidebook.
- The boxes are printed in a different kind of type than the information intended for clients.

- The bold lettering at the top left tells you: 1) how much time to allow for that lesson and 2) what page in the Client's Guidebook the box relates to.

- The italicized text in the boxes—*text like this, for example*—suggests actual words you might use when you are talking to your client. The non-italicized text provides more general directions. It is for you to read, but not to read aloud to the client.

PROVIDER TIPS

[THIS IS A SAMPLE BOX.]

Time: 5 minutes

Client's Guidebook: Page 22

1. Review the key messages.

2. Say: *Which of these key messages will be most helpful?*

PROVIDER

It is recommended that CBT provider have:

- A good understanding of, and training in the assessment and treatment of mental disorders, specifically mood disorders.
- Previous coursework and training in psychology, psychiatry, psychiatric social work, nursing, or counseling, and in the general principles of CBT.
- Supervision by a licensed mental health care professional.

THE IMPORTANT ROLE OF A SUPERVISOR

It is important that new providers are supervised by a licensed mental health professional (psychiatrist, psychologist, or licensed clinical social worker) who has experience with CBT and with people who are depressed. CBT works best if providers have a chance to observe or conduct therapy with, their supervisors before they provide CBT . Supervisors can offer practical and emotional support to provider, answer questions, and handle any problems that come up with the clients.

Supervisors should provide emergency phone numbers and the names of backup professionals and their phone numbers, in case a provider needs help immediately. The supervisor's role is particularly important in cases where a client indicates that he or she is having suicidal or violent thoughts, or is being hurt by or hurting someone else. The provider should contact the supervisor as soon as possible.

WHAT IS DEPRESSION?

Depression is a mood disorder. It involves a person's thoughts, actions, interactions with other people, body, appetite, and sleep. Depression is not the same as a passing blue mood; it is never a "normal" part of life. It is not a sign of personal weakness or a condition that can be willed or wished away. People with a depressive illness cannot merely "pull themselves together" and get better.

- Depression is quite common. At any given time, there are between 15 million and 20 million people in the United States who have depression.
- A person of any age, race, or ethnic group may suffer from depression.
- Without treatment, depression can last for weeks, months, or years.
- Depression can be very serious. Up to 15% of people diagnosed with

depression eventually commit suicide, so treatment is very important.

Symptoms of Depression

If a person has all or most of the symptoms below for most of the day, during most days, for at least two weeks, it is likely that he or she has depression that requires treatment. Some people experience mild depression, while others experience severe, disabling depression. Not everyone who is depressed experiences every symptom of depression.

1. Feeling sad, depressed, down, or irritable nearly every day.
2. Loss of interest or pleasure in activities such as hobbies, socializing, or sex.
3. Significant change in appetite or weight (increase or decrease).
4. Change in sleep (sleeping too much or too little).
5. Change in the way a person moves (restless or slowed down).
6. Feeling really tired, fatigued.
7. Feelings of worthlessness or excessive guilt.
8. Inability to concentrate or make decisions.
9. Repeated thoughts of death or suicide.

Diagnosing Depression and Tracking Improvement

There are several ways to diagnose depression, measure how serious it is, and track a person's progress as he or she begins to feel better. This CBT program uses two measurements—the PHQ-9 (so named because it is a "Patient Health Questionnaire" with questions about the nine symptoms of depression) and the Quick Mood Scale (which allows clients to see how their mood changes over time). The PHQ-9 is included at the back of the Provider's Guidebook. The Quick Mood Scale is included in the client's Guidebook.

Causes of Depression

Scientists have been studying depression for a long time, but we still do not know for sure what causes it. Many factors may contribute. They include childhood experiences, biochemical processes in the brain, and stressful events in daily life such as getting divorced, losing a job, or the death of someone close. More stresses make a person more vulnerable. Also, if a person has been abused physically, verbally, or sexually, he or she may be more likely to become depressed.

People who develop depression seem to think about things in a way that makes them feel worse. They tend to think that life will never be good again and that there is nothing they can do to deal with their problems. For example, two people might get divorced, but respond differently. Person B is probably less likely to become depressed.

> Person A: "I will never find happiness now that my partner, who was going to love me all my life, has rejected me. There is something wrong with me that makes me unlovable."
>
> Person B: "I learned a lot from this marriage and believe that I will meet the right person and make a happy marriage next time. I will be very careful to make sure that I marry someone who is right for me."

Patterns of thinking are not the only factors that increase the likelihood that a person will become depressed.

- Some types of depression run in families.
- Natural changes in the body or changes in the seasons can make depression more likely. For example, the birth of a child may trigger depression for women.

- Some medications, such as corticosteroids, can cause depression.
- Alcohol and some drugs are “depressants” and using them or withdrawing from them can cause depression.
- Physical illnesses such as strokes, heart attacks, thyroid problems, certain cancers, and other illnesses can cause depression. The depression can make the person’s medical situation worse--depressed people are less able to take care of themselves, which means that it will take them longer to recover from their medical illness.

WHAT IS COGNITIVE BEHAVIORAL THERAPY?

Cognitive Behavioral Therapy (CBT for short) is an approach to treating depression. CBT can be used with individuals or groups. This guidebook describes individual treatment.

As the name suggests, CBT focuses on cognition (thinking) and behavior (acting). People who suffer from depression can make remarkable progress if they change the way they think about their lives and how they act. "Acting" includes doing activities such as taking a shower or going to a movie, and interacting with other people.

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

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

Of course, people cannot change every negative aspect of the world around them. We can't all by ourselves control the traffic or the crime rate, for example. But there are many things we *can* change. As people who are depressed become aware of the way that thoughts and behaviors affect mood, they can feel happier and more hopeful even if their lives don't change. Instead of being something that just happens, depression becomes something that can be managed.

It's important to explain how the CBT program will help clients feel better. You can tell them:

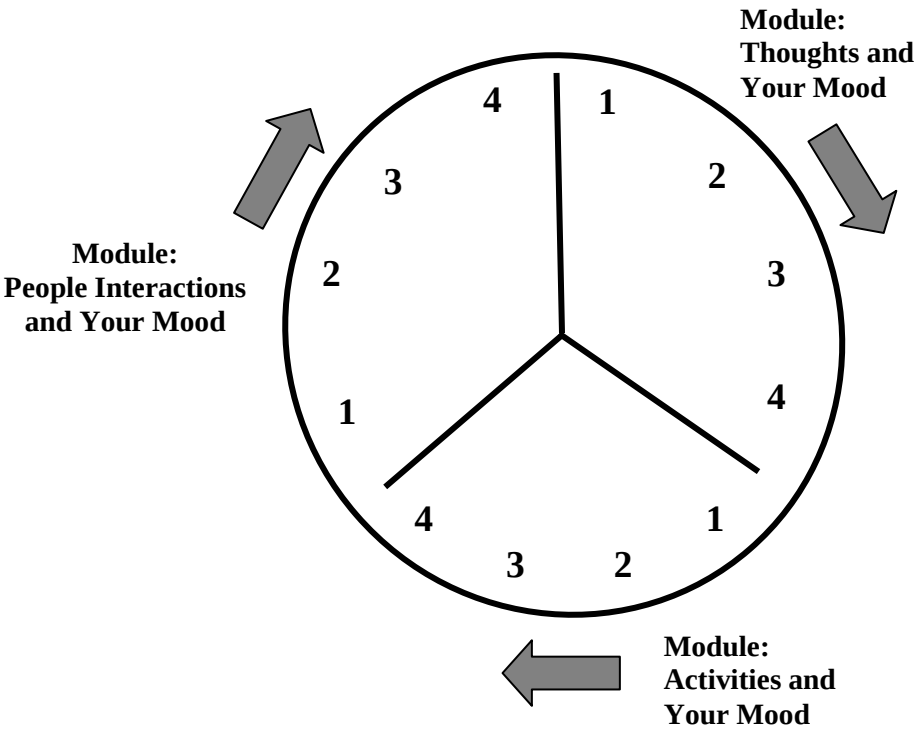
- This treatment focuses directly on your day-to-day life. It offers a practical approach to help you feel better.

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

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

PROGRAM STRUCTURE:
FOUR MODULES WITH FOUR SESSIONS EACH

The CBT structure consists of four modules. A module consists of four sessions, each of which emphasizes a specific topic and its connection to mood. As shown in the figure below, the modules focus on thoughts, activities, people interactions, and substance abuse. Each module has its own guidebook.



Outline for Each Session

In general, the outline for each session will look like the one below.

I. Welcome and Announcements
II. Review
III. New Topic
IV. Key Messages
V. Practice
VI. Feedback
VII. Looking Ahead

Using the Time Wisely

Each session lasts for 45 minutes to 1 hour, depending on how your program is organized. It is very important to start and end the sessions on time.

It can be tricky to balance all of the demands on time. Each CBT session combines time for the presentation of new ideas and skills with time for discussion with clients. They may feel rushed as they try to absorb a lot of new information. You can reassure them (and reassure yourself too) by telling them that they are not expected to learn everything in every session. Because people learn differently and like different things, the program offers a variety of ideas and skills with the knowledge that some parts will work for some people and other parts will work for other people. Nobody is expected to learn it all the first time through!

However, it is also important to cover the intended material for each session and encourage clients to practice the skills you are describing. It is not helpful for the clients to only talk about how badly they feel and not have enough time to learn the techniques that will help them get over their depression.

The sessions are organized to allow some discussion time. As you become more experienced, you may be able to manage the sessions so that you spend more time on one topic when your client seems to need it, and a little less on others. You will also learn how to explain key concepts using examples that take into account your client's personal experiences, values, and context. For now, follow the time estimates we provide in the PROVIDER TIPS boxes.

You will probably have some clients who are not shy about talking and others who don't talk very much or ever. It may be easy to rely on the talkers to keep the session moving, however, sometimes you will need to interrupt them in order to get through the CBT manual. As you become more experienced, you will learn to differentiate when it is therapeutic for the client to keep talking about their own experience and when it is important to refocus them to the task at hand.
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Here are a few things you can say to clients when you need to interrupt them:

“Thank you for sharing your ideas. I wish we had time to hear more, but since our time is limited, let’s go back to the focus of today’s session.”

“It sounds like what you are going through is very difficult. Let’s think about what we can do to help you feel better. Let’s apply the skill we just talked about.”

TECHNIQUES FOR TALKING WITH CLIENTS

CBT requires that the clients work. In each session, they are asked to learn specific strategies to help them think and act in new ways that will improve their mood. Then they are expected to practice these strategies. This is a lot to ask, especially of someone who is depressed.

When clients begin treatment, they may not see a better future. They may feel like failures. Let clients talk about their feelings so they know that you understand just how bad they feel. Let them know that you believe in their ability to help themselves feel better. If they feel heard and understood, they will be more open to the help you and CBT offer.

The best way to show warmth and concern is by listening carefully to what clients say. Three listening techniques will help to convey your concern: restating, reflecting feelings, and summing up.

Restating

Restating means to repeat what the client said in your own words to be sure that you understood correctly, and to let the speaker know that you were paying attention and understood his or her message. Here are some examples.

1. Client statement: I feel so tired all the time. I never want to do anything.

> ***Provider's restatement***: So, you just don't have any energy.

2. Client statement: I've been feeling down, and I've missed several days of work. I'm afraid I'll lose my job.

> ***Provider's restatement***: You haven't felt well enough to get to work, and now you're worried that you might be fired.

You can encourage clients to tell you whether your restatement captures what they were trying to say. Ask: "Did I get that right? Does that capture what you were trying to say?" If not, you can try another way of restating.

Offering the client the opportunity to correct you shows that you really want to understand how they are feeling.

Reflecting Feelings

Reflecting feelings means to make a statement that goes beyond what the speaker actually said and that describes his or her feelings. Here are some examples.

1. Client statement: I feel really alone.

> ***Provider's statement of feelings***: You are feeling alone and it sounds like that is really hard for you.

2. Client statement: I told my boss that I wasn't feeling well and needed to take a day off, but he said he couldn't give me any time off this week.

> ***Provider's statement of reflected feelings***: It sounds like you might be feeling that your boss only cares about work, and not about you.

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Summing Up the Problem

Summing up means to package the last few moments of conversation and label them in a way that allows clients to understand their jumbled feelings and figure out how to solve a problem. Putting a label on that set of feelings also creates a way for both you and the client to refer to the feelings in the future. Here is an example.

Most people are tired at the end of a work day, and the transition from work to home may be difficult. No matter how much you enjoy being home, it brings its own stresses such as the need to cook dinner.

You may have learned to accept this stress as normal by telling yourself that this is your time to "switch gears." "Switching gears" can be the label you use to refer to this common life situation. And it can help you make a plan to get through the situation in a way that feels good to you.

In your plan, perhaps you have decided that you need a "bridge" to take you from work to home. The bridge might involve:

- Stopping the car a block or two from home and relaxing for 15 minutes.
- Taking a refreshing shower as soon as you walk in the door, before interacting with family members or beginning home chores.

Remind clients of the summing up technique throughout CBT. You won't be able to come up with a simple label for every situation, but it is perfectly fine to sum up a client's feelings or problems by just describing them as well as you can.

MANAGING THE SESSIONS

Contact Clients before Their First Session

We recommend that provider call the clients before the first session. In this initial contact, provider can explain:

- A brief intro about the provider and their experience.
- The purpose of the CBT.
- Specifics of where and when to meet, how many sessions there are, and how each session will be conducted.
- Contact information for the provider—phone numbers and the best time to call.

The First Session

The first session is focused on helping the client understand the process of treatment, building rapport, and helping your client to be more comfortable with the process. Explain to clients what therapy will be like and what CBT is about so that they will have a better understanding of the purpose of the meetings and how CBT can help them feel better. Also, it is important to let them know that therapy will be confidential, that is, what they share with you will not be shared with others except for your supervisors. The only time that this rule will be broken is if they are a danger to themselves or to someone else.

To build rapport and help clients feel more comfortable, provider might also ask the clients questions in order to become acquainted and provide support that is specific to each person's needs. For clients who have experienced traumatic events in their past, it is especially important for you to build trust and convey that you understand their specific history. Questions to the new clients might include:

- Why do you think you were referred to treatment?
- What do you see as the main problem?

- Have you had any prior treatment?
- What do you hope to get out of CBT?
- What concerns or reservations do you have about treatment?
- What questions do you have?

What to Do If Clients Misses A Session

An important part of the program is the need for continuity and consistency. It is important that clients make the sessions in order for them to have weekly follow-up and support. When clients do not show up for sessions, you can make contact with them to inquire if 1) they are okay, 2) something got in the way of them making it to therapy, and 3) how you and they together can problem solve this for the future. Often times people who are depressed lose motivation to leave the house and attend sessions, which is why it is important to help them put together a plan to get through times when they are not motivated or have the energy to go to therapy. Problem solving these issues early on in therapy will set the tone for the importance of remaining committed to therapy and for reducing the disruptions to treatment.

What to Do When Clients Arrive Late

There may be clients who are late to the sessions. Lateness can disturb you as the provider and can be disruptive to treatment. One way of dealing with lateness is to talk to the person about ways to get to sessions on time. Express concern and help clients identify the obstacles to getting to meetings on time and figure out ways of solving the problems. Some clients may encounter a number of real obstacles, such as a bus that did not come, a job that requires overtime, or the need to care for a sick child. Approach the problem with patience and understanding and praise the client for making the effort to come to therapy. Make sure that clients understand that you want them to come, even if they are late, rather than skipping the session altogether if they see that they won't make it on time.

Reach Out to Clients Who Have Missed Sessions

It is likely that some clients will miss one or more sessions in a module. When people are depressed, it can be difficult for them to take even the smallest actions. Getting dressed, leaving the house, and traveling to the sessions require a substantial amount of energy. Even in residential or inpatient settings, where clients live in the same location where the treatment is provided, someone who is depressed may not feel like walking down the hall to a meeting.

Make contact with clients who have missed sessions. Call them on the telephone, meet with them in person (especially if they are in a hospital or other health care setting where you can meet with them easily), or mail them a card or letter.

Help clients solve any problems that prevent them from getting to the meetings. For example:

- If they didn't allow enough time to get there, they can set an alarm clock to remind them when to leave home.
- If they didn't have transportation, help the person figure out how to ride the bus or get a ride from a friend.
- If they are reluctant to come because they didn't do their practice activities, make it clear that they should come to session anyway. Reassure clients that, if their out-of-session practice becomes a problem, you will help figure out solutions.
- If clients doubt that the effort it takes to get to therapy meetings will be worthwhile, ask them:
    - What they have been doing to feel better, how long they have been using their own strategies, and if the strategies have been helpful. Most people will say that their attempts to feel better haven't been successful, or that their efforts have helped a little but not enough.

- What they think the chances are that they will feel better if they keep doing what they have been doing. They may admit that they will probably keep feeling bad.
- What they think the chances are that they will improve if they take part in the CBT treatment. Remind them that CBT has been helpful for people just like them with depression. They will probably agree that their chances of feeling better are improved if they come to the session.
- If they will consider coming to more sessions before they decide that treatment can't help.
- What thoughts they have on the day of therapy that prevent them from coming to the meeting. Suggest that they replace a hopeless thought with a hopeful one; for example, "My depression won't go away after one session, but I can learn things that will help me begin to feel better."

The Importance of Practice

Anyone learning a new skill has to practice. It is very important to follow up on CBT practice assignments. If you don't ask clients about their practice, they may think that it is not important. In each session, you should talk about practice, so to reinforce the importance of practice. You can ask them, "How did your practice go?" Help them solve any problems they are having and answer questions. Problem-solving is an important part of CBT.

Give clients feedback—tell them that you are glad to see that they are practicing. Offer ideas about other ways they might think, do things, relate with people, and deal with recovery from substance abuse that would help them feel better and enjoy life more.

Clients Should Take Credit for Practicing CBT Skills

Help clients understand that it is because they are practicing the new skills that they are feeling better. If clients believe that they have improved only because of their relationship with you, they may not have the confidence to continue to practice when they are no longer in treatment.

What to Do If a Client is Not Doing the Practice Activities

(**Note:** Practice is very important for CBT to be effective. This information is repeated in the Thoughts module so it will be handy for you to refer to.)

Most clients will do their practice activities; you should begin with the assumption that they will. Checking early in each session on the practice is the best way to let clients know how important their practice is. However, there may be individuals who consistently do not practice. Identify this problem as early as possible.

Find out why client is not practicing. Is it an issue of time, reading ability, forgetfulness, or other responsibilities getting in the way? Once the obstacles are identified, you can help the client figure out how to overcome them. You might say, "We want you to start feeling better, and we know how important practice is. Can we help you figure out what is getting in the way so that you can do the practice and start feeling better more quickly?"

Identify thoughts that contribute to not practicing, such as "It doesn't matter what I do, nothing will change," or "I don't feel like doing my practice." You might ask him/her: "Are you sure that what you do won't make a change in the way you feel? Do you think you have a better chance of improving your mood if you keep doing what you have done in the past, or if you try these practices that have helped others?" Help the individual to dispute these thoughts.

No one assignment is going to "cure" depression, but practicing outside of the session will help the client learn to control his or her negative mood.

Complete the practice within the session. Be flexible about finding another way for the person to practice. Maybe he or she can complete the Quick Mood Scale for the whole week just as the session begins, for example. Or ask the individual to practice some of the skills before and after the session. The individual should be reminded that the Quick Mood Scale is best finished on a daily basis. Looking back at the past week's mood is less reliable than completing the Quick Mood Scale each day. But asking clients to complete the incomplete scale in-session indicates that you take practice seriously.

Strike the right balance. It is important to give clients the message that practice is important. However, it is also important that they come to the CBT sessions whether they have completed their practice or not. In fact, the client might tell you that he/she can't do anything right. Point out that he/she was successful in coming to the session, and that this is an important step to feeling better. Be warm and supportive of the client and let him or her know that you are glad he/she chose to come to the session whether or not he/she completed the practice.

Avoid Applying CBT Lessons Too Broadly

A number of problems can come up in teaching CBT. Several stem from over generalizing. That is, sometimes when clients learn new ways of thinking about things, they apply those lessons too broadly. You can help them avoid over generalizing or thinking that CBT will solve all their problems. CBT can help a person get over depression, but it will not turn somebody into a brand new person or cure homelessness.

Feeling Guilty

One of the symptoms of depression is excessive guilt. People who are depressed may use a CBT idea to blame themselves. It is important to point this out early so clients can catch themselves if they are doing it and stop.

- **Depression is not caused by negative thoughts.** One problem arises from telling individuals that they can manage their moods. Once they recognize this, they may then "logically" assume that they are to blame for being depressed in the first place because they didn't manage their mood effectively. This is a difficult concept—a depressed person can help get over depression by learning how to manage thoughts and behaviors, but they didn't *cause* their depression by not thinking or behaving "right." You can assign clients the task of noticing if this thought—"My depression is my fault because I didn't manage my moods"—enters their minds. Help them understand that the statement is not true. Tell them that they didn't steer themselves off the road. Rather, their mood may have been thrown off when they hit a rock. CBT is the steering wheel that will help them get back on track.

- **Depression is not caused by negative behaviors.** Similarly, if people understand that they can change the way they behave, they may feel that they should have changed their behavior a long time ago. For example, a woman who has been depressed may regret not taking better care of her children and blame herself for not managing her behavior.

  In is true that people might have caused real injury to their families. But you can help people recognize that the problems of the past stemmed partly from depression. By learning new ways of thinking and behaving, they can avoid creating more problems for themselves or others. They might be able to think of life as a precious gift. Even though they didn't "spend" the gift wisely in the past, they can do so now.

Trying to be Perfect

Clients may come to a conclusion that seems logical to them--they can be perfect if they apply the lessons of CBT. Tell clients that if they use perfection as a standard by which to judge themselves, they will always be disappointed because people cannot be perfect. The ideal is worth pursuing as long as it serves as a guide rather than a goal. Tell clients that they won't succeed at everything every time and that's okay.

Thinking "Happy Thoughts"

If people have limited income and education, few job skills, and few relationships with other people, they are right in thinking that they face many challenges. If they feel that you do not understand these challenges or that CBT ignores the real world, they may resist your efforts to help. CBT does not teach that positive thinking is the way out of depression. It does teach that some ways of thinking help improve mood and day-to-day life. Tell clients that you understand that the problems they face are real. But encourage them and tell them that CBT will help them identify ways to make things better for themselves.

What to Do If a Client is Not Making Progress with CBT

Depression is very treatable and CBT has helped many people who are depressed, but it may not work for everybody. If any of your clients do not appear to be feeling better after about four sessions, talk with your supervisor about the individual. By "not feeling better" we mean that the person:

- Has a consistently low mood;
- Has low scores on the Quick Mood Scale and they don't get better;
- Reports that his or her mood is getting worse; and/or
- Reports other symptoms of depression.

If a person has been depressed for a long time, he or she may continue to report low mood and not recognize that there has been improvement. Your judgment of the person's progress is important. However, do not try to

handle a situation of this kind by yourself. A supervisor can get the client the help he or she needs.

If you think that a client is having suicidal thoughts, is being hurt, or is having thoughts about harming another person, contact your supervisor immediately and get help for that person before the end of that session. Again, do not handle these serious situations on your own—your supervisor is there to help and to look out for the safety of all your clients.

Terminating with Client

About two weeks before the last session of each module, review progress with clients and begin talking about future plans. Go over the following points.

- **Look at the progress the individual has made in improving his or her mood.** Ask the client to look back at his or her scores on the Quick Mood Scale. Mood scores will fluctuate during the course of CBT treatment, but if it has been effective, the person's scores should go down from beginning to end, showing less depression.
- **Give the credit to the individual**. Make sure the client understands that it is his or her own effort and use of the CBT skills that has caused the depression to get better. Tell the client that he or she can continue to manage mood and depression by using the skills learned.
- **Identify the most helpful aspects of the therapy.** Provider can ask clients to name the specific tools and skills that have helped them the most to relieve their depression. It is important to tell the individuals that they have unique strengths independent of the skills they learned in therapy. Name some of these skills specifically for each client.
- **Inspire hope.** Congratulate clients on the progress they have made, and remind them that in the future they can turn back to the CBT tools in their guidebooks (which they keep).
- **Help clients prevent a relapse**. Remind clients that if they find the symptoms of depression returning despite using all of the tools that they learned in therapy, they can see their own doctor or counselor to request a referral to further treatment without waiting until the depression becomes disabling. If you believe that a client who is

ready to terminate is still suffering from depression, talk with your supervisor.

- **Discuss future plans.** Ask clients what their next steps will be. For example, what will they do if they feel themselves becoming depressed again? If they feel like using drugs or alcohol? Possible next steps include:
    - Using the CBT skills on their own.
    - Getting a medication evaluation or referral for other services.
    - Attending a support group.
    - Attending another group focusing on a different problem.

SUPPLIES YOU WILL NEED

At the beginning of each session, there is a list of materials that you will need to conduct that day's session. The list is generally short and uncomplicated. However, if you want to order the audiotape described below, you will need to do that in advance of when treatment begins. In total, the materials you will need for the CBT modules are as follows.

If you are reading this, you already have the **Provider's Introduction**. Provider should have a copy of this book.

Provider's Guidebooks. Each module has its own guidebook, with a different colored cover.

Client's Guidebooks. Each module has its own guidebook, with a different colored cover. Clients will take their guidebooks home after each session, and should bring them back to each session. But have a few extras on hand at each session so that you can loan them to clients who forget to bring their own copies back. You may want to ask the client to not write in the loaned copy of the guidebook.

Pens.

The PHQ-9 depression measure—for clients to fill out the survey during Sessions 1 and 3 of each module—or eight times altogether. (Photocopy the PHQ-9 from page **36** in this guidebook.)

Small index cards—to use in the Thoughts module, Sessions 1-4; enough so that each client can have seven.

Binder clips— small sized, one for each client, so clients can attach their index cards to their guidebooks.

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

Scissors.

Dry erase board, chalkboard, or large sheets of paper to present material. Depending on where your session meets, you may have a chalkboard you can use to explain the material to your client. If not, make arrangements to have a big tablet of paper, or something to write on.

Kleenex or other facial tissue to offer to clients as needed.

An audiotape to help clients relax. This is optional. If you find that some clients have trouble relaxing, you can give or loan them an audiotape to use at home. If you think this is a good idea, we recommend that you order the tape ahead of time. See the information below. One advantage of the audiotape is that it includes two different relaxation exercises.

Time for Healing: Relaxation for Mind and Body (short version). Condensed versions of two relaxation exercises. Bull Publishing Company, 1994. $10.00 in the United States. Available from: http://patienteducation.stanford.edu/materials/#tapes. You can also obtain the tape by calling or writing to:

Bull Publishing Company
PO Box 1377
Boulder, Colorado 80306
1-800-676-2855

Timer or quiet alarm clock. See the "Thoughts" module, Session 3.

Certificate of Achievement for graduating clients. On page 39 in this guidebook is a sample achievement award that you can copy to give to clients when they complete all four CBT modules and graduate from the program. Fill out each certificate, and present the certificates to graduating clients at the end of their last session.

THE PHQ-9 DEPRESSION MEASURE

Sessions 1 and 3 of all modules call for you to pass out the PHQ-9 to clients. Pass out the first page only--the second page is for your information.

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the *last 2 weeks,* how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
	add columns:		+	+

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.) **TOTAL:**

10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

- **Not difficult at all** _____
- **Somewhat difficult** _____
- **Very difficult** _____
- **Extremely difficult** _____

ZT242043

Fold back this page before administering this questionnaire

INSTRUCTIONS FOR USE

for doctor or healthcare professional use only

PHQ-9 QUICK DEPRESSION ASSESSMENT

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment on accompanying tear-off pad.
2. If there are at least 4 ✓s in the blue highlighted section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.
3. ***Consider Major Depressive Disorder***
   —if there are at least 5 ✓s in the blue highlighted section (one of which corresponds to Question #1 or #2)

   Consider Other Depressive Disorder
   —if there are 2 to 4 ✓s in the blue highlighted section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician and a definitive diagnosis made on clinical grounds, taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient. Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying PHQ-9 Scoring Card to interpret the TOTAL score.
5. Results may be included in patients' files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

PHQ-9 SCORING CARD FOR SEVERITY DETERMINATION

for healthcare professional use only

Scoring—add up all checked boxes on PHQ-9

For every ✓: Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

CERTIFICATE OF ACHIEVEMENT

Achievement Award

Congratulations!

_____

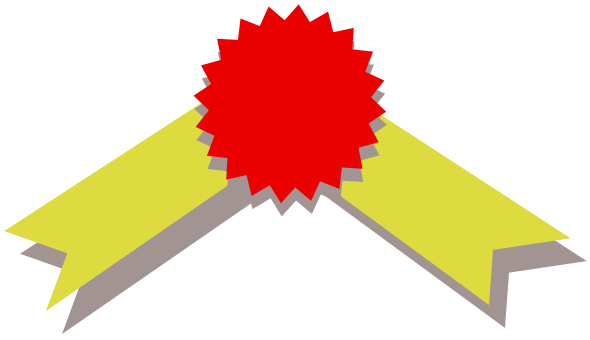
[name]

You have successfully completed

Cognitive Behavioral Therapy for Depression (CBT)

_____

[date]



_____

[Provider signature]

How this CBT program was started

The first version of this treatment program was developed for a study to see if the program could be helpful to people who were suffering from depression. The study was directed by Peter M. Lewinsohn, Ph.D., Ricardo F. Muñoz, Mary Ann Youngren, and Antonette Zeiss. These four authors of the original guidebooks combined them into one guidebook and published them as a self-help book titled "Control Your Depression." The book was published by Prentice Hall in 1978. The authors revised the book and it was published again in 1986. Muñoz then adapted the book in 1983 as the Depression Prevention Course, an eight-session program for Spanish- and English-speaking patients at San Francisco General Hospital. A bilingual (Spanish/English) Depression Clinic was founded at the University of California, San Francisco (UCSF)/ (SFGH) in 1985 by Muñoz, Jeanne Miranda, and Sergio Aguilar-Gaxiola.

In 1995, San Francisco General Hospital opened up an outpatient clinic, which included the original Depression Clinic. Now called the Cognitive Behavioral Depression Clinic, it has continued to provide clinical services and training in cognitive behavioral therapy for depression.

OUR THANKS

We would like to thank the original doctors, researchers, and clinicians who developed cognitive behavioral therapy, including Peter M. Lewinsohn. We would also like to thank Albert Bandura, whose books such as "Social Learning Theory" (published by Prentice Hall in 1977) provided good ideas about how to help people gain more control over their lives.

At the San Francisco General Hospital Depression Clinic, many individuals helped shape the treatment approaches used. Among them are Jacqueline Persons and Charles Garrigues. A special thanks to the co-authors of the 1986 version of the CBT guidebook, Sergio Aguilar-Gaxiola, and John Guzmán.

Thank you to our colleagues at the RAND Corporation. Kate Watkins provided subject matter expertise and helpful review of the guidebooks. Michael Woodward's imaginative use of graphics complements the original art work and makes the books more interesting and easier to use.

We also wish to thank David Burns. The categories of thoughts in the "Thoughts" module are adapted from his book "Feeling Good: The New Mood Therapy," Morrow, 1980.

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

The "Yes, But" exercise in "Thoughts" was developed by Kurt Organista, Ph.D. at the SFGH Depression clinic.

The goal setting activity in the "Activities" module is adapted from the "Going for the Goal" Program, written by Steven J. Danish, et al., Virginia Commonwealth University, Department of Psychology, 1992.

The "My Rights" statements in the "People" module are adapted from "Treating Alcohol Dependence" by Peter Monti, David Abrams, Ronald Kadden, & Ned Cooney.

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

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