

Provider's Guidebook

"Thoughts and Your Mood"

Individual Treatment Version



June 2008

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Cognitive Behavioral Therapy for Depression

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Thoughts and Your Mood

Other modules in this treatment program
are as follows:

Activities and Your Mood
People Interactions and Your Mood

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This is your book to keep. Feel free to write in it.

This guidebook belongs to:

(Name)

(Date)

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SESSION 1: YOUR THOUGHTS AND MOOD ARE CONNECTED

PROVIDER TIPS

Materials Needed for Session 1

- **Client's Guidebooks** ("Thoughts and Your Mood")—an extra copy to loan in case your client forgets to bring their own guidebook
- **Pens**—enough pens to use during therapy
- **Dry erase board, chalkboard**, or large sheets of paper to present material to client
- **Index cards**—need at least seven cards
- **Small binder clips**—need to give one to client—so they can attach their index cards to their guidebook
- **Kleenex** or other facial tissue
- **A timer** or quiet alarm clock—this is optional

Provider's Goals

- Make your client feel welcome.
- Discuss confidentiality.
- Introduce yourselves and provide phone numbers.
- Encourage sharing and be supportive.
- Help client understand what depression is.
- Help client understand CBT and how it can help depression.
- Introduce the connection between thoughts and mood.

PROVIDER TIPS

Welcome Client

- Introduce yourself and the CBT program.
- Ask your clients questions about how they are feeling and what they would like to be better in their life
- Tell them that CBT can help them feel better
- Pass out the Client's Guidebook ("Thoughts and Your Mood").
- Pass out the PHQ-9 depression measure. Ask client to fill it out, put their name on it, and return it to you.
- Scan the PHQ-9 questionnaire quickly as you collect it. Notice the severity of client's depression symptoms and use this as a reference for the discussion regarding their depression. including thoughts of suicide. If a client reports thoughts of suicide, consult with your supervisor.

Begin the session:

- **Say:** *Congratulations for being brave enough to come to therapy.*
- **Say:** *We will be using a treatment called Cognitive Behavioral Therapy for Depression. The first part of this treatment focuses on thoughts and your mood. We will talk more about this treatment today and answer questions you might have about CBT and what to expect in therapy.*
- **Say:** *Turn to the first page after the cover in your books and put your name and the date on the lines.*
- **Say:**
 - *The guidebook belongs to you.*
 - *You will be writing in it.*
 - *You should bring your guidebook to every therapy session.*
 - *You will keep them when the treatment is over.*

PROVIDER TIPS

Purpose and Outline

Client's Guidebook: Page 1 & 2

1. **Say:** *CBT is structured, so every session begins with a few points about the purpose of the session and an outline of the session. I will go over today's outline now.*
2. **Introduce** the Purpose and Outline.
3. **Ask:** *Do you have any questions so far?*

PURPOSE

- Learn about Cognitive Behavioral Therapy and depression.
- Learn that there is a connection between thoughts and mood.
- Understand that noticing and managing your thoughts can help you feel better.
- Begin to notice your harmful and helpful thoughts.

OUTLINE

- I. Welcome
- II. Therapy Rules
- III. What is Depression?
- IV. What is Cognitive Behavioral Therapy (CBT)?
- V. How Does CBT Treat Depression?
- VI. How Have You Been Feeling?
- VII. Review
- VIII. New Topic: The Connection between Thoughts and Mood
 - A. Thoughts are Sentences We Tell Ourselves
 - B. What You Think Affects How You Feel
 - C. Identify Your Harmful Thoughts
 - D. Examples of Harmful Thoughts
 - E. Examples of Helpful Thoughts
- IX. Key Messages
- X. Practice
- XI. Feedback
- XII. Looking Ahead



THERAPY RULES

PROVIDER TIPS

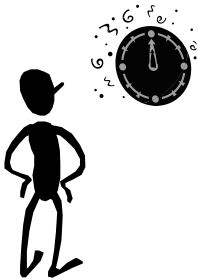
Time: 5 minutes

Client's Guidebook: Page 3

1. Go over therapy rules after session outline and purpose. Don't forget to talk about the exceptions to confidentiality (#2). Tell your client the name of your supervisor (#3). Ask them if they have questions or comments about any of the rules.

1. Come to every therapy session. If you can't make it, call me at this number:

(_____) _____ - _____ (Contact number)



2. Come to sessions on time.

3. Confidentiality of therapy.



To protect your privacy, the provider will not repeat what you say. There are three exceptions.

First, your provider shares information with the licensed mental health professional that is supervising the treatment.

Second, if provider hears something that makes them think your health or safety is in danger they will talk with your doctor or others.

Finally, by law, a provider must report:

- If a child or dependent adult is being abused or neglected.
- If an older adult is being abused or neglected.
- If someone is in danger of hurting himself or herself or someone else.

4. Participation is key. You will get the most out of therapy if you participate and express your thoughts, feelings, problems, and experiences.

However, in each session, the provider needs time to introduce new ideas. Unfortunately, the time allowed for each session is limited, so sometimes provider may need to interrupt you in order to have the time to share new ideas and skills. It is the provider's job to keep track of time for each session.

5. Practice. Practicing outside of sessions will strengthen your ability to use the skills you have learned and will increase the likelihood that you will feel better.

6. Tell me if things are not working for you or if you are unhappy with me or the treatment.



PROVIDER TIPS

Time: 2 minutes

1. Make announcements if there are any.
2. Ask if your client has any items to add to the agenda. However, try to relate issues that client bring in to the topic of the session when possible to refocus client and reinforce skills. If discussion becomes too tangential, reorient client to task at hand.

The provider will make any announcements that might be necessary. For example, if the next session is scheduled on a day that is a holiday, the day of that session may be changed. During this time, you will have a chance to tell the provider ahead of time if, for example, you need to be late for a session.

Is there anything you would like to let the provider know about?



INTRODUCTIONS

PROVIDER TIPS

Time: 2 minutes

1. Give your client a phone number where they can contact you.

- Suggest that clients write the information in their guidebook where it will be easy to find.

Say: *Now I would like to get to know you and we will talk more about depression later during the session.*

2. Introduce the text. Provide a model for your clients by introducing yourselves first. **Talk about one or two subjects on the list** in the guidebook.

- If your client begins to provide more information than necessary, gently remind them that they will have time to talk about other issues over the course of therapy. For now the focus is on introductions.
- It may be helpful to ask client questions that result in short answers, such as, *“Where did you grow up?”*
- If the client focus on their depression when they describe themselves, stop them and remind them that you want to know who they are and what they are like apart from their depression. (It is very useful for them to present their “other” self as well.)

Provider

Your provider is:

_____(Name) _____(Contact number)

Introduction

As therapy progresses, we will be talking about your experiences with depression. At this time, I want to know a bit more about you as an individual. Tell the client a little about yourself (e.g., how long you have worked with depressed patients, the settings in which you have experience, and maybe a couple of other facts that might help the client relate to you). Then ask the client to share a little about them. You can choose **one or two of the following** subjects to talk about. Remember to share your strengths and interests.

- Where they grew up
- Their family
- Their work
- Their main interests or hobbies
- Something about yourself that you think is special

WHAT IS DEPRESSION?

PROVIDER TIPS

Time: 5 minutes

Client's Guidebook: Page 5

1. Introduce “Depression is Common.”

2. Say: *What is depression like for you?*

- Provider should write the client's symptoms on a piece of paper you can show the client.
- If some symptoms of depression are not mentioned by your client, add them to the list at the end. Be sure to mention or ask about the symptoms that they endorsed on the PHQ-9. **Say:** *Many people have experienced symptoms of depression similar to yours, and what I'm trying to do is help you overcome these symptoms and feel better.*

3. Introduce “Depression is”, “The 9 Symptoms of Depression”, and “Possible Triggers for Depression” **Ask:** *What was happening in your life when you got depressed?*

- Take notes and use this information to understand your clients and to plan the sessions to make them as helpful as possible. (You probably already know something about your client based on the contact you made with them before the session started.)
- If any of the triggers listed in the “Depression” box are not mentioned by your client, tell them that other things can cause depression and read from the list.

4. Introduce the section called “What You Can Do.” **Say:** *Tell your provider if you have thoughts of suicide. Depression is very treatable and you can feel better.*

5. Sum up by emphasizing these key points.

- Depression is defined by the experience of five or more symptoms occurring most of the time for a period of at least two weeks and interfering with your life or activities a lot.
- Depression is common.
- A person can get help for depression and feel better.

Depression is Common

- Nearly everyone in his or her lifetime feels sad.
- Most adults have had depressed moods and/or know what they are.
- 10–25% of women will have at least one serious episode of depression.
- 5–12% of men will have at least one serious episode of depression.

What is depression like for you?

Depression is:

- A low mood or sad feelings that make it hard to carry out daily duties.
- Possible at any point in your life.
- Possible diagnosis if you have five or more of the following symptoms most of the day, almost every day, for two weeks or more.

The Nine Symptoms of Depression

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

Possible Triggers for Depression

- Being sick with medical problems
- Biological/chemical imbalance in your body
- Economic/money problems
- Losing someone you love
- Upsetting things happening, or continual problems
- Struggles with people you are close to
- Big life changes
- Stress that lasts a long time

What was happening in your life when you got depressed?

What You Can Do

- Come to CBT!
- Practice the skills you learn during CBT.
- Get help and support from family members, friends, and others.
- Discuss how you feel with your doctor, nurse, provider, or counselor.
- Ask your doctor if antidepressant medicines might be helpful.

***Let the provider know if you have thoughts of death or suicide.
We can help you get the support you need to feel better.***

WHAT IS COGNITIVE BEHAVIORAL THERAPY?

PROVIDER TIPS

Time: 5 minutes

Client's Guidebook: Page 7

1. Review the text.

2. Stop after each section and ask for questions and comments. Or ask your client if they know anything about CBT. Encourage questions and discussion.

This treatment provides a specific kind of help—Cognitive Behavioral Therapy, or CBT for short—for people who are depressed. CBT teaches skills to help you change your thoughts and behaviors. These changes can improve the way you feel.

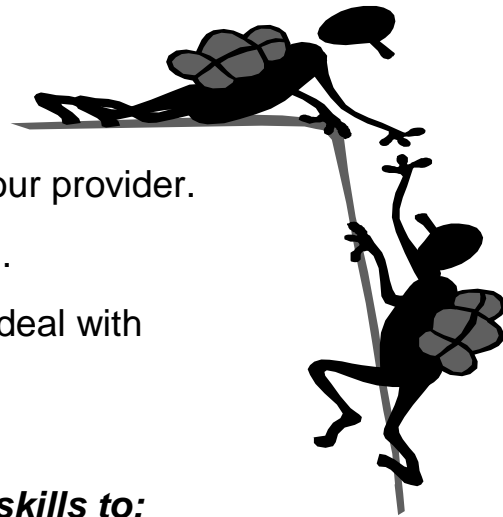
This approach does not mean that your thoughts and behaviors caused your depression in the first place. Making changes in your thinking and behavior can help your depression no matter what caused you to feel down.

“Managing” your depression means to:

- Make the feelings of depression less intense.
- Make the time that you are depressed shorter.
- Learn ways to prevent getting depressed again, despite real problems.

The therapy sessions are helpful because they:

- Provide you with support from your provider.
- Help you understand depression.
- Help you learn the CBT skills to deal with depression and feel better.



During the treatment you will learn skills to:



- Change your thoughts.
- Change your behaviors, including your
 - Activities, and
 - Interactions with other people.
- Improve the way you feel.

During the treatment you will NOT be asked to:



- Lie down on a couch.
- Share all your painful thoughts and experiences.
- Talk at length about your family or childhood.

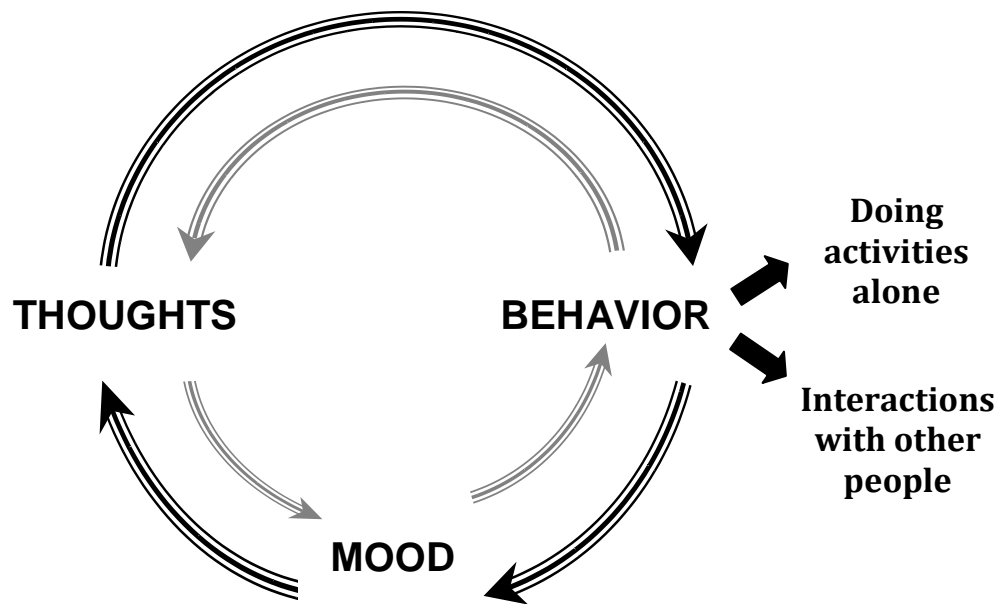
The treatment will focus on practical strategies to improve things right now.

What does the name “Cognitive Behavioral Therapy” mean?

Cognitive refers to **thoughts**.

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

We will focus on your thoughts and your behavior to improve your mood.



This CBT treatment program is organized into three modules
with four sessions in each module.

- Module: How your **thoughts** affect your mood **= 4 sessions**
- Module: How your **activities** affect your mood **= 4 sessions**
- Module: How your **interactions with other people** affect your mood **= 4 sessions**

Total CBT sessions = 12 sessions

Each module focuses on one subject, but they overlap with each other and you will find that we mention the other subjects throughout the treatment.

HOW DOES CBT TREAT DEPRESSION?

PROVIDER TIPS

Time: 5 minutes

Client's Guidebook: Page 11

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

Introduce the text. Then go over the spiral, starting with thoughts at the top.

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

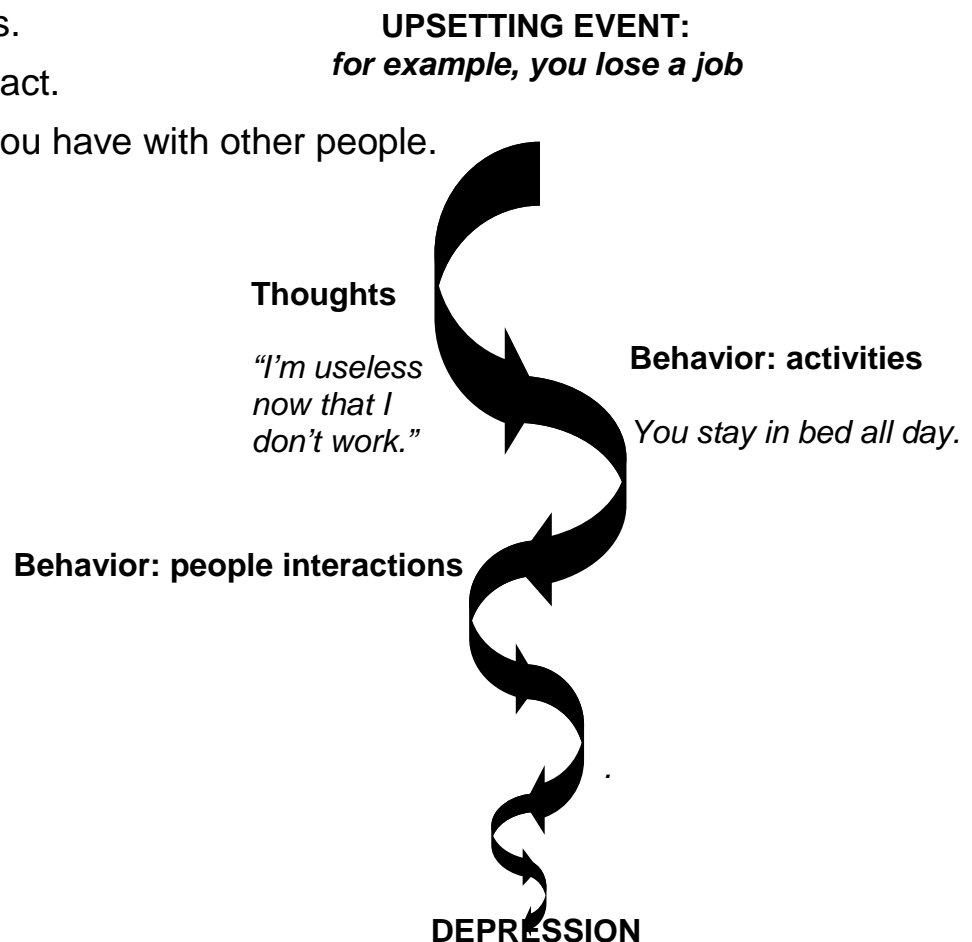
Activities. *Another factor is how we act. When we feel down, we have less interest in doing things and as a result we often behave differently than we usually do. For example, when you're depressed you may not feel like taking a walk. Staying in bed all day could make your mood continue to spiral down.*

People. *Depression affects our mood in another way. When we are depressed, we often reduce the amount of contact we have with other people, or the interactions we do have are not healthy for us. Maybe other people have completely different tastes in what activities they enjoy. Perhaps they aren't supportive in ways that make us feel good about ourselves.*

Say: *As you can see, you enter the depressive spiral here. Point to the top of the spiral. But the way you react to events can cause your mood to spiral down. CBT can help prevent the spiraling down. This treatment will be most helpful to you if, at the end, you have learned many ways of managing your mood, and you feel confident using them in your daily life. This will take practice.*

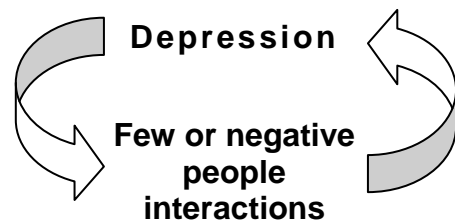
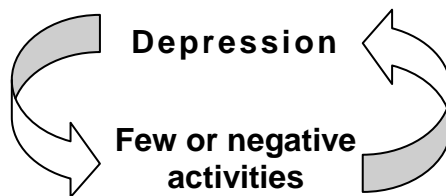
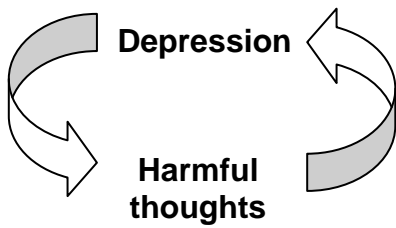
Depression can be looked at as a downward spiral. You might enter the spiral when something upsetting happens. For example: you lose a job or friend, a relative dies, you get sick, or you experience a big disappointment. These upsetting events are real and almost anyone would feel a certain amount of sadness, anger, or frustration because of them. But other factors can add to your suffering. They include:

- Your thoughts.
- The way you act.
- Interactions you have with other people.



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

We will be working on breaking these connections.



In this module, we focus on the connection between depression and thoughts.



HOW HAVE YOU BEEN FEELING?

PROVIDER TIPS

Time: 5 minutes

Client's Guidebook: Page 13

- 1. Introduce** the text in the Client's Guidebook.
- 2.** After the session, **compare** your client's PHQ-9 measure to the ones he or she has filled out before. This comparison will allow you to monitor your client's progress.

The depression questionnaire you filled out at the beginning of the session is called the "Patient Health Questionnaire" or PHQ-9 for short. You will fill out the PHQ-9 before Sessions 1 and 3 of each CBT module. It allows you and your provider to check how you are feeling today and to keep track of how you are feeling while you are in treatment.

NEW TOPIC: THE CONNECTION BETWEEN THOUGHTS AND MOOD

Thoughts Are Sentences We Tell Ourselves

PROVIDER TIPS

Time: 2 minutes

Client's Guidebook: Page 14

1. **Say:** *Thousands of thoughts pass through our heads each day. Thoughts are sentences we tell ourselves. Some are neutral or factual such as “today is Monday.” Others may be more harmful or helpful because of how they make us feel. We often don’t pay attention to all these thoughts, but with practice you can learn to notice your thoughts and decide whether they are harmful or helpful to your mood.*
2. **Introduce** the text about thoughts. **Ask:** *Try to remember some thoughts you have had. What are some other examples of thoughts?*

Thoughts: sentences you tell yourself.

- I did a good job at work today.
- I will never amount to anything.



I will wear my blue shirt tonight.
My throat is a little sore.
This job is taking too long.
Today is Thursday.
I can't wait until lunch.
I am the slowest worker in the whole factory.
That movie was really funny.
Nobody wants to work with me.

PROVIDER TIPS

Time: 2 minutes

Client's Guidebook: Page 14

3. Introduce the text about feelings. **Ask:** *What other feelings have you had that aren't listed here? The pictures of the faces on the next page might help you recall your own feelings.*

Feelings: emotions or moods. (See more examples on the next page.)

- Happy
- Sad
- Angry



PROVIDER TIPS

Time: 1 minute

Client's Guidebook: Page 14

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

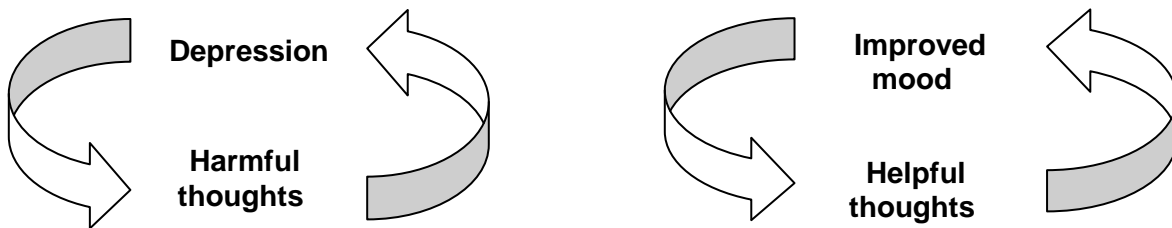
In this guidebook we talk about “**harmful**” and “**helpful**” thoughts. These terms are just shortcuts--a thought is not harmful or helpful all by itself. The power of thoughts is in how they make you feel and act.

PROVIDER TIPS

Time: 1 minute

Client's Guidebook: Page 14

5. Say: *Notice the two arrow diagrams in your guidebook. They illustrate the connection between your thoughts and your mood. Harmful thoughts can bring your mood down. Also, when your mood is low, you are more likely to have more harmful thoughts. But helpful thoughts can improve your mood and when you are feeling better, you are more likely to have more helpful thoughts.*



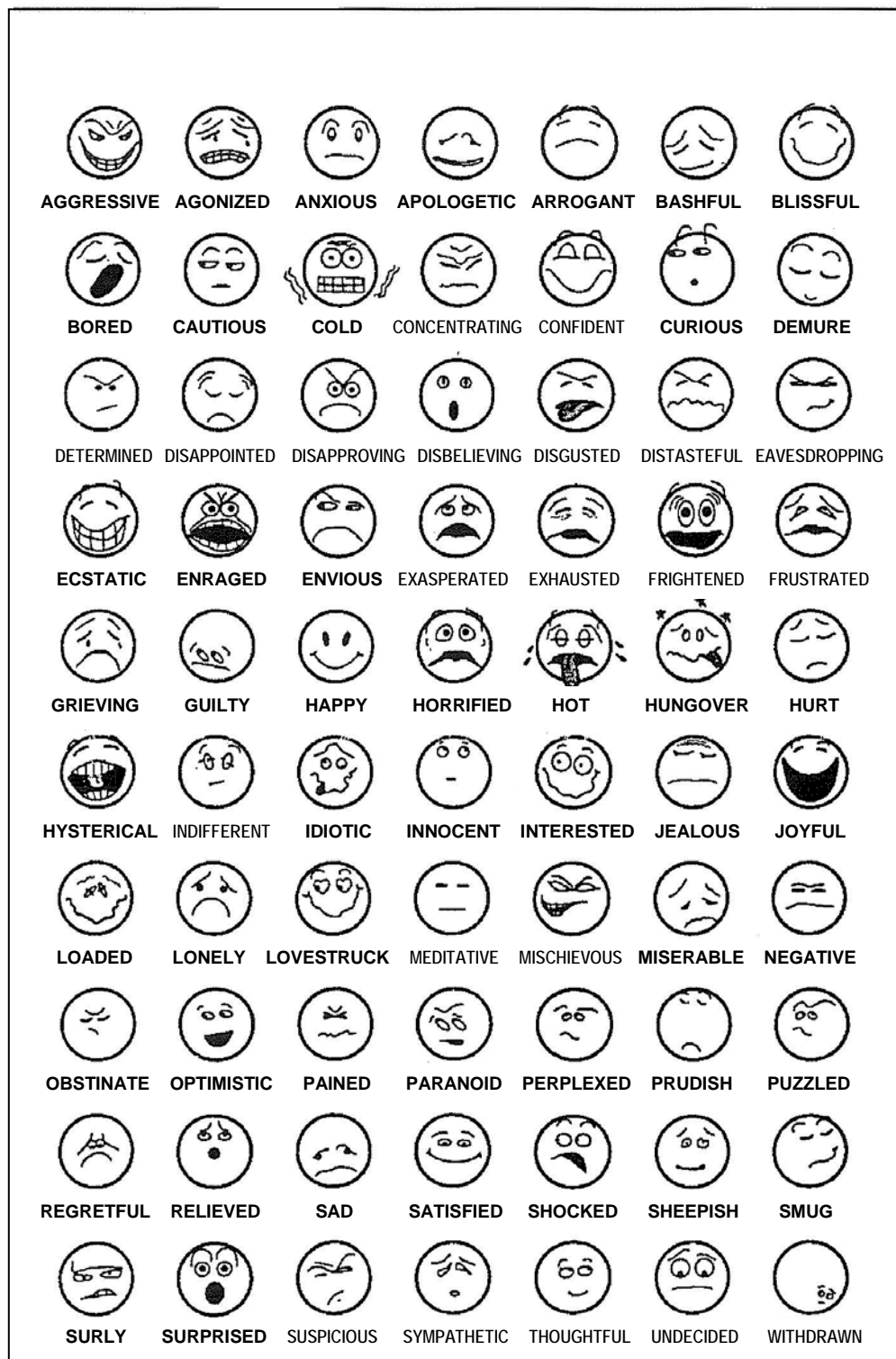
PROVIDER TIPS

Time: 1 minute

Client's Guidebook: Page 14

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

Examples of Feelings



What You Think Affects How You Feel

PROVIDER TIPS

Time: 2 minutes

Client's Guidebook: Page 16

1. Say: *Look at the cartoons in your guidebook. What do you think is happening in the pictures? What might the person be thinking in the first cartoon? In the second cartoon? What is the person's mood like after he has these thoughts?*

Some examples of possible thoughts:

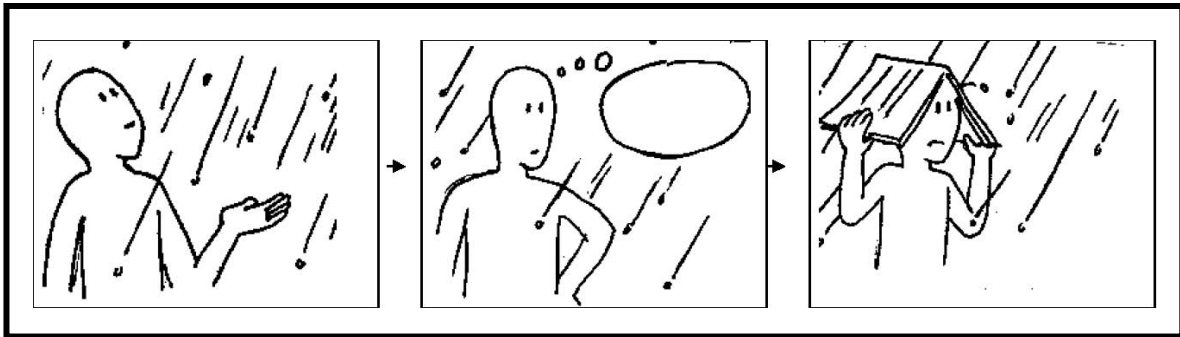
- First cartoon: "I hate rain. I'm getting all wet, and I'll probably catch a cold."
- Second cartoon: "Oh, how fun, it's raining. I can run home, make hot chocolate, and feel cozy."

2. Say: *The person in the cartoons can't change what is real—it is raining. But he can change what he thinks about the rain, and that can change his mood. When he had more helpful thoughts, his mood was better.*

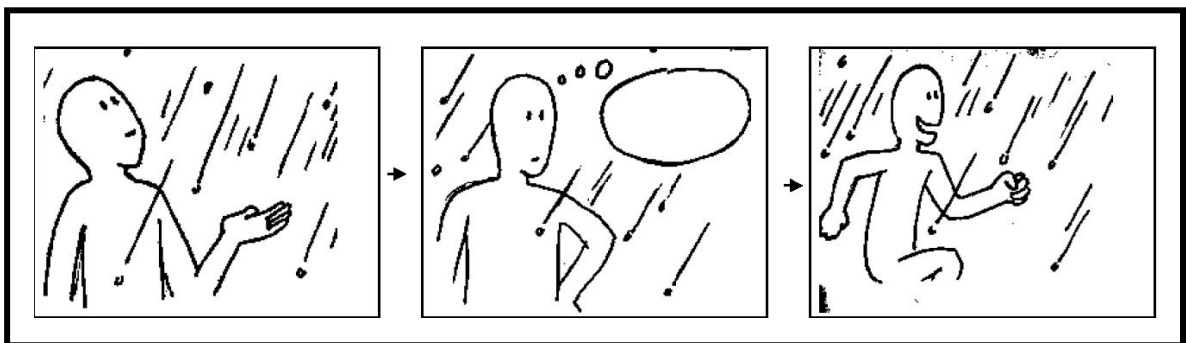
3. Say: *On the other hand, CBT doesn't expect you to see the world through rose-colored glasses. But it will teach you to notice your thoughts, identify your harmful thinking habits, and choose helpful thoughts that make you feel better.*

Look at the cartoons below. What do you think the person is thinking in each cartoon? There are no right or wrong answers.

1.



2.



- The person was faced with the same reality in both cartoons: it is raining.
- The person's mood was different in the two cartoons.
- Why did the person have different moods?

Depression can be improved by how you think and how you react to what happens to you.

Identify Your Harmful Thoughts

PROVIDER TIPS

Time: 2 minutes

Client's Guidebook: Page 17

1. Say: *Let's take a closer look at your thoughts and try to identify some thoughts that bring your mood down. We call these thoughts "harmful thoughts." Can you remember a time in the last week when you felt down? Take a moment to close your eyes and try to picture yourself in the situation you were in when you felt down. Now, with your eyes still closed, try to remember the thoughts you were having at the time. Ok, now open your eyes and write your thoughts on the lines in your guidebook.*

2. Say: *What thoughts did you notice?* **Write** the client's thought on the board or piece of paper that you can show them.

Try to remember a time in the last week when you felt really low.
Close your eyes and try to picture yourself in the situation you were in then. What were you thinking?

Write down your thoughts.

PROVIDER TIPS

3. Say: *It takes practice, but you can learn to notice your thoughts. You can examine these thoughts by asking the two questions you see in your guidebook.*

Read aloud the questions one at a time and discuss them.

Questions to think about:



- How do these thoughts make you feel?
- Are these thoughts accurate, complete, and balanced?

Examples of Harmful Thoughts

PROVIDER TIPS

Time: 2 minutes

Client's Guidebook: Page 18

Examples of Harmful Thoughts

- 1. Say:** *On the next page is a list with examples of harmful thoughts. Look at the list.*
- 2. Ask:** *Are any of these harmful thoughts similar to thoughts you have had? Which ones?*
- 3. Say:** *Maybe you have other thoughts you would like to add to the list at the bottom of the right-hand column. Take a few minutes and fill in numbers 43, 44, and 45.*
- 4.** After the client is done writing their own thoughts on the lines, **say:** *Please share your thoughts?*

Note: When the client considers the lists of thoughts in the Client's Guidebook, talk about thoughts (that may not be on the list) that might be relevant to the individual you are treating.

- Mothers—"I'm a lousy mother."
- Middle aged and older Latino women—"I need a man to take care of me."
- People with physical illnesses or conditions—"My life is shot now that I am sick."

1. I will never be physically healthy.
2. I am confused.
3. There is no love in the world.
4. I have wasted my life.
5. I am a coward.
6. Nobody loves me.
7. I'll end up living all alone.
8. People don't consider friendship important anymore.
9. I don't have any patience.
10. It's no use to try.
11. That was a dumb thing for me to do.
12. I will be a burden to others.
13. Anybody who thinks I'm nice doesn't know the real me.
14. Life has no meaning.
15. I am ugly.
16. I can't express my feelings.
17. I'll never find what I really want.
18. I am not capable of loving.
19. I am worthless.
20. It's all my fault.
21. Everything bad always happens to me.
22. I can't think of anything that would be fun.
23. I don't have what it takes.
24. Bringing kids into the world is cruel because life isn't worth living.
25. I'll never get over this depression.
26. Things are so messed up that doing anything about them is pointless.
27. I don't have enough willpower.
28. There is no point in getting out of bed.
29. I wish I were dead.
30. I know they are talking about me.
31. Things are just going to get worse.
32. I have a bad temper.

33. No matter how hard I try, people aren't satisfied.
34. Life is unfair.
35. I'll never make good money.
36. I don't dare imagine what my life will be like in ten years.
37. There is something wrong with me.
38. I am selfish.
39. My memory is lousy.
40. I am too sensitive.
41. With these health problems, I will always be miserable.
42. The problems my children are having are my fault.

What are your harmful thoughts?

43. _____

44. _____

45. _____

Examples of Helpful Thoughts

PROVIDER TIPS

Time: 2 minutes

Client's Guidebook: Page 19

Examples of Helpful Thoughts

1. Say: *Notice the list of helpful thoughts. Take a few minutes to fill in your own helpful thoughts at the bottom of the second column.*

2. After the client is done writing their own thoughts on the lines, **say:** *Please share the thoughts you wrote down?*

Note: When the client considers the lists of thoughts in the Client's Guidebook, talk about thoughts (that may not be on the list) that might be relevant to the individual you are treating.

- Mothers—"I truly like my child even if she has some problems."
- Middle aged and older Latino women—"I deserve to relax and enjoy this evening."
- People with physical illnesses or conditions—"I can still enjoy my friends."

1. It will be fun going to a movie today.
2. I've gotten good things in life.
3. The weather is great today.
4. I can do better than that.
5. Even though things are bad right now, they are bound to get better.
6. I'll learn to be happier as I live longer.
7. That was probably a reasonable solution to a tough problem.
8. Life is interesting.
9. I deserve credit for trying hard.
10. That was a nice thing for me to do.
11. I really feel great.
12. This is fun.
13. I'm a good person.
14. I can do just about anything if I set my mind to do it.
15. I have great hopes for the future.
16. I have good self-control.
17. That's interesting.
18. I really handled that situation well.
19. People are OK once you get to know them.
20. I like to read.
21. I'm easy to get along with.
22. If I can just hold on until [a certain date] I'll be OK.
23. A nice, relaxing evening can sure be enjoyable.
24. I have worked long enough--now it's time to have fun.
25. I'm considerate of others.
26. I have time to accomplish most things I want to do.
27. Someday I'll look back on today and smile.
28. I like people.

29. I always find the strength to handle whatever comes up.
30. I'm a good parent/friend/spouse.
31. I'm a sensitive person.
32. I'm honest.
33. I could probably handle a crisis as well as anyone else.
34. I'm pretty lucky.
35. I'm responsible.
36. My experiences have prepared me well for the future.
37. That's funny.
38. I'm pretty smart.
39. I'm physically attractive
40. I am looking forward to that event.
41. I am doing the best I can.

What are your helpful thoughts?

42. _____

43. _____

44. _____



KEY MESSAGES

PROVIDER TIPS

Time: 2 minutes

Client's Guidebook: Page 20

- 1. Read** the key messages aloud.
- 2. Ask** the client if they have any questions or comments.
- 3. Help** the client feel hopeful that CBT can help them get over their depression.

- A thought is a sentence you say to yourself.
- A feeling is an emotion or mood.
- Your thoughts can affect how you feel.
- You can use your thoughts to improve your mood.



PRACTICE

PROVIDER TIPS

Time: 5 minutes

Client's Guidebook: Page 20

Say: *I would like to talk about the importance of practicing the skills you learn in therapy. You might be thinking: “what do you mean by “practice?” Practice means doing brief activities on your own outside of therapy session. You can think of the skills you learn here as tools to use in your everyday life to improve your mood. But just like tools, not all of them may work well for you. By trying out your new skills at home while you are still coming here, you can report back to me and let me know what worked for you and what didn’t work. Then we can come up with ways to make them work better.*

Quick Mood Scale

1. Say: *Each week, we would like you to keep track of your mood using the Quick Mood Scale. There is a copy of the Quick Mood Scale in your guidebook at the end of every session. With the Quick Mood Scale, you can learn to recognize how you are feeling and how your thoughts and behaviors affect your mood. This will help you to learn which thoughts and behaviors improve your mood and which make it worse.*

2. Draw the Quick Mood Scale on the board or ask your client to look in their guidebook.

3. Say: *The Quick Mood Scale runs from 1 to 9, with 1 indicating a worst mood and 9 indicating a best mood. Each day, you circle the number that indicates what your mood was that day. This important tool will help you see the progress you are making in improving your mood through CBT.*

4. Go over the instructions that are on the top of the Quick Mood Scale.

Keep Track of Your Thinking Each Day

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

6. Pass out index cards, seven and one binder clip to your client. **Read the directions (practice #2) aloud. Then say:** *You will notice that you also have room in your guidebook to write your harmful and helpful thoughts each day. You may use the cards, or the guidebook, or both. You can take a few minutes right now and put the plus signs and minus signs on your cards.*

7. Say: *Try not to write down things that are happening to you. Instead, write down what you are thinking that makes you feel better or worse. We expect that you will be able to identify 5 - 10 thoughts each day. Bring the cards with you for next session. You can use the clip to attach them to your guidebook. Take a moment to write down one harmful thought and one helpful thought to get you started.*

8. Say: *We encourage you to do these projects, even though you may not feel like it. They are an important part of the treatment process. You are here for only a short time, and eventually you will have completed the entire CBT program. Once you have completed the therapy, the skills you have learned will help you keep your mood healthy. Therefore, it is important that you try them out until you feel confident that you can use them on your own.*

9. Ask: *Do you have any questions about the practice activities?*


This treatment will be successful for you if you learn skills for managing your mood and you feel confident using these skills in your daily life. You will need to practice. If you don't practice the skills, you won't learn them.

Each session's practice will consist of one or more short activities for you to try. This session's practice is:

1. Track your mood using the Quick Mood Scale. The Quick Mood Scale and instructions for how to use it are on the next page. The scale provides a "quick" way for you to keep track of your moods. Try to complete the Quick Mood Scale at the same time

each day—for example, before you go to sleep each night. As the treatment progresses and as you practice the skills you learn in each session, you will probably find that your mood improves.

2. Track your thoughts using index cards.

Thoughts, Day 1	+	
<hr/>		
(Write in the day of the week.)		
S A M P L E C A R D		

- Use one separate card for each day (using either the separate index cards or the “cards” printed in your guidebook).
- Write the day of the week on the cards. For example, if you start tracking your thoughts for the week on a Wednesday, write “Wednesday” (or “W”) on the first card.
- Mark one side of the first day’s card with a minus sign (-) and write 4-5 negative (harmful) thoughts that you have that day. Mark the other side of the card with a plus sign (+) and on that side write 4-5 positive (helpful) thoughts that you have on the same day. You can look back at the lists of harmful and helpful thoughts for examples.
- Bring your cards with you to the next session.

QUICK MOOD SCALE

Instructions

- Fill in the days of the week across the top of the scale. For example, if you start rating your moods for the week on a Wednesday, write “Wednesday” (or “W”) on the first line, “Thursday” (or “Th”) on the second line, etc. You can also write down the date (4/15, 4/16, etc.) if you want to keep track of how you are improving from week to week.
- Keep the scale beside your bed. Before you go to bed, think about your mood for the day and circle a number that matches your mood.
- Try to use all the numbers, not just 1, 5, or 9.
- There is no right answer. Only you know how you have felt each day.
- If you want to track your mood over a period of time longer than a week, write down the number rating for your daily moods on a calendar.

Day of the Week

Best mood

9

9

9

9

9

9

9

8

8

8

8

8

8

8

7

7

7

7

7

7

7

6

6

6

6

6

6

6

OK/average mood

5

5

5

5

5

5

5

4

4

4

4

4

4

4

3

3

3

3

3

3

3

2

2

2

2

2

2

2

Worst mood

1

1

1

1

1

1

1

Thoughts, Day 1

—



(Write in the day of the week.)

Thoughts, Day 1

+



(Write in the day of the week.)

Thoughts, Day 2

—



(Write in the day of the week.)

Thoughts, Day 2

+



(Write in the day of the week.)

Thoughts, Day 3

—



(Write in the day of the week.)

Thoughts, Day 3

+



(Write in the day of the week.)

Thoughts, Day 4

—



(Write in the day of the week.)

Thoughts, Day 4

+



(Write in the day of the week.)

Thoughts, Day 5

—



(Write in the day of the week.)

Thoughts, Day 5

+



(Write in the day of the week.)

Thoughts, Day 6

—



(Write in the day of the week.)

Thoughts, Day 6

+



(Write in the day of the week.)

Thoughts, Day 7

—



(Write in the day of the week.)

Thoughts, Day 7

+



(Write in the day of the week.)



FEEDBACK

PROVIDER TIPS

Time: 1 minute

Client's Guidebook: Page 28

- 1. Encourage** clients to comment on the session. When you plan later sessions, you can think about their comments and, as much as possible, tailor the treatment to the clients.
- 2. Read aloud** one or two of the questions.

The provider will ask for your comments about how the session went. They might ask the following questions:

- What was helpful about today's session?
- What was less helpful?
- What was difficult about today's session?
- What suggestions do you have to improve your treatment?
- If you are continuing CBT from a previous module, how have you made changes since beginning the therapy?



LOOKING AHEAD

PROVIDER TIPS

Time: 1 minute

Client's Guidebook: Page 28

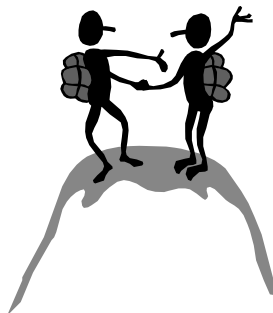
1. The purpose of the preview is to encourage clients to attend the next CBT session by giving them a glimpse of the topic to be covered. Clients are welcome to read ahead.

2. Say: *The guidebook is yours to keep, but **please bring it to the next session.***

In the next session, we will talk about some common habits of harmful thinking. Understanding these common ways of thinking can help you notice the thoughts you are having when you feel down. Then you can begin to replace your harmful thoughts with helpful thoughts to help you feel better.

Congratulations for coming to CBT. Coming to therapy is a big step in improving your mood.

In Session 2, we will talk more about how to notice and identify your thoughts and we will look at some common habits of harmful thinking.



PROVIDER SELF-EVALUATION FORM: THOUGHTS, SESSION 1

Instructions

Taught/Done: Were you able to cover the material? If you didn't do this in this session but you do it later, when it is done write in the date you covered it.

Difficult to Teach: How hard was it to teach this part of the session? If it was neither easy nor hard, you can write "medium."

	Taught/Done? (Yes/No)	How Difficult Was It to Lead This Part of the Session? (Easy/Hard)
Welcome	_____	_____
Purpose and Outline	_____	_____
Therapy Rules	_____	_____
Introductions	_____	_____
What is Depression?	_____	_____
What is CBT?	_____	_____
How Does CBT Treat Depression?	_____	_____
How Have You Been Feeling?	_____	_____
New Topic: The Connection Between Thoughts and Mood		
Thoughts are Sentences We Tell Ourselves	_____	_____
What You Think Affects How You Feel	_____	_____
Identify Your Harmful Thoughts	_____	_____
Examples of Harmful Thoughts	_____	_____
Examples of Helpful Thoughts	_____	_____
Key Messages	_____	_____
Practice	_____	_____
Feedback	_____	_____
Looking Ahead	_____	_____

SESSION 2: HOW TO IDENTIFY HARMFUL AND HELPFUL THOUGHTS

PROVIDER TIPS

Materials Needed

- **Client's Guidebooks** (“Thoughts and Your Mood”)—an extra to loan in case your client forgets to bring their own guidebook
- **Pens**—enough pens to use during therapy
- **Dry erase board, chalkboard**, or large sheets of paper to present material to client
- **Index cards**—need at least seven cards
- **Small binder clips**—need to give one to your client—so they can attach their index cards to their guidebook
- **Kleenex** or other facial tissue
- **A timer** or quiet alarm clock—this is optional

Provider's Goals

- Review the connection between thoughts and mood.
- Help your client identify habits of harmful thinking.
- Reinforce the importance of outside practice.

PROVIDER TIPS

Purpose and Outline

Client's Guidebook: Page 29

Introduce the Purpose and Outline.

PURPOSE

- See how harmful thoughts can bring mood down and helpful thoughts can improve mood.
- Understand some common habits of harmful thinking.
- Understand that changing common habits of harmful thinking can improve mood.

OUTLINE

- I. Review
- II. New Topic: How to Identify Harmful and Helpful Thoughts
 - A. The Link between Thoughts and Mood: A Chaining Activity
 - B. Harmful Thoughts are not Accurate, Complete, and Balanced
 - C. Common Habits of Harmful Thinking
- III. Key Messages
- IV. Practice
- V. Feedback
- VI. Looking Ahead



REVIEW

PROVIDER TIPS

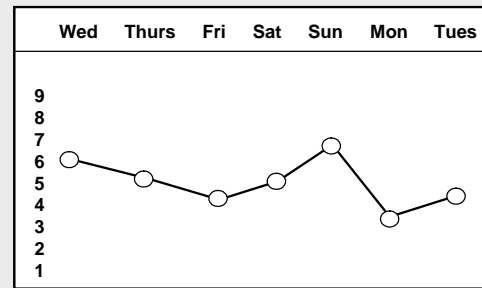
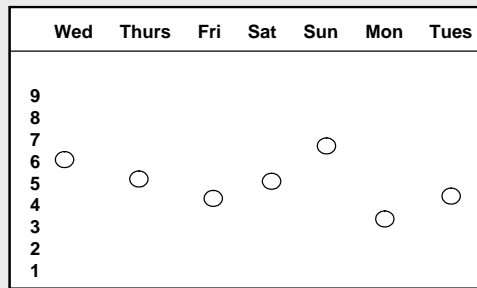
Time: 5 minutes

Client's Guidebook: Page 30

Quick Mood Scale

Ask client about how they did tracking their moods on their Quick Mood Scales. Make a graph based on one Client's Quick Mood Scale.

1. Start the graph with the day of the week the session meets. If your client's session meets on a Wednesday, write "Wednesday" or "Wed" in the first space at the top of the graph.
2. Ask your client to share the numbers on his or her Quick Mood Scale. Make a graph on the board like the example below. If the client's mood was a 6 on the first day, mark a dot at 6 below "Wed."



3. When you are finished adding dots that represent the client's mood for each day, draw lines between the dots to show how mood can change up and down.
4. **Possible follow-up questions:** *What do notice about your mood during the last week? Your mood was the lowest on [day]. What were your thoughts on that day [integrate thoughts recorded on index cards or guidebook]? Your mood was higher on [day]. What thoughts were you having on that day? What do you notice about the connection between your thoughts and your mood?*

Practice

5. Try to connect your client's thoughts and mood. Have the person describe the event and his or her thinking, and help him or her to change negative thinking. The point is to teach how to apply the CBT skills to specific, real-life situations, but not necessarily to solve **every** difficult situation. (This would be an example of all-or-nothing thinking: "*If CBT doesn't solve all my problems, then it doesn't work.*")

Keep Track of Your Thoughts Each Day

6. Review of thoughts tracking should be integrated into the review of the Quick Mood Scale.

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

Note: What to do if your clients don't do their practice

Most individuals 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 your 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, "I want you to start feeling better, and I know how important practice is. Can I 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 practicing." 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 therapy session will help your 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 session, and coming to therapy is a first 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.

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

- 1. Track your mood using the Quick Mood Scale.***
- 2. Keep track of your thoughts each day.***

PROVIDER TIPS

Time: 2 minutes

Client's Guidebook: Page 30

1. It may be difficult for clients to remember what you talked about in the last session. Use this time to remind them of the key messages and to help them understand how today's lesson follows.

2. Say: *In the last session, we got to know each other a little bit, talked about what depression is, and began talking about cognitive behavioral therapy—CBT for short. We also talked about how thoughts can affect how you feel.*

3. Ask: *Do you remember the diagram with arrows? It shows that there is a connection between thoughts and mood. And since the arrows point both ways, it shows that your thoughts can affect how you feel and how you feel can affect your thoughts.*

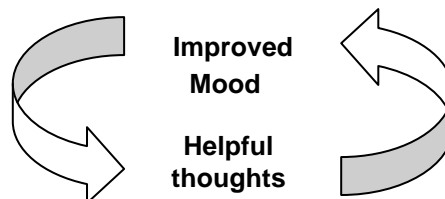
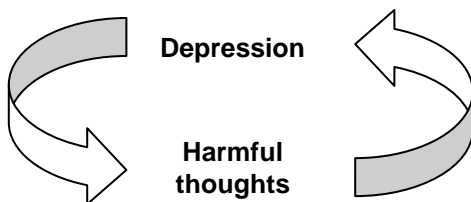
4. Ask: *Do you remember the cartoon with the man in the rain? Can you tell me what the cartoon teaches us?*

If your client does not respond, remind them that the characters' moods were different because they thought about the rain differently.

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

6. Ask: *Do you have any questions before we look at this session's new topic?*

Last Session



Key messages from the last session were:

- A thought is a sentence you say to yourself.



- A feeling is an emotion or mood.

- Your thoughts can affect how you feel.



- You can use your thoughts to improve your mood.

Today we will talk more about the link between your thoughts and your mood. I will also give you some ideas for how to notice your harmful thoughts and replace them with helpful thoughts.

NEW TOPIC: IDENTIFYING HARMFUL AND HELPFUL THOUGHTS

The Link between Thoughts and Mood: A Chaining Activity

PROVIDER TIPS

Time: 15 minutes

Client's Guidebook: Page 32

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

1. Say: *We have talked about how the downward spiral of depression can begin with a simple fact, or event. For example, "I got a divorce" The event doesn't have to be big. It could be that you lost your house keys or were late to work.*

We will do a "chaining" exercise in which you can see how your mood can spiral down or up from the event, in a continuous chain, depending on your thoughts. The goal of the exercise is to help you understand that your thoughts affect how you feel and that you can make choices about how you think that can make you feel better or worse.

An example of this exercise is included in your guidebook, but we will do one together on the board.

2. Quickly draw on the board the numbers 1 through 9, with 9 at the top, 8 on the next line, etc. (See the example on the next page.)

3. Say: *Just like the Quick Mood Scale, the chaining activity uses a scale of 1 to 9 to rate your mood. "1" is the worst mood and "9" is the best. The chaining activity begins with a fact or an event. Can you give me a statement of a fact that we can put in the middle on line #5? Would you like to share something that happened recently?*

Use a real event in one of the client's lives and use the chaining activity to illustrate how thoughts can help that person feel better or worse. An example is provided on the next page.

4. Say: *Now I'd like you to think of a thought you might have that would bring your mood down to a 4. What would bring you down just a little bit?*

If the first response seems too drastic, inquire further by asking *If you had that thought, would it bring your mood down to a 4? Or even lower?* Write the thought next to the number where the client feels it belongs.

If your client suggests an activity instead of a thought, say: *If you did that activity, what thought might you be having?* Write the thought on the board.

5. Next ask for a thought that would lead to a mood of about 3, and write it on the board next to the 3. Do the same for moods rated 2 and 1.

Note: While it is best to complete all the numbers, you do not need to fill in all the numbers in this exercise. If clients understand the idea, just fill in one or two going down and one or two going up.

9.

8.

7.

6.

5. I just had a fight with my best friend.

6 I won't be able to cope without my friend.

7. I'm a miserable person to have ruined this relationship.

8. I always mess up my relationships.

9. I may never have another good friend.

6. Complete the rest of the chaining activity spiraling up (see the example on the next page).

Say: *Let's return to the statement of fact that we wrote at number 5. What's a thought that might make your mood improve a little and become a 6?*

Repeat the process for moods up to 9.

1. I feel sure that I will continue to enjoy friends.
2. I have learned from this friendship.
3. I can probably mend this friendship.
4. We have gotten over our fights in the past.

5. I just had a fight with my best friend.

6. I won't be able to cope without my friend.
7. I'm a miserable person to have ruined this relationship.
8. I always mess up my relationships.
9. I may never have another good friend.

7. Ask your client if he or she has any questions or comments.

8. Say: *Now try the same activity on your own—fill in the blanks in the table in your guidebook. (Allow 5 minutes for this.)* **Then say:** *Please read what you wrote?*

9. Say: *What do you notice about the how thoughts and mood are related?*

10. Here are two more examples of the chaining activity.

9. I will keep trying until I find a job that is right for me.
8. I have skills that employers will want.
7. I learned a lot at my last job.
6. I will work hard to find another job.

5. I have just lost my job.

4. I'm not sure if I can find another job.
3. I don't think I did my job well.
2. I will never be a good worker.
1. I am no good.

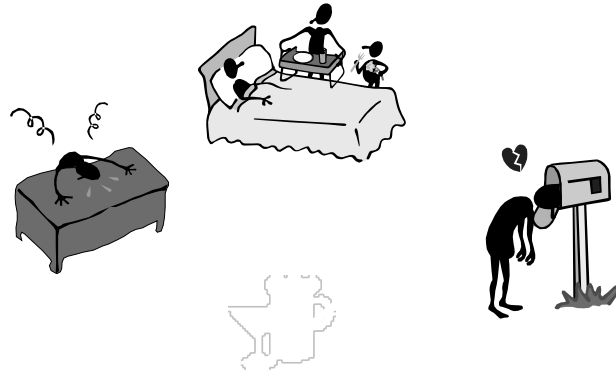
9. I can focus on what is positive in my life and make positive changes.
8. I am still capable of doing many things.
7. There are things I can do to take care of myself.
6. I need to learn more about my health problem.

5. I have a serious health problem.

4. This is really awful.
3. Why me? Why am I being punished?
2. I'm not normal. I won't be able to do anything.
1. Everyone else is having fun, so I am sure that no one cares about me.

In the last session, we talked about how the downward spiral of depression can begin with a straightforward fact or event. Here are some examples.

- You lose a job.
- A relative or friend dies.
- You get sick.
- You were diagnosed with diabetes.
- You have no energy.



Instructions

1. In the table on the next page, **write a statement of a fact or an event** on the line next to #5.

2. What thought might cause your mood to go down just a little? **Write that thought next to #4.**

3. Think of a chain of thoughts that make you feel worse until your mood is at its lowest. **Write that chain of thoughts on lines #3, #2, and #1.**

4. Complete the rest of the chaining activity spiraling up. What is a thought that would make your mood improve just a little? **Write that thought next to #6.**

5. Fill in lines #7 and #8.

6. What thought might make you feel really happy? Write that thought next to #9.

7. **Do you see the link between thoughts and mood?**



- Your thoughts affect how you feel and act.
- You can make choices about the way you think.

Example



Best mood	9.	I will keep trying until I find a job that is right for me.
↑	8.	I have skills that employers will want.
	7.	I learned a lot at my last job.
	6.	I will work hard to find another job.
Okay/average mood	5.	I have just lost my job.
↓	4.	I'm not sure if I can find another job.
	3.	I don't think I did my job well.
	2.	I will never be a good worker.
Worst mood	1.	I am no good.

Your chaining activity

Best mood	9.	
	8.	
	7.	
	6.	
Okay/ average mood	5.	Statement of a fact or an event _____
	4.	
	3.	
	2.	
Worst mood	1.	

The chaining activity illustrates that:

- Thoughts and mood are connected. When you have harmful thoughts, you are more likely to feel down. When you have helpful thoughts, your mood is likely to improve.
- A harmful thought can lead to another harmful thought, bringing your mood down.
- A helpful thought can lead to another helpful thought, bringing your mood up.
- Most of the time, your mood won't be either the worst mood possible (a "1") or the best mood possible (a "9") but somewhere in between.

Harmful Thoughts are not Accurate, Complete, and Balanced

PROVIDER TIPS

Time: 2 minutes

Client's Guidebook: Page 35

1. Say: *To identify what kinds of thoughts you are having, it may be helpful to look at thoughts in a different way. Look at the table of harmful and helpful thoughts in your guidebook. One kind of harmful thought is a thought that is inaccurate, or not true. For example, "I never do anything right."*

2. Ask: *Can it possibly be true that you NEVER do anything right? Here is a thought that might be more accurate: "I have made mistakes, but I do many things right." Can you see how this accurate thought might be more helpful at improving your mood?*

3. Go over the rest of the information in the table. **Ask:** *Can you think of other thoughts that are inaccurate, incomplete, or unbalanced?*

4. Say: *When you notice a thought, you can ask yourself: Is this thought accurate? Is this thought complete? Is this thought balanced? Harmful thoughts are not accurate, complete, and balanced.*

If your clients have difficulty sharing their own thoughts - Read aloud two or three of the statements on the list below. **Say:** *Let's try to think of some harmful and helpful thoughts. What harmful and helpful thoughts do you think you might have if you were in the same situation? What thoughts could make your mood worse and what thoughts could make your mood better, in spite of real life challenges?*

- I have just been diagnosed with diabetes.
- The rent is due, and I don't have any money.
- I am in a big hurry for an important appointment.
- I am unable to work right now because I am very depressed.
- I had unprotected sex.
- I haven't talked to my relatives for years. I want to now. I don't know how they'll react.
- People treat me different because I am Latino/Black/gay/female/poor/disabled/overweight.

Harmful

Helpful

Inaccurate (not true)		Accurate (true)
I never do anything right.	vs.	I have made mistakes, but I do many things right.
I will never be able to trust people.	vs.	My trust has been broken in the past, but I am working to build relationships with trustworthy people.
Incomplete (leaves out some facts)		Complete (includes all the facts)
My marriage was a failure.	vs.	During my previous marriage, I learned what I want from a relationship.
I can't work, so I am useless.	vs.	I can't work now, but I am providing emotional support to my family.
Unbalanced (too extreme)		Balanced (fair and reasonable)
I don't know anything.	vs.	I know a lot of things and I don't have to know everything.
I am a failure.	vs.	I've made mistakes, but I'm trying hard to do the right thing now.

Common Habits of Harmful Thinking

PROVIDER TIPS

Time: 10 minutes

Client's Guidebook: Page 35

1. Say: *Let's talk about some common categories of harmful thinking. Understanding these will help you notice your harmful thoughts and change them to helpful thoughts.*

2. Say: *The first common way of thinking is called "All or nothing" thinking. The picture shows see-saws that are completely off balance.*

3. Read aloud the text in the second column (under "Category") that goes with all-or-nothing thinking. **Say:** *Do you understand how all-or-nothing thinking could make your mood worse? Can you think of another example of this type of thinking?*

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

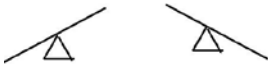
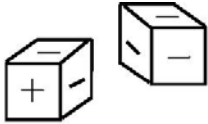
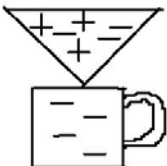
5. Say: *Now let's take a closer look at some of these ways of thinking. Which categories of harmful thoughts do you tend to have? Could you share a thought that you have had that fits in that category? OR think back to the harmful thoughts you tracked during last week's practice. Let's see if the harmful thoughts you wrote down fall into one of these categories.* Then read aloud the text in the **third column** (under the heading "Examination: Are your thoughts accurate, complete, and balanced?") that goes with that category. Work to begin to examine the client's thoughts using these questions. Do the same for several categories that clients would like to discuss, as time permits.

6. When the client offers a thought, ask the individual to decide if the thought fits any of the common ways of harmful thinking.

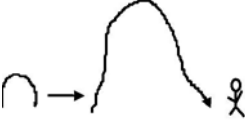

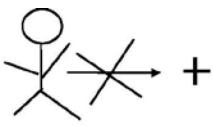
7. Say: *These categories of thoughts may help you notice your own ways of thinking. Once you notice your own thinking habits, you can learn how to change your harmful thoughts to helpful thoughts to improve your mood.*

Before you can replace a harmful thought with a helpful thought, you have to be able to identify your harmful thoughts. Understanding more about common ways of harmful thinking can help. Try to identify the categories that describe your ways of harmful thinking.

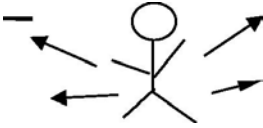
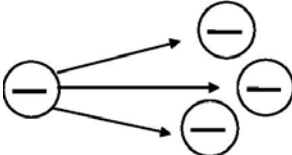

Common Habits of Harmful Thinking

Symbol	Category	Examination: Are your thoughts accurate, complete, and balanced?
	<p><i>All-or-Nothing Thinking</i></p> <p>Can only be at one end of the scale, top or bottom. Black or white. All good or all bad. Best or worst. Perfect or a failure.</p> <p>Examples:</p> <ul style="list-style-type: none"> • I am not capable of loving. • I can't express my feelings. 	<p>Are there shades of gray? Maybe a more accurate thought is somewhere in the middle. Try to think in a more balanced way.</p>
	<p><i>Pessimism</i></p> <p>Believing negative things are more likely to happen and positive things are never or hardly ever going to happen</p> <p>Example:</p> <ul style="list-style-type: none"> • Why bother talking to the doctor; he/she probably can't help me. 	<p>Why choose to believe that negative things are more likely to happen? Are you really giving positive and negative things an equal chance?</p>
	<p><i>Negative Filter (Ignoring the Positive)</i></p> <p>Only remember negative events. Filtering out positive events. Your cup of life ends up very bitter and negative.</p> <p>Examples:</p> <ul style="list-style-type: none"> • I can't work, so I am useless. • If we lose it will be all my fault. • Nothing good happened to me this week. • My life is worthless if I can't see. 	<p>Is it true that there is nothing positive about your situation?</p>

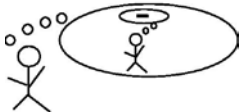

Common Habits of Harmful Thinking

Symbol	Category	Examination: Are your thoughts accurate, complete, and balanced?
	<p><i>Exaggerating</i></p> <p>Exaggerating problems and the possible harm they could cause, and underestimating your ability to deal with them. Making a “mountain out of a mole hill.”</p> <p>Examples:</p> <ul style="list-style-type: none"> • I can’t stand it. • I will never be able to complete this task. 	<p>How big is the problem really? Where is it likely to lead? How might you deal with the problem?</p>
	<p><i>Labeling (either yourself or others)</i></p> <p>Attaching a negative label, instead of seeing an error or problem. Labels can become self-fulfilling prophecies. “Stupid” vs. not good at math. “Clumsy” vs. drop things occasionally.</p> <p>Examples:</p> <ul style="list-style-type: none"> • I can’t believe I don’t know the answer. I must be stupid. • I am ugly (or unattractive). 	<p>What is it specifically that you can’t do or that you are upset about? Think about what you did rather than who you are. Have there been times when people seemed to enjoy doing something in your company?</p>
	<p><i>Not Giving Oneself Credit</i></p> <p>Thinking positive things that happen are either just luck or somebody else’s doing and never the results of one’s effort.</p> <p>Example:</p> <ul style="list-style-type: none"> • Yes, I came to therapy today, but it’s no big deal. 	<p>Are you overlooking your strengths and accomplishments? Pat yourself on the back for something good that you made happen. Did you contribute in some way?</p>

Common Habits of Harmful Thinking

Symbol	Category	Examination: Are your thoughts accurate, complete, and balanced?
	<p><i>Blaming Oneself</i></p> <p>Thinking negative things happen, and they are always entirely your fault.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Things would have gone well if I hadn't been there. • My partner seems very upset today, maybe I did something wrong. • If we lose it will be all my fault. 	<p>Are you to blame for everything, always? Do bad things happen only to you? Are there good things that you have made happen? Are there things that went well because you were there?</p>
	<p><i>Overgeneralization</i></p> <p>Taking one negative characteristic or event and seeing it as a never-ending pattern. He/she doesn't like me = no one likes me.</p> <p>I couldn't do this one thing = I can't do anything.</p> <p>Examples:</p> <ul style="list-style-type: none"> • If I can't get this job, then everything's lost. I might as well give up. • I can't believe my friend did what she did. • I don't think I can trust anyone ever again. 	<p>Are you assuming that every situation and every person are the same? This is just one situation and one person. Can you remember other situations and people that are different? Even the same person may act differently next time—do you always act the same?</p>
	<p><i>"Should"ing yourself</i></p> <p>Telling yourself you should, ought, and must do something. Makes you feel forced to do things, controlled, and resentful. Weighing yourself down with "shoulds."</p> <p>Example:</p> <ul style="list-style-type: none"> • I should be the best. • This shouldn't have happened to me. 	<p>Do you really have to do anything? Do things have to turn out a certain way? Is it necessary for things to turn out the way you want in order for you to be happy?</p>

Common Habits of Harmful Thinking

Symbol	Category	Examination: Are your thoughts accurate, complete, and balanced?
	<p><i>Mind Reading</i></p> <p>Thinking that you know what others are thinking, and they are thinking negatively about you.</p> <p>Examples:</p> <ul style="list-style-type: none"> • My partner seems very upset today; I must have done something wrong. • I did not get the answer first. My team members must be mad at me. • I can't tell others how I feel because they will think I am crazy. • Other people think I am boring (or depressing). 	<p>Can you really know what others are thinking? Most people are focused on their own problems. Maybe they are acting in a certain way for reasons that don't have anything to do with you. What are some possible reasons?</p>
	<p><i>Negative Fortune Telling</i></p> <p>Thinking that you can see how things will be in the future and it is bad.</p> <p>Examples:</p> <ul style="list-style-type: none"> • The party is going to be really boring so why bother going. • I'll never be happy again. • I am not capable of loving. 	<p>Can you predict the future? What would it be like to help shape the future rather than just imagining that it will be bad? Things may change from how they used to be.</p>



KEY MESSAGES

PROVIDER TIPS

Time: 2 minutes

Client's Guidebook: Page 40

1. **Say:** *Today we have talked about some common habits of harmful thinking.*
2. **Read aloud** the key messages
3. **Ask** your client if he or she has questions or comments.

- A harmful thought can lead to another harmful thought, bringing your mood down.
- A helpful thought can lead to another helpful thought, bringing your mood up.
- You can learn to notice your harmful thoughts by being aware of common ways of harmful thinking.
- You can begin to question your harmful thoughts.
- You can try to think in ways that help you have a healthy mood.



PRACTICE

PROVIDER TIPS

Time: 5 minutes

Client's Guidebook: Page 41

Quick Mood Scale

1. Read aloud the directions for the Quick Mood Scale.

Keep Track of Your Thinking Each Day

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

3. Pass out index cards, seven cards and one binder clip to your client. **Read the directions (practice #2) aloud. Then say:** *You also have room in your guidebook to write your harmful and helpful thoughts each day. You may use the cards, or the guidebook, or both. You can take a few minutes right now and put the plus signs and minus signs on your cards.*

4. Say: *Try not to write down things that are happening to you. Instead, write down what you are thinking that makes you feel better or worse. I expect that you will be able to identify 5 - 10 thoughts each day. Bring the cards with you for next session. You can use the clip to attach them to your guidebook. Take a moment to write down one harmful and one helpful thought to get you started.*

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

Notice Categories of Harmful Thoughts

6. Say: *As you track your thoughts, try to notice whether your harmful thoughts tend to fall in one or more of the categories of harmful thoughts. You can also review the categories and they may help you to notice your harmful thoughts.*

1. Track your mood using the Quick Mood Scale.

Notice at the bottom of the Quick Mood Scale that we have added a place where you answer “Yes” or “No” to whether you were able to notice your harmful thoughts each day. Of course you won’t

notice every thought that you have in the course of a day—but try to become more aware of what your thoughts are when you are most depressed or feeling the most at peace. Eventually, you will probably notice that on the days when you have fewer negative thoughts, your mood will be better.

2. Track your thoughts using index cards.

- Use one separate card for each day (using either the separate index cards or the “cards” printed in your guidebook).
- Write the day of the week on the cards. For example, if you start tracking your thoughts for the week on a Wednesday, write “Wednesday” (or “W”) on the first card.
- Mark one side of the first day’s card with a minus sign (-) and write 4-5 negative (harmful) thoughts that you have that day. Mark the other side of the card with a plus sign (+) and on that side write 4-5 positive (helpful) thoughts that you have on the same day. You can look back at the lists of harmful and helpful thoughts for examples.
- Bring your cards with you to the next session.

3. Notice which categories of harmful thoughts your thoughts tend to fall into.

QUICK MOOD SCALE

Instructions

- Fill in the days of the week across the top of the scale. For example, if you start rating your moods for the week on a Wednesday, write “Wednesday” (or “W”) on the first line, “Thursday” (or “Th”) on the second line, etc. You can also write down the date (4/15, 4/16, etc.) if you want to keep track of how you are improving from week to week.
- Keep the scale beside your bed. Before you go to bed, think about your mood for the day and circle a number that matches your mood.
- Try to use all the numbers, not just 1, 5, or 9.
- There is no right answer. Only you know how you have felt each day.
- If you want to track your mood over a period of time longer than a week, write down the number rating for your daily moods on a calendar.
- At the bottom, answer “Yes” or “No” indicating how successful you were in noticing your thoughts.

Day of the Week

Best mood	9	9	9	9	9	9	9
	8	8	8	8	8	8	8
	7	7	7	7	7	7	7
	6	6	6	6	6	6	6
OK/average mood	5	5	5	5	5	5	5
	4	4	4	4	4	4	4
	3	3	3	3	3	3	3
	2	2	2	2	2	2	2
Worst mood	1	1	1	1	1	1	1

Were you able to notice your harmful thoughts?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No

Thoughts, Day 1

—



(Write in the day of the week.)

Thoughts, Day 1

+



(Write in the day of the week.)

Thoughts, Day 2

—



(Write in the day of the week.)

Thoughts, Day 2

+



(Write in the day of the week.)

Thoughts, Day 3

—



(Write in the day of the week.)

Thoughts, Day 3

+



(Write in the day of the week.)

Thoughts, Day 4

—



(Write in the day of the week.)

Thoughts, Day 4

+



(Write in the day of the week.)

Thoughts, Day 5

—



(Write in the day of the week.)

Thoughts, Day 5

+



(Write in the day of the week.)

Thoughts, Day 6

—



(Write in the day of the week.)

Thoughts, Day 6

+



(Write in the day of the week.)



+





PROVIDER TIPS

Time: 1 minutes

Client's Guidebook: Page 48

- 1. Encourage** your client to comment on the session. When you plan later sessions, you can think about their comments and, as much as possible, tailor the treatment to the individuals you treat.
- 2. Read aloud** the questions. Stop after each question and ask the client if they have any comments.

FEEDBACK

The provider will ask for your comments about how the session went. They might ask the following questions:

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



PROVIDER TIPS

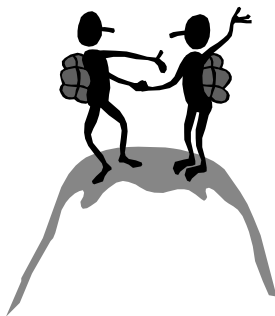
Time: 1 minute

Client's Guidebook: Page 48

1. **Read aloud** the text.
2. **Congratulate** your client for attending the therapy session.

LOOKING AHEAD

In Session 3, you will learn how to “talk back” to your harmful thoughts. You will practice replacing your harmful thoughts with helpful thoughts.



PROVIDER SELF-EVALUATION FORM:

THOUGHTS, SESSION 2

Instructions

Taught/Done: Were you able to cover the material? If you didn't do this in this session but you do it later, when it is done write in the date you covered it.

Difficult to Teach: How hard was it to teach this part of the session? If it was neither easy nor hard, you can write "medium."

	Taught/Done? (Yes/No)	How Difficult Was It to Lead This Part of the Session? (Easy/Hard)
Purpose and Outline	_____	_____
Review		
Practice	_____	_____
Last Session	_____	_____
New Topic: Identifying Harmful and Helpful Thoughts		
The Link Between Thoughts and Mood: A Chaining Activity	_____	_____
Harmful Thoughts are not Accurate, Complete, and Balanced	_____	_____
Common Habits of Harmful Thinking	_____	_____
Key Messages	_____	_____
Practice	_____	_____
Feedback	_____	_____
Looking Ahead	_____	_____

SESSION 3: TALKING BACK TO YOUR HARMFUL THOUGHTS

PROVIDER TIPS

Materials Needed

- **Client's Guidebook** (“Thoughts and Your Mood”)—an extra copy to loan in case your client forgets to bring their own guidebook
- **Pens**—enough pens to use during therapy
- **Dry erase board, chalkboard**, or large sheets of paper to present material to client
- **Index cards**—need at least seven cards
- **Small binder clips**—need to give one to clients—so they can attach their index cards to their guidebook
- **Kleenex** or other facial tissue
- **A timer** or quiet alarm clock—this is optional

Provider's Goals

- Reinforce the relationship between harmful thoughts and mood.
- Help your client understand that the next step after identifying harmful thoughts is to manage them.
- Teach your client three strategies for managing harmful thoughts.

PROVIDER TIPS

Welcome Client

1. Ask your client how their week went. Be sure to keep this brief. If they say too much , you can try to relate this to their PHQ-9, mood chart, or homework.

2. Ask about how their practice went.

3. Pass out the PHQ-9 depression measure. Ask your client to fill it out, put their name on it, and return it to you. Tell client that you will talk more about it later.

Scan the survey quickly as you collect it. Notice any major changes in the severity of client's depression symptoms, including thoughts of suicide. If a client reports thoughts of suicide, consult with your supervisor.

Purpose and Outline

Client's Guidebook: Page 50

4. Introduce the Purpose and Outline.

5. Ask: *What do you think it means to “talk back” to your thoughts?*

Ask your client for their ideas. Make sure the client understands that talking back to their harmful thoughts means to examine them and replace them with helpful thoughts.

PURPOSE

- Understand that after identifying harmful thoughts, the next step is learning how to manage them to improve your mood.
- Learn three strategies for “talking back” to harmful thoughts to improve your mood.

OUTLINE

- I. How Have You Been Feeling?
- II. Review
- III. New Topic: Talking Back to Your Harmful Thoughts
 - A. Examine the Evidence
 - B. Find a Replacement Thought for Your Harmful Thought
 - C. Catch It, Check It, Change It: Three Steps to Manage Your Harmful Thoughts
- IV. Key Messages
- V. Practice
- VI. Feedback
- VII. Looking Ahead



ANNOUNCEMENTS

The provider will make any announcements that might be necessary.

Is there anything you need to let your provider know about?

HOW HAVE YOU BEEN FEELING?

PROVIDER TIPS

Time: 5 minutes

Client's Guidebook: Page 50

1. **Read aloud** the text in the client's Guidebook.
2. After the session, **compare** the client's questionnaire to the ones he or she has filled out before. This comparison will allow you to monitor your client's progress.

The questionnaire you filled out at the beginning of Session 1 and again today is called the "Patient Health Questionnaire" or PHQ-9 for short. It allows you and your provider to check how you are feeling today and to keep track of how you are feeling while you are in CBT treatment.



REVIEW

Practice

PROVIDER TIPS

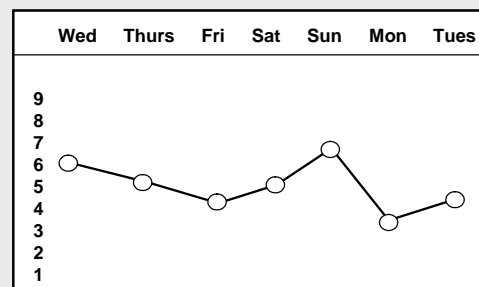
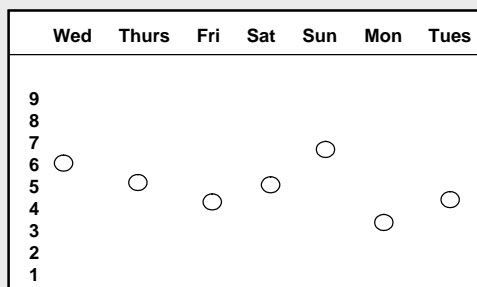
Time: 10 minutes

Client's Guidebook: Page 51

Quick Mood Scale

Ask your client about how they did tracking their moods on their Quick Mood Scales. Make a graph based on one Client's Quick Mood Scale.

1. Start the graph with the day of the week the session meets. If your client meets on a Wednesday, write "Wednesday" or "Wed" in the first space at the top of the graph.
2. Ask the client to share the numbers on his or her Quick Mood Scale. Make a graph on the board like the example below. If the client's mood was a 6 on the first day, mark a dot at 6 below "Wed."



3. When you are finished adding dots that represent the client's mood for each day, draw lines between the dots to show how mood can change up and down.
4. **Possible follow-up questions:** *What do notice about your mood during the last week? Your mood was the lowest on [day]. What were your thoughts on that day [integrate thoughts recorded on index cards or guidebook]? Your mood was higher on [day]. What thoughts were you having on that day? What do you notice about the connection between your thoughts and your mood?*

5. Try to connect thoughts and mood. Have the person describe the event and his or her thinking, and help him or her to change negative thinking. The point is to teach how to apply the CBT skills to specific, real-life situations, but not necessarily to solve **every** difficult situation. (This would be an example of all-or-nothing thinking: “*If CBT doesn’t solve all my problems, then it doesn’t work.*”)

Keep Track of Your Thoughts Each Day

6. Review of thoughts tracking should be integrated into the review of the Quick Mood Scale.

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

Notice the Categories of Harmful Thoughts

8. Go over the questions in the text.

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

1. Keep track of your moods on the Quick Mood Scale.

2. Track your thoughts using index cards or on the “cards” included in your guidebook.

3. Notice which categories of harmful thoughts your thoughts tend to fall into.

Questions to think about:

- Were you able to notice when you were having harmful thoughts?
- Which harmful thinking habits do you think affect your mood the most?
- Have you found healthy ways to balance your thinking and improve your mood?



Last Session

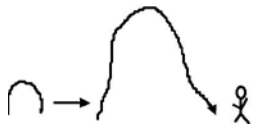
PROVIDER TIPS

Time: 5 minutes

Client's Guidebook: Page 52

1. It may be difficult for clients to remember what you talked about in the last session. Use this time to remind them of the key messages, and to help them understand how today's lesson follows.
2. **Say:** *In the last session, we talked about some common ways of thinking that can be harmful to you because they bring your mood down. The purpose was to help you learn how to notice your own harmful thoughts so you can replace them with helpful thoughts and feel better.*
3. **Ask:** *Can you remember what habits of thinking go with the pictures? You can look back at pages 36-39 if you want to.*
4. **Say:** *Let's review the key messages from last session.*

- What do you remember most from last session?
- What do you remember about common habits of harmful thinking?



Key messages from the last session were:

- A harmful thought can lead to another harmful thought, bringing your mood down.
- A helpful thought can lead to another helpful thought, bringing your mood up.
- You can learn to notice your harmful thoughts by being aware of common ways of thinking.
- You can begin to question your harmful thoughts.
- You can try to think in ways that help you have a healthy mood.

NEW TOPIC: TALKING BACK TO YOUR HARMFUL THOUGHTS

PROVIDER TIPS

Time: 5 minutes

Client's Guidebook: Page 53

1. Say: *We have talked about how to notice your harmful thoughts. Now what? There are different ways that you can manage harmful thoughts to improve your mood. We will talk about some of these today. Feel free to try out different methods. You may find that one works better for you than others.*

2. Say: *These are the methods we will talk about.*

- *Examine the evidence to find out if your thought is accurate, complete, and balanced.*
- *Find a helpful replacement thought for your harmful thought.*
- *Catch It, Check It, Change It: use these three steps to manage your harmful thoughts.*

The way you think is probably familiar, comfortable, and automatic. Changing your thinking habits may be difficult at first. It requires practice. But it is possible!

You can use several strategies to “talk back” to your harmful thoughts to improve your mood. Three strategies are described in this session.

- Be a detective--gather evidence to find out more about your thoughts and whether they are harmful or helpful.
- Replace a harmful thought with a helpful thought.
- When you feel down, stop and notice your thoughts. If you notice that you are having a harmful thought, change it to a more helpful thought.

Examine the Evidence

PROVIDER TIPS

Time: 10 minutes

Client's Guidebook: Page 53

- 1. Say:** *One way you can manage a harmful thought is to look at it more closely and see if it is really true. Pretend that you are a detective. You will gather evidence about the thought and examine it to discover whether it is accurate, complete, and balanced.*
- 2. Say:** *Take a minute to identify a thought that brings your mood down. Write it in your guidebook under #1.*
- 3. Say:** *Please share the thought you wrote down.*
- 4. Say:** *Now let's look at the questions in #2 and examine the evidence related to this thought. **Read aloud** the questions and after each one stop and discuss how it applies to your client's thoughts.*
- 5. Say:** *Now we will look at some other ways you can learn more about your thought.*
- 6. Go over** the instructions in #3-6. Stop after each new idea and ask the client to consider how they might apply it to the harmful thought. Make sure to ask about the client's helpful replacement thoughts before moving on, and help them to generate one if they are having trouble.
- 7. Tell** the client that they may write notes about their own thought if they want to.

The next time you have a thought that brings your mood down or causes a strong negative feeling, try



examining your thought to find out more about it. Follow these steps.

1. First, write down the thought on the lines below.

2. Ask yourself: Is the thought mostly true, mostly false, or neither?

- What is the evidence that your thought is true?
- What is the evidence that your thought is false?
- How much of your thought do you think is true?
- How much of your thought is false?

3. Share your thought with another person--someone whose opinion you trust. Ask the person what they think about your thought. Often we think differently when we say our thoughts out loud to others. Different people have different points of view. What is the other person's point of view?

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

4. *Gather more evidence by experimenting.* When you're not sure if your thought is accurate, complete, and balanced, you might need to gather more evidence.

If your thought is, "If I go to the party, I will not have a good time" (an example of negative fortune telling), it might be useful to actually go to the party with an open mind and see how it really is.

To test the accuracy of your thought and gather more evidence about your thought, what are some other experiments you might try? Write one idea on the lines.

5. When you are finished collecting evidence, ***what is the verdict on your thought?*** How realistic was it? Was it harmful or helpful?

Circle one.

Very helpful	Helpful	Neither helpful nor harmful	Harmful	Very harmful
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6. Considering all the evidence, how could you change your thought to be more helpful? Write a helpful thought on the lines below.

Find a Replacement Thought for your Harmful Thought

Practice using replacement thoughts.

PROVIDER TIPS

Time: 10 minutes

Client's Guidebook: Page 56

1. Say: *After you notice a harmful thought, you can replace your harmful thought with a helpful thought. If your thought is incomplete, for example, you can replace it with a complete thought.*

2. Introduce the text through #2.

3. Say: *Can you identify one harmful thought?* **Write** one or more harmful thoughts on the board or a piece of paper.

4. Make sure that your client has not identified a statement of fact about things that are difficult, such as “I have diabetes” or “my family member just died.” Help them understand the difference between having thoughts about a difficult situation and having thoughts that add unnecessary suffering to an already difficult situation. For example, a person might think “I have diabetes” (a statement of fact) “and therefore I will never have fun” (a harmful thought). You can help a client understand this difference by asking him or her to fill in the rest of this sentence: “I have diabetes and because of that”

5. Say: *OK, now we have a harmful thought. Is it accurate, complete, and balanced?*

6. Say: *Can you suggest a thought that would be more helpful?* **Write** the replacement thought on the board.

7. Say: *Your guidebook has several examples of replacement thoughts. Notice that they are organized around the common habits of harmful thinking that we talked about in the last session. Do you notice any harmful thoughts that you have had in the past?*

8. Say: *Once you have identified your harmful thoughts, it is easier to respond to them. You can take a good look at them, decide whether they are accurate, complete, and balanced, and replace them with a helpful thought.*

1. The next time you have a moment during the day when you notice a change in your mood, stop and take a deep breath. Look into your mind. What are your thoughts at that moment? Do you recognize your thoughts as harmful or helpful?



2. Try to replace a harmful thought with a helpful one. Think about these questions.

- If you apply a replacement thought, how does your thinking change?
- When your thinking changes, how does your mood change?

The tables on the next few pages give examples of some helpful thoughts to replace harmful thoughts. Notice that the helpful thoughts are **accurate, complete, and balanced**.

<i>Harmful Thoughts</i>		<i>Helpful Thoughts</i>
Inaccurate	→	Accurate, true
Incomplete	→	Complete, whole
Unbalanced	→	Balanced, reasonable

Examples of Replacement Thoughts

**Harmful
Thought**



**Helpful
Thought**



All-or-nothing thinking	
I was a terrible parent.	I made mistakes as a parent, but I tried my best.
My mistake ruined everything.	My mistake cost me some time, but I can learn from it.
I am a complete mess.	I do some things well and I need to improve on others.
Pessimism	
Why even try?	I know if I try hard I will succeed at some things, but not everything.
Things never go my way.	Right now, things aren't going my way, but at other times they have
Negative filter	
Everything in the news is terrible.	Some things in the news are upsetting (dramatic news sells newspapers), but good things happen every day.
Today was awful.	Some bad things happened today, but tomorrow is another day.
All you do is criticize me.	I feel bad when you criticize me, but I appreciate it when you bring me coffee in the morning.

Harmful Thought

Helpful Thought

Exaggerating	
If he leaves me, I'll die.	I would like to keep my marriage, but many people go on to live happily after a divorce if they have to, and I could too.
My kid is a terrible mess.	My kid is having some problems right now, but I know he will learn from his mistakes.
Life is too hard.	Sometimes it feels hard to have the energy to keep trying, but I know that I can take one step at a time.
Labeling	
I am a total mess.	I have trouble with some things, but I am good at others; for example, I am good at being a friend.
My daughter is horrid.	I don't like my daughter's behavior right now, but I am proud that she is so bright.
My life is a disaster.	I have had many difficult losses, but many things in my life are good, including my friends and my health.
Not giving oneself credit	
I'm lucky I lived.	I lived because I worked hard with my doctors and did everything they said before the surgery.
I don't deserve my job.	I have made mistakes in my job, but I have also made valuable contributions.
My husband/wife/partner makes our household work.	I contribute to our family in different ways from my husband/wife.
Blaming oneself	
I should support my family better.	I supported my family for years and there are still many things I can do for them.
My divorce is my fault.	I made some mistakes in my marriage, but not all of the problems were my fault.
I failed at my job.	I was fired from this job, but I did the best I could at the time.

Harmful Thought

Helpful Thought

Overgeneralization	
When I had that drink, I ruined my sobriety.	I had a lapse, but that doesn't mean that I'll have a full-blown relapse.
You can't trust anyone.	There are some people you can trust, and others you cannot.
"Should"ing	
I should have known better than to trust him.	I am learning that I need to move slowly when learning to trust others and wait to make sure they are trustworthy.
He should be nicer to me.	I would like it if he wasn't so rude, but he is who he is.
Mind reading	
I know John is mad at me; he didn't even speak.	John may be having his own problems.
My boss frowned at me; I'm going to get fired.	I don't really know why my boss frowned at me. Maybe he is having a bad day.
Negative fortune telling	
I just know something terrible is about to happen.	I'm worried right now, but that doesn't mean something bad is bound to happen.
This will never work.	This may work or not, but it is worth trying.
Everything will turn out bad.	Some things won't turn out the way I want, but others will.

Catch It, Check it, Change it

PROVIDER TIPS

Time: 10 minutes

Client's Guidebook: Page 60

1. Say: *The Catch It, Check It, Change It method combines some of the other strategies that we have been talking about. This exercise ties together the process of identifying a harmful thought, questioning the thought, and then coming up with a replacement thought.*

2. Introduce the text “Catch It, Check It, Change It.” **Ask** for questions as you discuss the material.

3. Say: *Look at the table in your guidebook on page 62. Read the instructions from the table.*

4. Catch It. Say: *For “Catch It,” we are trying to catch the thought that made our mood go down. Sometimes it is easier to notice your feeling first. Think of a negative emotion or low mood as a stop sign to “catch” your thought. Think about a time in the last week when you noticed your mood get worse. What was the situation? What were your feelings? What were your thoughts?*

5. Check It. Say: *Now, let’s “check” whether this thought is accurate, complete and balanced.*

First, is the thought accurate? Remember, “accurate” means almost the same thing as “true.” Is the statement true?

Is the thought complete? Remember, a complete thought includes all the important and relevant facts.

Is the thought balanced? If the thought is balanced, it isn’t too extreme. It is fair and reasonable.

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

7. Practice the exercise one or two times on the board, then say: *Take a minute and try filling out the table with your own example.*

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



1. Catch it

The first step is to notice—or “catch”—your harmful thought.

If you find that your feelings are easier to catch than your thoughts, you can use your feelings as a signal to stop and focus on what you are thinking. For example, when you notice that your mood changes or that you feel sad or angry, stop. Ask yourself some questions.

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



2. Check it

– Examine your thought more closely. You can ask yourself the following questions to help you consider whether your thought is helpful or harmful—that is, whether the consequences of the thought are good or bad for you.

Is the thought:

- **Inaccurate (not true)?** I am a total failure as a parent.
or
- **Accurate (true)?** I’ve tried hard to be a good parent, but my kids are in trouble.
- **Incomplete (leaves out some facts)?** I failed my children.

or

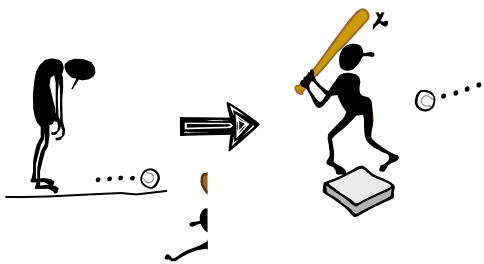
- **Complete (includes all the facts)?** There were times that I was not as good a parent as I would have liked to be, but there were times things went well.
- **Unbalanced (too extreme)?** “Nothing has worked out for me.”

or

- **Balanced (fair and reasonable)?** I had a hard time lately, but I can get back on my feet if I try.

If a thought is not accurate, complete, and balanced, it can bring your mood down.

3. Change it



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

Catch It, Check it, Change It

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



What happened?	What were your feelings?	What was your thought?	Examine your thought. Is it accurate, complete and balanced?	Replace the harmful thought with a helpful thought.
<i>I had a fight with my partner.</i>	<i>Sad, angry.</i>	<i>My partner always gets his/her way.</i>	<i>Was there a time when I got what I wanted? Maybe my thought isn't complete.</i>	<i>We won't always agree. My partner gets his/her way sometimes, but I often get what I want too.</i>

KEY MESSAGES

PROVIDER TIPS

Time: 2 minutes

Client's Guidebook: Page 63

- 1. Read** the key messages aloud.
- 2. Ask** the client if they have any questions or comments.

- You can learn ways to “talk back” to your harmful thoughts to improve your mood.
- You can examine your thoughts to learn more about them and decide if they are harmful or helpful.
- You can learn to replace a harmful thought with a helpful thought.



PRACTICE

PROVIDER TIPS

Time: 2 minutes

Client's Guidebook: Page 63

Quick Mood Scale

1. Remind client that the Quick Mood Scale now includes a place at the bottom to indicate whether they were able to notice their harmful thoughts.

Catch it, Check it, Change It

2. **Say:** *Look at the chart in your guidebook after the Quick Mood Scale. It is like the one we looked at when we talked about "Catch it, Check it, Change it". I would like you to practice completing this exercise this week when you notice your mood gets worse. Go over* the directions at the top of the chart and in the first row.

4. Ask client if they have any questions.

1. Track your mood using the Quick Mood Scale. Don't forget to try to notice your harmful thoughts each day.

2. Use the Catch it, Check It, Change It steps in the next week to notice your thoughts and feelings, examine them, and change your harmful thoughts to helpful thoughts. **Fill in the Catch It, Check It, Change It chart** that you will find after the Quick Mood Scale.

QUICK MOOD SCALE

Instructions

- Fill in the days of the week across the top of the scale. For example, if you start rating your moods for the week on a Wednesday, write “Wednesday” (or “W”) on the first line, “Thursday” (or “Th”) on the second line, etc. You can also write down the date (4/15, 4/16, etc.) if you want to keep track of how you are improving from week to week.
- Keep the scale beside your bed. Before you go to bed, think about your mood for the day and circle a number that matches your mood.
- Try to use all the numbers, not just 1, 5, or 9.
- There is no right answer. Only you know how you have felt each day.
- If you want to track your mood over a period of time longer than a week, write down the number rating for your daily moods on a calendar.
- At the bottom, answer “Yes” or “No” indicating how successful you were in noticing your thoughts.

Day of the Week

Best mood

9 9 9 9 9 9 9

8 8 8 8 8 8 8

7 7 7 7 7 7 7

6 6 6 6 6 6 6

OK/average mood

5 5 5 5 5 5 5

4 4 4 4 4 4 4

3 3 3 3 3 3 3

2 2 2 2 2 2 2

Worst mood

1 1 1 1 1 1 1

Were you able to notice your harmful thoughts?

Yes Yes Yes Yes Yes Yes Yes

No No No No No No No

Catch It, Check it, Change It

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



What happened?	What were your feelings?	What was your thought?	Examine your thought. Is it accurate, complete and balanced?	Replace the harmful thought with a helpful thought.
<i>I had a fight with my partner.</i>	<i>Sad, angry.</i>	<i>My partner always gets his/her way.</i>	<i>Was there a time when I got what I needed? Maybe my thought isn't complete.</i>	<i>We won't always agree. My partner gets his/her way sometimes, but I often get what I want too.</i>



FEEDBACK

PROVIDER TIPS

Time: 2 minutes

Client's Guidebook: Page 66

- 1. Encourage** client to comment on the session. When you plan later sessions, you can think about their comments and, as much as possible, tailor the treatment to the individuals you treat.
- 2. Read aloud** the questions. Stop after each question and ask the client if they have any comments.

The provider will ask for your comments about how the session went. They might ask the following questions:

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



LOOKING AHEAD

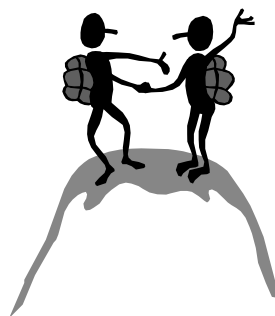
PROVIDER TIPS

Time: 1 minute

Client's Guidebook: Page 66

Give client a preview of the next session. **Read aloud** the text.

In Session 4 of the Thoughts module, we will talk about more strategies for changing your harmful thoughts to helpful ones. We also will review the Thoughts module.



PROVIDER SELF-EVALUATION FORM: THOUGHTS, SESSION 3

Instructions

Taught/Done: Were you able to cover the material? If you didn't do this in this session but you do it later, when it is done write in the date you covered it.

Difficult to Teach: How hard was it to teach this part of the session? If it was neither easy nor hard, you can write "medium."

	Taught/Done? (Yes/No)	How Difficult Was It to Lead This Part of the Session? (Easy/Hard)
Purpose and Outline	_____	_____
How Have You Been Feeling?	_____	_____
Review		
Practice	_____	_____
Last Session	_____	_____
New Topic: What Can You Do Once You Have Identified Your Harmful Thoughts?		
Examine the Evidence	_____	_____
Find a Replacement Thought	_____	_____
Catch It, Check It, Change It	_____	_____
Key Messages	_____	_____
Practice	_____	_____
Feedback	_____	_____
Looking Ahead	_____	_____

SESSION 4: HOW TO HAVE MORE HELPFUL THOUGHTS TO IMPROVE YOUR MOOD

PROVIDER TIPS

Materials Needed

Client's Guidebook ("Thoughts and Your Mood")—an extra copy to loan in case your client forgets to bring their guidebook

Pens—enough to use for the session.

Dry erase board, chalkboard, or large sheets of paper to present material

Kleenex or other facial tissue

A **timer** or quiet alarm clock—this is optional

Provider' Goals

- Teach more strategies for having helpful thoughts.
- Talk about how helpful thoughts can help clients live the life they want.
- Look back and review the Thoughts module

PROVIDER TIPS

Welcome Client

Ask them how their practice went.

Purpose and Outline

Client's Guidebook: Page 68

Introduce the Purpose and Outline.

PURPOSE

- Learn strategies for having more helpful thoughts.
- Understand that having more helpful thoughts can improve your mood and help you live the life you want.

OUTLINE

- I. Review
- II. New Topic: How to Have More Helpful Thoughts
 - A. Identify Your Helpful Thoughts
 - B. Balancing Your Thoughts with “Yes, But” Statements
 - C. Set Aside Some Worry Time
- III. Key Messages
- IV. Practice
- V. Feedback
- VI. Review of Module
- VII. Looking Ahead to the Next Module



REVIEW

Practice

PROVIDER TIPS

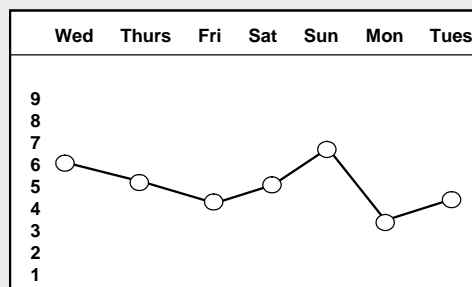
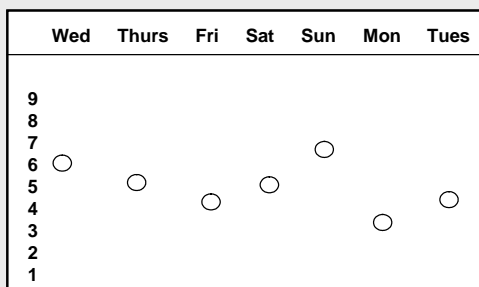
Time: 10 minutes

Client's Guidebook: Page 69

Quick Mood Scale

Ask clients about how they did tracking their moods on their Quick Mood Scales. Make a graph based on your client's Quick Mood Scale.

1. Start the graph with the day of the week the client meets with you. If your client meets on a Wednesday, write "Wednesday" or "Wed" in the first space at the top of the graph.
2. Ask your client to share the numbers on his or her Quick Mood Scale. Make a graph on the board like the example below. If the client's mood was a 6 on the first day, mark a dot at 6 below "Wed."



3. When you are finished adding dots that represent the client's mood for each day, draw lines between the dots to show how mood can change up and down.
4. **Possible follow-up questions:** *What do notice about your mood during the last week? Your mood was the lowest on [day]. What were your thoughts on that day [integrate thoughts recorded on index cards or guidebooks]? Your mood was higher on [day]. What thoughts were you having on that day? What do you notice about the connection between your thoughts and your mood?*

Catch It, Check It, Change It

5. Say: *Your practice also included filling in the Catch It, Check It, Change It table. Who would like to share what they wrote down?* Write examples on the board. Try to connect replacing harmful thoughts with helpful thoughts to their mood ratings on the Quick Mood Scale.

Practice

- 1. Track your mood using the Quick Mood Scale.**
- 2. Use the Catch it, Check It, Change It steps.**

Last Session

6. It may be difficult for your client to remember what you talked about in the last session. Use this time to remind them of the key messages, and to help them understand how today's lesson follows.

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

8. **Go over** the text under "Last Session."

Last Session

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

- Examine the evidence.



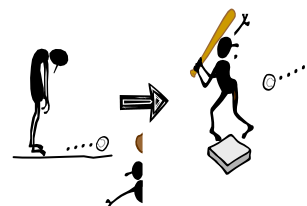
- Replace a harmful thought



with a helpful thought.



- **Catch** the thought, **check** the thought, and **change** the thought.



2. What do you remember most from the last session?

Key messages from the last session were:

- You can learn ways to “talk back” to your thoughts to improve your mood.
- You can examine your thoughts to learn more about them and decide if they are harmful or helpful.
- You can learn to replace a harmful thought with a helpful thought.

NEW TOPIC: HOW TO HAVE MORE HELPFUL THOUGHTS

PROVIDER TIPS

Time: 10 minutes

Client's Guidebook: Page 71

1. Say: *Now let's try to identify some thoughts that are accurate, complete, and balanced—in other words, helpful.*

Can you remember a time in the last week when you felt good? Take a moment to close your eyes and try to picture yourself in the situation you were in when you felt good. Now, with your eyes still closed, try to remember the thoughts you were having at the time.

2. Say: *Ok, now open your eyes and write your thoughts on the lines in your guidebook.*

3. Say: *What thoughts did you notice?* **Write some of** the client's thoughts on the board or piece of paper.

4. Say: *We can look at these thoughts by using the questions you see in your guidebook.* **Read aloud** the questions one at a time and discuss them in relation to the thoughts shared by your client.

Identify Your Helpful Thoughts

Try to remember a time in the last week when you felt good. Close your eyes and try to picture yourself in the situation you were in then. What were you thinking? Write down these thoughts.

Questions to think about:

- Was your thought accurate, complete, and balanced?
- How does this thought make you feel?
- What thoughts help you feel good about yourself?
- What thoughts give you strength?
- What thoughts can keep you feeling good?



Balancing your Thoughts with “Yes, but” Statements

PROVIDER TIPS

Time: 10 minutes

Client’s Guidebook: Page 73

1. Say: *In the last session we talked about strategies for replacing harmful thoughts. Today, we’ll discuss some ways to have more helpful thoughts. When you have more helpful thoughts and feel less depressed, you can start to think about how you want your life to be.*

2. Say:

- *Sometimes depression gets in the way of having helpful thoughts.*
- *Helpful thoughts can affect mood positively.*
- *A different way of thinking takes time and must be practiced.*
- *Having more accurate, complete, and balanced thoughts does not mean that your life will be perfect or without problems. Instead, your life can be more balanced.*

3. Introduce the text. Discuss the ideas with the client.

4. Say: *Let’s look at the “yes, but” table. I will read the first example aloud.* **Read aloud** the text in the first row.

5. Say: *Now I would like you to try filling in your own example*

6. After a few minutes, **say:** *Please read what you wrote?*

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

What If Your Thought is True?

What if you examine the evidence and find that your thought is true? For example, it may be true that when you were depressed and you were not able to do your best work and you lost a job. Can you accept what you can’t change and let go of it so that it doesn’t bring your mood down?

Imagine What You Would Say to Someone Else in the Same Situation

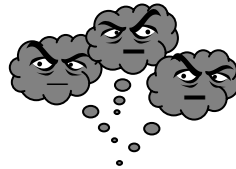
You might find that you are more accepting of other people than you are of yourself. If a friend had the same thought or was in the same situation, what would you say? Try giving yourself the same advice you would give to your friend.

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

When you are depressed, you might find it difficult to think helpful thoughts about yourself or your situation. One way to fight back is to add “yes, but” to your thoughts. You don’t have to ignore or deny your problems—but you can add balance to your thinking.

Strategies for Talking Back to Harmful Thoughts:

Add “Yes, But”



Example of a harmful thought

Add a “yes, but” statement

I was fired because I performed poorly at my job. Nobody will want to hire such a terrible worker.	Yes , I was fired because I didn't do my best work, but I now am putting a lot of effort into improving my depression. I will find another job and do great work.
I am always depressed.	Yes , I may be depressed right now, but I am going to therapy to help me change my mood.

My examples of harmful thoughts

Add a “yes, but” statement

	Yes, but
	Yes, but
	Yes, but

Set Aside Some Worry Time

PROVIDER TIPS

Time: 5 minutes

Client's Guidebook: Page 74

- 1. Say:** *We have talked a lot about replacing your harmful thoughts with helpful thoughts. But it is not realistic to think that any of us will never have a harmful thought or worry about our troubles. So we are going to talk about a way to manage your harmful thoughts. It is called worry time.*
- 2. Say:** *Close your eyes for a few minutes and focus on your harmful thoughts.*
- 3.** Wait quietly for a few minutes, and when your client is deeply into their “worry time,” tell them to stop worrying. Tell the client to stop, and redirect their thoughts to something that will “wake them up,” distract them from their harmful thoughts, and get them thinking about something different. For example, ask them to remember their Social Security Number or count backwards from 100 (silently, in their own minds).
- 4. Ask:** *What happened to your thoughts when I told you to stop and you thought about something else?* Suggest that they probably stopped thinking about their harmful thoughts because there was something else in the way.
- 5. Read aloud** the text. Help your client fill out their worry time plan.

Totally avoiding thoughts that make us feel stressed is not realistic—there are some situations that *are* difficult to solve. But you can limit how often you focus on these draining thoughts by planning a "worry time" once each day. Set aside five or ten minutes a day where you allow yourself to focus on your worries. Don't try to do anything else during this time. Just consider alternatives for how you might deal with what's worrying you.

When the worry time is over, move on with the rest of your day. Try out the solutions you came up with, think pleasant thoughts, or do activities you enjoy. You could set a timer to go off at the end of your worry time and have an activity ready to do, or plan to meet a friend so you have to "break your thoughts" and focus on something pleasant.

The point is to set aside time to consider things that you really need to face, but not to allow the worrying to color your whole day.

My Worry Time Plan



I am worried about my problems. But I know that if I worry 24 hours a day, I will feel bad all the time and not solve anything. I am going to set aside some time and allow myself to think about my problems.



My worry time will be on:

(every day, or only on a certain day of the week?)

My worry time will be at:

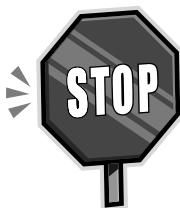


_____ o'clock.
(what time each day?)



I will worry for:

_____ minutes.
(how many minutes?)



Then I will stop worrying and move on with the rest of my day. If I find myself worrying again, I will push the thoughts aside and remind myself that I have set aside time to worry later. I will keep a pen and paper handy in case I want to write down something to think about later during worry time.

(your signature)



PROVIDER TIPS

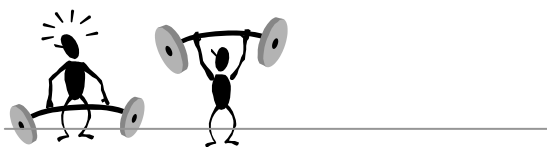
Time: 2 minutes

Client's Guidebook: Page 76

- 1. Read aloud** the key messages.
- 2. Ask** your client if he or she has any questions or comments.

KEY MESSAGES

- You can use strategies to have more helpful thoughts.
- Having more helpful thoughts can improve your mood and help you live the life you want.



PRACTICE

PROVIDER TIPS

Time: 2 minutes

Client's Guidebook: Page 76

Quick Mood Scale

1. Remind your client that the Quick Mood Scale now includes a place at the bottom to indicate whether they were able to notice their harmful thoughts.

Increasing Helpful Thoughts

2. **Say:** *I would like you to review the ideas in your guidebook for how to have more helpful thoughts. We discussed using the “Yes, but” technique and setting aside some worry time. Try out both ideas. Think about which one works best for you.*

1. Track your mood using the Quick Mood Scale.

2. Try adding a “Yes, But” to your harmful thoughts. Try setting aside some worry time. Think about which method worked for you.

QUICK MOOD SCALE

Instructions

- Fill in the days of the week across the top of the scale. For example, if you start rating your moods for the week on a Wednesday, write “Wednesday” (or “W”) on the first line, “Thursday” (or “Th”) on the second line, etc. You can also write down the date (4/15, 4/16, etc.) if you want to keep track of how you are improving from week to week.
- Keep the scale beside your bed. Before you go to bed, think about your mood for the day and circle a number that matches your mood.
- Try to use all the numbers, not just 1, 5, or 9.
- There is no right answer. Only you know how you have felt each day.
- If you want to track your mood over a period of time longer than a week, write down the number rating for your daily moods on a calendar.
- At the bottom, answer “Yes” or “No” indicating how successful you were in noticing your thoughts.

Day of the Week

Best mood

9	9	9	9	9	9	9
8	8	8	8	8	8	8
7	7	7	7	7	7	7
6	6	6	6	6	6	6

OK/average mood

5	5	5	5	5	5	5
4	4	4	4	4	4	4
3	3	3	3	3	3	3
2	2	2	2	2	2	2

Worst mood

1	1	1	1	1	1	1
---	---	---	---	---	---	---

Were you able to notice your harmful thoughts?

Yes	Yes	Yes	Yes	Yes	Yes	Yes
No	No	No	No	No	No	No



FEEDBACK

PROVIDER TIPS

Time: 2 minutes

Client's Guidebook: Page 78

- 1. Encourage** your client to comment on the session. When you plan later sessions, you can think about their comments and, as much as possible, tailor the treatment to the individuals you treat.
- 2. Read aloud** the questions. Stop after each question and ask the client if they have any comments.

The provider will ask for your comments about how Session 4 and the Thoughts module went. They might ask the following questions:

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

REVIEW OF MODULE: “THOUGHTS AND YOUR MOOD”

PROVIDER TIPS

Time: 2 minutes

Client’s Guidebook: Page 78

- 1. Introduce** the text below and the questions. Stop after each question, inviting the client to comment.
- 2. Review** the key messages from the module.

Key messages from “Thoughts and Your Mood” are:

Session 1: Your Thoughts and Mood are Connected

- A thought is a sentence you say to yourself.
- A feeling is an emotion or mood.
- Your thoughts can affect how you feel.
- You can use your thoughts to improve your mood.

Session 2: How to Identify Harmful and Helpful Thoughts

- A harmful thought can lead to another harmful thought, bringing your mood down.
- A helpful thought can lead to another helpful thought, bringing your mood up.
- You can learn to notice your harmful thoughts by being aware of common ways of thinking.
- You can begin to question your harmful thoughts.
- You can try to think in ways that help you have a healthy mood.

Session 3: Talking Back to Your Harmful Thoughts

- You can learn ways to talk back to your thoughts to improve your mood.
- You can examine your thoughts to learn more about them and decide if they are harmful or helpful.
- You can learn to replace a harmful thought with a helpful thought.

Session 4: How to Have More Helpful Thoughts to Improve Your Mood

- You can use strategies to have more helpful thoughts.
- Having more helpful thoughts can improve your mood and help you live the life you want.

LOOKING AHEAD TO THE NEXT MODULE

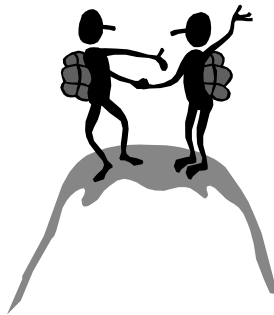
PROVIDER TIPS

Time: 1 minute

Client's Guidebook: Page 80

Say: *Next week we will begin another module in CBT. The new module is about how your activities can affect your mood. You can improve your mood by doing more activities.*

The next module is called “Activities and Your Mood.” One of the symptoms of depression is that you may not feel like doing the things that you used to enjoy. In the Activities module, we will discuss the importance of doing activities even when you don’t feel like it because they will help you feel better.



PROVIDER SELF-EVALUATION FORM: THOUGHTS, SESSION 4

Instructions

Taught/Done: Were you able to cover the material? If you didn't do this in this session but you do it later, when it is done write in the date you covered it.

Difficult to Teach: How hard was it to teach this part of the session? If it was neither easy nor hard, you can write "medium."

	Taught/Done? (Yes/No)	How Difficult Was It to Lead This Part of the Session? (Easy/Hard)
Purpose and Outline	_____	_____
Review		
Practice	_____	_____
Last Session	_____	_____
New Topic: How to Have More Helpful Thoughts		
Identify Your Helpful Thoughts	_____	_____
Balancing Your Thoughts with "Yes, But" Statements	_____	_____
Set Aside Some Worry Time	_____	_____
Key Messages	_____	_____
Practice	_____	_____
Feedback	_____	_____
Review of Module	_____	_____
Looking Ahead to the Next Module	_____	_____