Acknowledgements

Cognitive-Behavioral Therapy (CBT)
Group Program for Depression

Patient Manual

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Acknowledgements

Cognitive-Behavioral Therapy (CBT) Group Program for Depression Patient Manual

Parts of this manual were broadly adapted and integrated from the following sources about depression, Cognitive-Behavioral Therapy, and group psychotherapy:


Cognitive-Behavioral Therapy (CBT) Basic Group for Depression

**What is this group all about?**

• This group is an introduction to the basic concepts and skills of CBT for depression.

• There are four sessions, each covering a different topic.

• These are offered weekly, the first four Tuesdays of every month.

• You can attend group sessions in any order that works for your schedule. If you cannot attend a session, you can make up the session the next time it is offered (typically in one month). Please make every effort possible to attend all scheduled group sessions.

• Each session we will cover a certain set of CBT skills. It is possible any confusion you have about CBT or depression you have at the beginning of the group will clear up as you continue to attend the sessions. This group is not meant to fix your depression completely.

• We want to give you a chance to try out some of these techniques and better understand your depression. When you get done with this group you may want to continue with group or individual CBT treatment here at U of M or be referred to a therapist in the community for continued work.

• If you have questions during the group, please ask!

• Your group facilitator will discuss with you which chapters to read for each group session. Ask your group leader if you have questions.

**Group Topics:**

**Depression and CBT 101** (1st week of each month)

Begin to understand your depression and what you can do about it using CBT skills.

**Self-Care and Behavioral Activation** (2nd week of each month)

We’ll discuss how exercise, diet, sleep, and other “self care” behaviors can impact our mood. We’ll also explore techniques that can help you understand the behavioral patterns that contribute to mood changes. You’ll learn how focusing on pleasure, goal setting, and values can improve your mood.

**Mindfulness** (3rd week of each month)

We will give you an introduction to “mindfulness” and how it can assist in depression recovery.

**Introduction to Cognitive Skills** (4th week of each month)

Understanding and challenging our “negative automatic thoughts” is one important element of CBT treatment. We’ll learn the basics in this module, with special attention to the ways our thinking can be “distorted” by strong negative feelings.
What is Cognitive-Behavioral Therapy?

Cognitive-Behavioral Therapy (CBT) is a short-term, evidence-based treatment for many problems, including depression. It is based on science that shows that thoughts (cognitions) and behaviors (actions, choices) affect the way we feel (emotions).

Emotions (feelings)

Thoughts (cognitions)                                Behaviors (actions, choices)

We want to be sure that our treatments are effective!

Evidence-based means that there is scientific evidence to show that something works.

CBT is an evidence-based treatment that has been studied and shown to be effective in hundreds of scientific experiments.

While there is not a 100% guarantee that CBT will work for you, it is likely that with practice and hard work you will receive benefit from these techniques.

How to use this manual

This manual includes a great deal of information on depression and CBT. You will get the most out of our group program if you take notes during the group and then review the manual between sessions. Some of the skills may be very pertinent to you, and others less so; regardless, we hope that you will give CBT a good try (including consistent practice in between sessions for 4-6 weeks) before determining if it is a good fit for you.
CBT is...

Cognitive-Behavioral Therapy is an effective, evidence-based treatment that has been proven to have an impact on depression in both the short- and long-term. Our department specializes in delivery of this intervention to people like you, who want depression to stop interfering with their lives. Below we explain some of what to expect from CBT treatment.

Cognitive-Behavioral Therapy...

...is regular. It works best when you come to treatment once per week for most of the treatment course. It is common to change course to once-every-other-week or once-a-month when the symptoms have been reduced and you have entered the “maintenance” period of treatment.

...typically lasts for between 12 and 16 sessions. Depending on the problem, it may take more or less. This is not a treatment that is meant to last for significant amounts of time.

...is structured. This is not the style of therapy in which one comes into the session only to “vent” or have someone with whom to talk. The treatment is focused specifically on treatment aims, which usually include reducing the impact of depression on our lives and feeling better, by learning skills and techniques to respond to depression when it arises.

...has a variety of skills. As you will see as you dig in to this manual, there are different angles from which to address your depression. Most people find it helpful to use a variety of skills, instead of searching for just one “silver bullet.” There is most likely not just one answer to your depression. However, depression can usually be managed well if one practices multiple skills repetitively over time and incorporates them into the flow of daily life.

...requires practice. Call it homework, daily practice, or whatever you choose. Regardless, it takes daily repetition to learn skills and retrain our depression-influenced habits. A rule of thumb is to expect to spend about one hour a day practicing CBT in-between sessions. We want you to feel better outside of sessions and maintain this after you finish treatment, not just while you are at our clinic.

...depends on follow-through. The most important factor in whether or not treatment works is the amount of work you put into it. Consider it an investment in a future with more freedom, enjoyment, and flexibility.

...is collaborative. Individual and group CBT are structured, but are also centered around your life aims. The patient and therapist work together to define treatment targets, adapt skills to the patient’s unique circumstances, and troubleshoot as barriers arise. If certain skills do not work, it is common to try others. If something does not seem to be working, one can discuss this with the therapist or group leader. Communication is an important part of CBT.

...is evidence-based. This means that the concepts and skills are based on scientifically-validated concepts, and the interventions have been tested to be sure they are helpful.
What does CBT for depression look like?

How we think and act can greatly influence how we feel. The better we understand (and challenge) thoughts and behaviors that are influenced by and contribute to depression, the more skillful and in control we feel. We learn to move away from being on “automatic pilot” and letting our depression make choices for us.

Below are the various components of CBT and how they are designed to treat the depression.

**What we’ll learn:**

- **About depression** ("psychoeducation")
  - What people experience
  - What causes it

- **Self-care** (sleep, diet, exercise, etc.)

- **Mindfulness**

- **“Cognitive” (thought) restructuring**

- **Behavioral Activation:**
  - Values, pleasure and mastery
  - Activity monitoring and scheduling
  - Pleasure predicting
  - Goal setting
  - Motivational strategies
  - Managing barriers to activation

**What they target:**

- Social isolation
- Decreased physical activity
- Avoidance
- Motivation problems
- Negative thinking
- Hopelessness
- Difficulties enjoying things
- Poor self-esteem
- Worried thoughts
- Sleep problems
- Problems with appetite and eating
- Fatigue
There is a great deal of scientific research on psychotherapy, and we know a lot about what can be helpful for people. We continue to learn more and more about how to use psychotherapy to help as many people as possible.

However, because everyone is different, and our brains and lives are very complex, right now it is often hard to know exactly what it is that will help a particular person feel better.

On the next page, follow the path from the bottom of the page upward for some tips to make your “path through psychotherapy” more helpful and rewarding.
See this as **just one piece of the puzzle** in your process of better understanding yourself and moving toward what you want in your life. Get all you can out of it and then make efforts to find out what other types of work could be helpful. For example, maybe you did a great deal of work on managing your depression with cognitive and behavioral skills. Now you believe that you want to improve your relationships to achieve more in that area of your life.

**Manage barriers** to showing up regularly to treatment and practicing skills: improvement depends primarily on follow-through and the amount of work you put into your therapy.

**Address depression from different angles.** There is no one “silver bullet” that will change depression all by itself. Usually a combination treatment, or mixed approach is what works best to make depression better. This also means putting in some effort to understand the different ways to manage your depression.

**Practice skills over, and over, and over.** It usually takes time for changes in our behavior and thinking to lead to feeling better. Like learning an instrument, we are practicing new ways of doing things that will feel “clunky” at first, and become more comfortable over time.

**Take small steps toward change** each day. Try not to wait for “light bulb moments,” “epiphanies,” or for something to take it all away instantly.

Expect **ups and downs** during the process. Think of it as “2 steps forward, 1 step back.” Try not to get too discouraged or give up when things seem to move backward or stagnate.

**Make it about you:** engage in your treatment because you want to improve your life, take responsibility for achieving your aims, and feeling better, not because others are telling you to do so. Remember that even if you are being pushed to engage in therapy by someone else, that relationship must be important enough for you to consider this option!

Maintain an **open mind about the possibility of change**, while being realistic about how fast this change can happen.

Especially at first, gauge **success according to how you change your responses** to stress, uncomfortable emotions, and body sensations, not whether or not these things exist or continue to occur. Focus on **valued action**, even more than just “feeling better.”

**“Credibility:”** Make sure the treatment in which you are engaging makes sense to you and seems to be addressing your problem. There are different paths to the same goal. If this type of therapy is not working for you, you are confused about what you are doing, or you have any other concerns, talk to your clinician right away. Clinicians are trained to have these discussions with their patients!

Make sure your **definition of the “problem”** is the same as the clinicians with whom you are working. Maybe they think it is “depression” and you think it is something else. Try to clarify this with your clinicians.
In this chapter we’ll learn…

...what depression is and what we think causes it

...how the depression “Downward Spiral” works and how it can make depression worse

...how negative life events and depression can be related

...how our own relationship with our emotions can make depression worse

...three main ways to deal with negative events

...how depression may be impacting your life and how to start becoming more motivated to treat it

...the components of CBT that are used to treat depression
Depression is...

**...how you act:**
- Tendency to isolate socially
- Decreased physical activity
- Not engaging in things that were once fun/enjoyable or interesting.
- Argumentative
- Avoidant/overly protective

**...how your body reacts:**
- Difficulty falling or staying asleep
- Poor or excessive appetite
- Fatigue

**...how you think:**
- Hopelessness
- Persistent negative thoughts about yourself, the world, or your future
- Low “self-esteem”
- Pessimism
- Suicidal thinking
- Worried thoughts

**...how you feel:**
- Sad
- Guilt/shame
- Low motivation
- Numb or that “nothing matters”
- Anxious/worried
- Irritable
- Lack of ability to enjoy things (“anhedonia”)

Everyone feels blue or sad sometimes. In fact, it’s normal to have a bad day every once in a while, shed tears after a sad movie, or feel nervous before a big day and lose sleep. These are common human experiences that are a healthy and normal part of life.

However, when the elements listed above last for days, weeks, or longer, we may be suffering from an episode of Major Depressive Disorder, also called “depression.” A person is typically diagnosed with depression when they experience periods of two weeks or more at a time where they feel low mood, lack of enjoyment or pleasure, poor self-esteem (feelings of worthlessness and/or guilt), changes in sleep and appetite, and social isolation.
What causes depression?

Do I have a “chemical imbalance?”

Doctors and psychologists (as well as therapists, philosophers, and theologians, among others) have been making efforts to understand the underlying causes of depression since ancient times. Since the middle of the 20th century, we have made many important advances in understanding depression, one of which was the discovery that certain important brain chemicals are “out of balance” for those people that are depressed. This led to one very important advance in depression treatment, the advent of antidepressant medications such as Prozac. It was common for patients in the 1980’s to be told that they had a “chemical imbalance” that was causing their depression.

While this is true to some extent, since then we have learned through further research that the “cause” of depression is more complicated, involving many elements, influenced by both “nature” and “nurture.” Some of those factors are listed below.

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<thead>
<tr>
<th>Nature</th>
<th>Nurture</th>
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<tr>
<td><strong>Genetics:</strong> Inherited vulnerability to physical and/or mental illness.</td>
<td><strong>Early life experiences:</strong> Patterns of attachment with parents, early life stress, and trauma.</td>
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<td><strong>Chemical imbalance:</strong> Imbalance of important brain chemicals called “neurotransmitters.”</td>
<td><strong>Modeling from important elders/authority figures:</strong> Learned behaviors from others in your life that might have been depressed or anxious. Learned thoughts about the world and self.</td>
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<td><strong>Hormones:</strong> Imbalances due to puberty, pregnancy/postpartum, menopause, adrenal, thyroid, and pituitary disorders.</td>
<td><strong>Major life changes:</strong> Moving a lot growing up, stressful jobs, change in health status, divorce, and loss of family members or significant people.</td>
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The Depression “Downward Spiral”

Regardless of the “cause” of depression for you (see the previous section: “What causes depression?”), once it starts, it often causes a “downward spiral” that leads to increasingly bad feelings and further negative events.

For example, isolating socially may cause others to stop reaching out to us and relationships may dissolve. Or, our poor view of ourselves may come across to others as low confidence and people may stop respecting us or treat us poorly.

This cycle may take many forms. Use the next page to better understand your own depression “downward spiral.”
My Depression “Downward Spiral”

List some of the factors in each category below and think about how one factor may influence the others.

<table>
<thead>
<tr>
<th>Stressors/traumatic events/life challenges</th>
<th>Long-term stressors in relationships</th>
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<th>Negative thoughts about ourselves, others, or the world</th>
<th>Depressive feelings (low motivation, fatigue, overwhelming sadness or guilt, etc.)</th>
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<th>Further negative experiences (people stop contacting us, we are treated poorly, etc.)</th>
<th>Avoidant, passive, or isolative behaviors</th>
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Deeper and deeper depression and “giving up?”
When bad things happen...

There are many causes of depression. One has to do with the ways that difficult life circumstances can lead naturally to feelings of hopelessness. In some situations we may be stuck—it is authentically bad, we don’t have much help from others, we can’t change the painful situation, and it is difficult to accept the situation as it is.

The combination of stressful life events (especially being neglected or harmed by caregivers and other important people)—lack of social support, and inability to influence a situation to change it—leads to an understandable “giving up.” After all, why continue to try to do something if it isn’t working? Our bodies have a protective device that helps us “shut down” and conserve energy when our efforts are continually met with failure. This is especially important in early life relationships where it is necessary for our survival to be protected and loved by caregivers.

**Then...**

- **Stressful events** (for example: being criticized by important persons over and over)
- Little to no help from others to solve problem or get support around the stressor
- Effort to fix problem on own with no effect
- Strong emotions that cannot be handled on own
- “Shutting down” response (body goes into a state of low energy usage/efficiency)
- Necessary and adaptive, yet harmful coping behaviors (repetitive behaviors, self-harm, avoidance, etc.)
- Self-critical thoughts about our inability to be competent in this “lose-lose” situation

If this happens over and over, this pattern becomes “well-practiced,” making it more likely to happen automatically in the future.

**Now...**

- Strong emotions that are similar to those originally experienced
- Automatic reliance on repetitive behaviors that worked for us before; effort to fix problem or emotions this way, with or without success
- Thoughts about our incompetence (related to original thoughts of being able to be competent in the earlier “lose-lose” situation.
- “Shutting down” response (body goes into a state of low energy usage/efficiency)

When current experiences remind us of those earlier ones, our bodies go right to all the old patterns and feelings automatically, until we can change our own responses to these “triggers” over time.
When bad things happened to me...

Use the model from the previous page to understand how events may have shaped your thoughts, emotions, and behaviors.

Then...

Stressful events (for example: being criticized by important persons over and over)

“Shutting down” response?

Coping behaviors?

Effort to fix problem (When did it work? When did it not work?)

Social support?

Strong emotions?

Self-critical thoughts?

Now...

Current event (that reminds us of past event)

Strong emotions that are similar to those originally experienced?

Automatic behaviors and efforts to fix situation or emotion?

Self-critical thoughts?

“Shutting down” response?
One piece of the “downward spiral” that we can influence is our response to our own internal experiences. Because these internal experiences (emotions, thoughts, and body sensations) are so distressing, we tend to do all we can to keep from experiencing them. This can take many forms. Below are some of the ways that we respond to our own internal experiences.

The problem with this pattern is that our bodies are programmed to give us strong emotions when it perceives something as dangerous. But what if our body perceives our own emotions, thoughts, or sensations as dangerous? It tends to create a “feedback loop” where the body fights itself: it is trying to protect itself from its own protective response. We then get caught in a pattern of trying to fix the feeling, which ultimately just makes it worse and worse, and takes us away from the important things in our lives.

Above is the typical course of emotions when we do not reject internal experiences. They tend to come and go, and return to normal. On the right is the loop that occurs when we reject (consciously or unconsciously) internal experiences. This is common, and it takes time to undo these patterns with CBT practice.

- Efforts to avoid feeling uncomfortable body sensations (avoiding exertion or places these sensations could arise)

- Self-critical thoughts about ourselves or our emotions: “I must be such a wimp for reacting this way.”

- Efforts not to think certain thoughts and guilt/self-criticism about thoughts: “What’s wrong with me for thinking that? I must be a bad person if I have these thoughts.”
The Noble Three Pathways: Dealing with Negative Events

Coping with stressful events is hard. All situations and lives are different, so it is very hard to make sweeping statements about how to feel better. However, we know from research that there are options for dealing with negative events that can limit the amount of pain we feel. Below are three options that can help a person cope with a negative event.

Stressful life event (social rejection, mistreatment, loss, accident, etc.)

- **Option One:** Understand the truth
  
  To the best of our ability, we can understand the detailed truth about a situation.
  
  We may learn that it is not as bad as we thought it was, or we might learn that things really are very challenging and need a solution.
  
  We may learn that we feel bad because we lost something, or could lose something.
  
  “Understanding the truth” is often the first step to making things better. This way we learn what we can control, and what we might have to learn to accept.

- **Option Two:** Solve the problem
  
  Once we understand the truth about a difficult situation, the best thing that we can do is change the situation, if this is possible.
  
  However, one primary reason that people end up feeling depressed is that they continue to try to fix a problem that cannot actually be fixed. This reinforces a loop of failure, and teaches a person to feel incompetent.
  
  Of course, the only reason they feel incompetent is that the problem can’t be fixed in the first place.
  
  Later we’ll talk more about how to strategically solve problems. If problems cannot be solved, we move to the next option: acceptance.

- **Option Three:** Accept what cannot be controlled
  
  “Acceptance” is often thought of as “being OK” with bad events. This isn’t entirely true. If we can solve a problem, we should.
  
  Acceptance becomes our ally when there is no solution to the problem at hand. This often happens in a “double-bind” or “lose-lose” situation, where no matter what solution you come up with the results seem unacceptable.
  
  Acceptance can lead to more self-compassion and less depressive symptoms, because we realize that it is not our fault that we are not successful in solving a problem—it’s just an unsolvable problem. Then we can decide what the next “best-case scenario” could be to continue to move toward our aims.

When enduring an important loss, sometimes “acceptance” takes the form of grieving what was lost.
Some people ask themselves “is it worth it to put in some hard work to get my depression under control?” This is a personal choice, and everyone has different reasons for working on their depression. One way to help answer this question is to examine different parts of your life and how the depression impacts them.

First, let’s make a list of the different parts of your life that are important to you. Some examples are below.

### Areas of my life that are important to me are:

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### Life area:

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<th>How depression interferes with my goals in this area:</th>
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Tear out this page and take it with you to remind yourself of the reasons to work actively on your depression.